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HOUSE BILL 2054

State of Washington 66th Legislature 2019 Regular Session

By Representatives DeBolt, Tharinger, Schmick, and Cody

- AN ACT Relating to establishing an agency to operate state behavioral health facilities; amending RCW 70.02.230, 70.02.240, 70.02.350, 71.05.100, 71.05.320, 71.05.320, 71.05.340, 71.05.425, 71.05.520, 71.05.560, 71.05.620, 71.05.801, and 71.34.380; reenacting and amending RCW 71.05.020 and 71A.10.020; adding a new section to chapter 71A.20 RCW; adding a new chapter to Title 43 RCW; providing effective dates; and providing an expiration date.
- 8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 9 <u>NEW SECTION.</u> **Sec. 1.** The definitions in this section apply 10 throughout this chapter unless the context clearly requires 11 otherwise.
- 12 (1) "Department" means the department of behavioral health 13 facilities.
- 14 (2) "Residential habilitation center" means the facilities 15 identified in RCW 71A.20.020.
- 16 (3) "Secretary" means the secretary of the department of behavioral health facilities.
- 18 (4) "State hospital" has the same meaning as in chapter 72.23 19 RCW.

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- NEW SECTION. Sec. 2. (1) The department of behavioral health facilities is created as an executive branch agency. The department is vested with all powers and duties related to the operation of state hospitals and residential habilitation facilities.
 - (2) The department shall:

- (a) Establish agreements with other state, local, and tribal agencies, as necessary to coordinate the safe and timely transfer of persons being transitioned into the custody of the department or discharged from the custody of the department.
- (b) Collaborate with other state and federal agencies to maximize participation of the federal government in the financing of state hospitals and residential habilitation centers and the care of persons residing in those facilities.
- 14 (c) Adopt rules, policies, and procedures in accordance with 15 chapter 34.05 RCW, as necessary to implement and administer the 16 provisions of this chapter.
 - NEW SECTION. Sec. 3. The executive head and appointing authority of the department shall be the secretary of behavioral health facilities. The secretary shall be appointed by the governor with the consent of the senate, and shall serve at the pleasure of the governor. The secretary shall be paid a salary to be fixed by the governor in accordance with the provisions of RCW 43.03.040. If a vacancy occurs in the position while the senate is not in session, the governor shall make a temporary appointment until the next meeting of the senate, when the governor shall present to that body the nomination for the office.
 - NEW SECTION. Sec. 4. The office of financial management shall establish an interagency work group of representatives from the department of social and health services, the health care authority, the department of health, and the department of children, youth, and families. The work group shall develop a plan for the transition of functions to the department of behavioral health facilities and make recommendations for sharing responsibilities between agencies where there may be overlapping authority. The work group shall adopt any interagency agreements and data sharing agreements as necessary to assure the proper functioning of residential habilitation centers and state hospitals. The work group shall identify any legislative

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changes necessary to meet the July 1, 2020, establishment of the department of behavioral health facilities.

- NEW SECTION. Sec. 5. (1) All powers, duties, and functions of the department of social and health services pertaining to the operation of state hospitals and residential habilitation centers are transferred to the department of behavioral health facilities. All references to the secretary or the department of social and health services in the Revised Code of Washington mean the secretary or the department of behavioral health facilities when referring to the functions transferred in this section.
- (2) (a) All reports, documents, surveys, books, records, files, papers, or written material in the possession of the department of social and health services pertaining to the powers, duties, and functions transferred must be delivered to the custody of the department of behavioral health facilities. All cabinets, furniture, office equipment, motor vehicles, and other tangible property employed by the department of social and health services in carrying out the powers, duties, and functions transferred must be made available to the department of behavioral health facilities. All funds, credits, or other assets held in connection with the powers, duties, and functions transferred are assigned to the department of behavioral health facilities.
- (b) Any appropriations made to the department of social and health services for carrying out the powers, duties, and functions transferred are, on the effective date of this section, transferred and credited to the department of behavioral health facilities.
- (c) Whenever any question arises as to the transfer of any personnel, funds, books, documents, records, papers, files, equipment, or other tangible property used or held in the exercise of the powers and the performance of the duties and functions transferred, the director of financial management shall make a determination as to the proper allocation and certify the same to the state agencies concerned.
- (3) All employees of the department of social and health services engaged in performing the powers, duties, and functions transferred are transferred to the jurisdiction of the department of behavioral health facilities. All employees classified under chapter 41.06 RCW, the state civil service law, are assigned to the department of behavioral health facilities to perform their usual duties upon the

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same terms as formerly, without any loss of rights, subject to any action that may be appropriate thereafter in accordance with the laws and rules governing state civil service.

- (4) All rules and all pending business before the department of social and health services pertaining to the powers, duties, and functions transferred shall be continued and acted upon by the department of behavioral health facilities. All existing contracts and obligations remain in full force and shall be performed by the department of behavioral health facilities.
- (5) The transfer of the powers, duties, functions, and personnel of the department of social and health services does not affect the validity of any act performed before the effective date of this section.
- (6) If apportionments of budgeted funds are required because of the transfers directed by this section, the director of financial management shall certify the apportionments to the agencies affected, the state auditor, and the state treasurer. Each of these shall make the appropriate transfer and adjustments in funds and appropriation accounts and equipment records in accordance with the certification.
- (7) All classified employees of the department of social and health services assigned to the department of behavioral health facilities under this section whose positions are within an existing bargaining unit description at the department of behavioral health facilities must become a part of the existing bargaining unit at the department of behavioral health facilities and are considered an appropriate inclusion or modification of the existing bargaining unit under the provisions of chapter 41.80 RCW.
- **Sec. 6.** RCW 70.02.230 and 2018 c 201 s 8002 are each amended to 29 read as follows:
 - (1) Except as provided in this section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or pursuant to a valid authorization under RCW 70.02.030, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential.

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- (2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, may be disclosed only:
 - (a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person:
 - (i) Employed by the facility;

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- (ii) Who has medical responsibility for the patient's care;
- (iii) Who is a designated crisis responder;
- (iv) Who is providing services under chapter 71.24 RCW;
- 12 (v) Who is employed by a state or local correctional facility 13 where the person is confined or supervised; or
- 14 (vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;
 - (b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;
 - (c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;
- (ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:
 - (A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;
 - (B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and
 - (iii) Other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator;
- 37 (d)(i) To the courts as necessary to the administration of 38 chapter 71.05 RCW or to a court ordering an evaluation or treatment 39 under chapter 10.77 RCW solely for the purpose of preventing the

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entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

- 3 (ii) To a court or its designee in which a motion under chapter 4 10.77 RCW has been made for involuntary medication of a defendant for 5 the purpose of competency restoration.
 - (iii) Disclosure under this subsection is mandatory for the purpose of the federal health insurance portability and accountability act;
 - (e) (i) When a mental health professional or designated crisis responder is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional or designated crisis responder shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. The written report must be submitted within seventy-two hours of the completion of the investigation or the request from the law enforcement or corrections representative, whichever occurs later.
- (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
 - (f) To the attorney of the detained person;
 - (g) To the prosecuting attorney as necessary to carry out the responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided access to records regarding the committed person's treatment and prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient treatment is in the best interest of the committed person or others. Information must be disclosed only after giving notice to the committed person and the person's counsel;
 - (h)(i) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or

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private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence.

- (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
 - (i) (i) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not so long as the decision was reached in good faith and without gross negligence.
 - (ii) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act;
 - (j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;
 - (k) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient are governed by RCW 70.02.140;
 - (1) To mark headstones or otherwise memorialize patients interred at state hospital cemeteries. The department of ((social and health services)) behavioral health facilities shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient;
 - (m) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(((iii))) (iv). The extent of information that may be released is limited as follows:
 - (i) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a

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- firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;
 - (ii) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(((iii)))(iv);
- 8 (iii) Disclosure under this subsection is mandatory for the 9 purposes of the federal health insurance portability and 10 accountability act;
 - (n) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of the disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced registered nurse practitioner in charge of the patient or the professional person in charge of the facility, or his or her professional designee;
 - (o) Pursuant to lawful order of a court;

- (p) To qualified staff members of the department, to the authority, to the director of behavioral health organizations, to resource management services responsible for serving a patient, or to service providers designated by resource management services as necessary to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility;
- (q) Within the mental health service agency where the patient is receiving treatment, confidential information may be disclosed to persons employed, serving in bona fide training programs, or participating in supervised volunteer programs, at the facility when it is necessary to perform their duties;
- (r) Within the department and the authority as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or substance use disorder of persons who are under the supervision of the department;
- (s) Between the department of social and health services, the department of behavioral health facilities, the department of

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children, youth, and families, and the health care authority as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or drug abuse of persons who are under the supervision of the department of social and health services, the department of behavioral health facilities, or the department of children, youth, and families;

- (t) To a licensed physician or psychiatric advanced registered nurse practitioner who has determined that the life or health of the person is in danger and that treatment without the information and records related to mental health services could be injurious to the patient's health. Disclosure must be limited to the portions of the records necessary to meet the medical emergency;
- 13 (u)(i) Consistent with the requirements of the federal health 14 insurance portability and accountability act, to:
 - (A) A health care provider who is providing care to a patient, or to whom a patient has been referred for evaluation or treatment; or
 - (B) Any other person who is working in a care coordinator role for a health care facility or health care provider or is under an agreement pursuant to the federal health insurance portability and accountability act with a health care facility or a health care provider and requires the information and records to assure coordinated care and treatment of that patient.
 - (ii) A person authorized to use or disclose information and records related to mental health services under this subsection (2)(u) must take appropriate steps to protect the information and records relating to mental health services.
 - (iii) Psychotherapy notes may not be released without authorization of the patient who is the subject of the request for release of information;
 - (v) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (u) of this subsection;
 - (w) To a facility that is to receive a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one evaluation and treatment facility to another. The release of records under this subsection is limited to the information and records related to mental health services required by law, a record or summary of all somatic treatments, and a discharge summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which

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has been provided, and recommendation for future treatment, but may not include the patient's complete treatment record;

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- (x) To the person's counsel or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, reexaminations, appeals, or other actions relating to detention, admission, commitment, or patient's rights under chapter 71.05 RCW;
- (y) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities. Resource management services may limit the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and place of admission, placement, or commitment, the name and address of a guardian of the patient, and the date and place of the guardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management services in writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the quardian's address. If the quardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information;
- (z) To all current treating providers of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department or the authority may release without written authorization of the patient, information acquired for billing and collection purposes as described in RCW 70.02.050(1)(d). The department, or the authority, if applicable, shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. Neither the department nor the authority may release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;
- (aa)(i) To the secretary of social and health services and the director of the health care authority for either program evaluation

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or research, or both so long as the secretary or director, where applicable, adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, , agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law.

15 /s/ "

- (ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary, or director, where applicable;
 - (bb) To any person if the conditions in RCW 70.02.205 are met.
- (3) Whenever federal law or federal regulations restrict the release of information contained in the information and records related to mental health services of any patient who receives treatment for chemical dependency, the department or the authority may restrict the release of the information as necessary to comply with federal law and regulations.
- (4) Civil liability and immunity for the release of information about a particular person who is committed to the department of ((social and health services)) behavioral health facilities or the authority under RCW 71.05.280(3) and 71.05.320(4)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.
- (5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW

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- 1 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were 2 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand 3 trial, in a civil commitment proceeding pursuant to chapter 71.09 4 RCW, or, in the case of a minor, a guardianship or dependency 5 6 proceeding. The records and files maintained in any court proceeding 7 pursuant to chapter 71.05 RCW must be confidential and available subsequent to such proceedings only to the person who was the subject 8 of the proceeding or his or her attorney. In addition, the court may 9 order the subsequent release or use of such records or files only 10 11 upon good cause shown if the court finds that appropriate safeguards 12 for strict confidentiality are and will be maintained.
 - (6) (a) Except as provided in RCW 4.24.550, any person may bring an action against an individual who has willfully released confidential information or records concerning him or her in violation of the provisions of this section, for the greater of the following amounts:
 - (i) One thousand dollars; or

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- (ii) Three times the amount of actual damages sustained, if any.
- 20 (b) It is not a prerequisite to recovery under this subsection 21 that the plaintiff suffered or was threatened with special, as 22 contrasted with general, damages.
 - (c) Any person may bring an action to enjoin the release of confidential information or records concerning him or her or his or her ward, in violation of the provisions of this section, and may in the same action seek damages as provided in this subsection.
 - (d) The court may award to the plaintiff, should he or she prevail in any action authorized by this subsection, reasonable attorney fees in addition to those otherwise provided by law.
- 30 (e) If an action is brought under this subsection, no action may 31 be brought under RCW 70.02.170.
- 32 **Sec. 7.** RCW 70.02.240 and 2018 c 201 s 8003 are each amended to 33 read as follows:
- The fact of admission and all information and records related to mental health services obtained through treatment under chapter 71.34 RCW is confidential, except as authorized in RCW 70.02.050, 70.02.210, 70.02.230, 70.02.250, and 70.02.260. Such confidential information may be disclosed only:

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(1) In communications between mental health professionals to meet the requirements of chapter 71.34 RCW, in the provision of services to the minor, or in making appropriate referrals;

- (2) In the course of guardianship or dependency proceedings;
- (3) To the minor, the minor's parent, and the minor's attorney, subject to RCW 13.50.100;
 - (4) To the courts as necessary to administer chapter 71.34 RCW;
- (5) To law enforcement officers or public health officers as necessary to carry out the responsibilities of their office. However, only the fact and date of admission, and the date of discharge, the name and address of the treatment provider, if any, and the last known address must be disclosed upon request;
- (6) To law enforcement officers, public health officers, relatives, and other governmental law enforcement agencies, if a minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less restrictive treatment order, or failed to return from an authorized leave, and then only such information as may be necessary to provide for public safety or to assist in the apprehension of the minor. The officers are obligated to keep the information confidential in accordance with this chapter;
- (7) To the secretary of ((social and health services)) the department of behavioral health facilities and the director of the health care authority for assistance in data collection and program evaluation or research so long as the secretary or director, where applicable, adopts rules for the conduct of such evaluation and research. The rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, , agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding minors who have received services in a manner such that the minor is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under state law.

39 /s/ ";

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(8) To appropriate law enforcement agencies, upon request, all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;

- (9) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of admission, discharge, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;
- (10) To a minor's next of kin, attorney, guardian, or conservator, if any, the information that the minor is presently in the facility or that the minor is seriously physically ill and a statement evaluating the mental and physical condition of the minor as well as a statement of the probable duration of the minor's confinement;
 - (11) Upon the death of a minor, to the minor's next of kin;
 - (12) To a facility in which the minor resides or will reside;
- (13) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(((iii))) (iv). The extent of information that may be released is limited as follows:
- (a) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;
- (b) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(((iii)))(iv);

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- 1 (c) Disclosure under this subsection is mandatory for the 2 purposes of the federal health insurance portability and 3 accountability act;
- This section may not be construed to prohibit the 4 (14)compilation and publication of statistical data for use by government 5 or researchers under standards, including standards to assure 6 7 maintenance of confidentiality, set forth by the director of the health care authority or the secretary of the department of ((social 8 and health services)) behavioral health facilities, where applicable. 9 10 The fact of admission and all information obtained pursuant to chapter 71.34 RCW are not admissible as evidence in any legal 11 proceeding outside chapter 71.34 RCW, except guardianship or 12 dependency, without the written consent of the minor or the minor's 13 14 parent;
- 15 (15) For the purpose of a correctional facility participating in 16 the postinstitutional medical assistance system supporting the 17 expedited medical determinations and medical suspensions as provided 18 in RCW 74.09.555 and 74.09.295;
- 19 (16) Pursuant to a lawful order of a court.
- 20 **Sec. 8.** RCW 70.02.350 and 2018 c 201 s 8007 are each amended to 21 read as follows:
- In addition to any other information required to be released under this chapter, the department of ((social and health services))
 behavioral health facilities and the authority are authorized, pursuant to RCW 4.24.550, to release relevant information that is necessary to protect the public, concerning a specific person committed under RCW 71.05.280(3) or 71.05.320(((3))) (4)(c) following dismissal of a sex offense as defined in RCW 9.94A.030.
- 29 **Sec. 9.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and 30 2018 c 201 s 3001 are each reenacted and amended to read as follows:
- 31 The definitions in this section apply throughout this chapter 32 unless the context clearly requires otherwise.
- 33 (1) "Admission" or "admit" means a decision by a physician, 34 physician assistant, or psychiatric advanced registered nurse 35 practitioner that a person should be examined or treated as a patient 36 in a hospital;
- 37 (2) "Alcoholism" means a disease, characterized by a dependency 38 on alcoholic beverages, loss of control over the amount and

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- circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
 - (3) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
 - (4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;
- 13 (5) "Attending staff" means any person on the staff of a public 14 or private agency having responsibility for the care and treatment of 15 a patient;
 - (6) "Authority" means the Washington state health care authority;
 - (7) "Chemical dependency" means:
- 18 (a) Alcoholism;

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- 19 (b) Drug addiction; or
- 20 (c) Dependence on alcohol and one or more psychoactive chemicals, 21 as the context requires;
- 22 (8) "Chemical dependency professional" means a person certified 23 as a chemical dependency professional by the department under chapter 24 18.205 RCW;
 - (9) "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;
 - (10) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
 - (11) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department 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;
- 36 (12) "Custody" means involuntary detention under the provisions 37 of this chapter or chapter 10.77 RCW, uninterrupted by any period of 38 unconditional release from commitment from a facility providing 39 involuntary care and treatment;
 - (13) "Department" means the department of health;

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- 1 (14) "Designated crisis responder" means a mental health 2 professional appointed by the county, an entity appointed by the 3 county, or the behavioral health organization to perform the duties 4 specified in this chapter;
 - (15) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;

- (16) "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 of the department of social and health services;
- 15 (17) "Developmental disability" means that condition defined in 16 RCW 71A.10.020(5);
 - (18) "Director" means the director of the authority;
 - (19) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;
 - (20) "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;
 - (21) "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 licensed or certified as such by the department. The authority 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 of ((social and health services)) behavioral health facilities 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;

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

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- (23) "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;
- (24) "Hearing" means any proceeding conducted in open court. For purposes of this chapter, at any hearing the petitioner, the respondent, the witnesses, and the presiding judicial officer may be present and participate either in person or by video, as determined by the court. The term "video" as used herein shall include any functional equivalent. At any hearing conducted by video, the technology used must permit the judicial officer, counsel, all parties, and the witnesses to be able to see, hear, and speak, when authorized, during the hearing; to allow attorneys to use exhibits or other materials during the hearing; and to allow respondent's counsel to be in the same location as the respondent unless otherwise requested by the respondent or the respondent's counsel. Witnesses in a proceeding may also appear in court through other means, including telephonically, pursuant to the requirements of superior court civil rule 43. Notwithstanding the foregoing, the court, upon its own motion or upon a motion for good cause by any party, may require all parties and witnesses to participate in the hearing in person rather than by video. In ruling on any such motion, the court may allow inperson or video testimony; and the court may consider, among other things, whether the respondent's alleged mental illness affects the respondent's ability to perceive or participate in the proceeding by video;

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(25) "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;

- (26) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;
- (27) "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:
- 13 (a) The nature of the person's specific problems, prior charged 14 criminal behavior, and habilitation needs;
- 15 (b) The conditions and strategies necessary to achieve the 16 purposes of habilitation;
 - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;
 - (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
 - (g) The type of residence immediately anticipated for the person and possible future types of residences;
 - (28) "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;
 - (29) "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;
 - (30) "In need of assisted outpatient 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

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- 1 involuntary behavioral health treatment during the preceding thirtysix months; (b) is unlikely to voluntarily participate in outpatient 2 less restrictive alternative 3 treatment without an order for treatment, based on a history of nonadherence with treatment or in 4 view of the person's current behavior; (c) is likely to benefit from 5 6 less restrictive alternative treatment; and (d) requires less 7 restrictive alternative treatment to prevent a decompensation, or deterioration that is likely to result in the 8 person presenting a likelihood of serious harm or the person becoming 9 gravely disabled within a reasonably short period of time; 10
 - (31) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
 - (32) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health and substance use disorder service providers under RCW 71.05.130;
 - (33) "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;
 - (34) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington;
 - (35) "Likelihood of serious harm" means:

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- (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;
- (36) "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;
- 38 (37) "Mental disorder" means any organic, mental, or emotional 39 impairment which has substantial adverse effects on a person's 40 cognitive or volitional functions;

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(38) "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;

- (39) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders or substance use disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or behavioral health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, approved substance use disorder treatment programs as defined in this section, secure detoxification facilities as defined in this section, and correctional facilities operated by state and local governments;
- (40) "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;
- (41) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW;
- (42) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders;
- (43) "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;
- (44) "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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- (45) "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 (46) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- 11 (47) "Public agency" means any evaluation and treatment facility or institution, secure detoxification facility, approved substance 12 use disorder treatment program, or hospital which is conducted for, 13 14 or includes a department or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or 15 16 both mental illness and substance use disorders, if the agency is 17 operated directly by federal, state, county, or municipal government, 18 or a combination of such governments;
- 19 (48) "Release" means legal termination of the commitment under 20 the provisions of this chapter;
- 21 (49) "Resource management services" has the meaning given in 22 chapter 71.24 RCW;
- 23 (50) "Secretary" means the secretary of the department of health, 24 or his or her designee;
- 25 (51) "Secure detoxification facility" means a facility operated 26 by either a public or private agency or by the program of an agency 27 that:
 - (a) Provides for intoxicated persons:
- 29 (i) Evaluation and assessment, provided by certified chemical 30 dependency professionals;
 - (ii) Acute or subacute detoxification services; and
- 32 (iii) Discharge assistance provided by certified chemical 33 dependency professionals, including facilitating transitions to 34 appropriate voluntary or involuntary inpatient services or to less 35 restrictive alternatives as appropriate for the individual;
- 36 (b) Includes security measures sufficient to protect the 37 patients, staff, and community; and
- 38 (c) Is licensed or certified as such by the department of health;
- 39 (52) "Serious violent offense" has the same meaning as provided 40 in RCW 9.94A.030;

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(53) "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;

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- (54) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances;
- (55) "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;
- (56) "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 of social and health services, the department of behavioral health facilities, the department, the authority, 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 of social and health services, the department of behavioral health facilities, the department, the authority, behavioral health organizations, or a treatment facility if the notes or records are not available to others;
- (57) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department 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 residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;

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1 (58) "Violent act" means behavior that resulted in homicide, 2 attempted suicide, nonfatal injuries, or substantial damage to 3 property.

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Sec. 10. RCW 71.05.100 and 2018 c 201 s 3005 are each amended to read as follows:

In addition to the responsibility provided for by RCW 43.20B.330, 6 7 any person, or his or her estate, or his or her spouse, or the parents of a minor person who is involuntarily detained pursuant to 8 9 this chapter for the purpose of treatment and evaluation outside of a 10 facility maintained and operated by the department of ((social and health services)) behavioral health facilities shall be responsible 11 for the cost of such care and treatment. In the event that an 12 individual is unable to pay for such treatment or in the event 13 payment would result in a substantial hardship upon the individual or 14 15 his or her family, then the county of residence of such person shall 16 be responsible for such costs. If it is not possible to determine the county of residence of the person, the cost shall be borne by the 17 18 county where the person was originally detained. The department of ((social and health services)) behavioral health facilities, or the 19 authority, as appropriate, shall, pursuant to chapter 34.05 RCW, 20 21 adopt standards as to (1) inability to pay in whole or in part, (2) a 22 definition of substantial hardship, and (3) appropriate payment schedules. Financial responsibility with respect to services and 23 24 facilities of the department of ((social and health services)) 25 behavioral health facilities shall continue to be as provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370. 26

27 **Sec. 11.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to 28 read as follows:

(1) (a) Subject to (b) of this subsection, if the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department of ((social and health services)) behavioral health facilities 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.

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

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- (c) If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment to the custody of the department of ((social and health services)) behavioral health facilities or to a facility certified for one hundred eighty day treatment by the department.
- (2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department of ((social and health services)) behavioral health facilities 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 order for less restrictive treatment is based on a substance use disorder, treatment must be provided by an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.
- (3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.
- (4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or

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in the event of a less restrictive alternative, the designated crisis responder, files a new petition for involuntary treatment on the grounds that the committed person:

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- (a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of a mental disorder, substance use disorder, or developmental disability presents a likelihood of serious harm; or
- (b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder, substance use disorder, or developmental disability a likelihood of serious harm; or
- (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.
- (ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's so changed such that the mental disorder or condition has developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or
 - (d) Continues to be gravely disabled; or
 - (e) Is in need of assisted outpatient mental health treatment.

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

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

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- (5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.
- (6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.
- (b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.
- (7) An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the person's previous commitment term was for intensive inpatient treatment in a state hospital.
- (8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of

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- 1 commitment can exceed one hundred eighty days in length except as 2 provided in subsection (7) of this section.
 - Sec. 12. RCW 71.05.320 and 2018 c 201 s 3013 are each amended to read as follows:

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

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

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

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

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

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transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or

(d) Continues to be gravely disabled; or

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

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

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

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

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permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

- (7) An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the person's previous commitment term was for intensive inpatient treatment in a state hospital.
- (8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length except as provided in subsection (7) of this section.
- **Sec. 13.** RCW 71.05.340 and 2018 c 201 s 3017 are each amended to read as follows:
 - (1) (a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the inpatient treatment period, shall not exceed the period of commitment. If the facility or agency designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the terms of conditional release shall be given to the patient, the designated crisis responder in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.
 - (b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional

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release. The prosecuting attorney shall provide a copy of the 1 petition to the superintendent or professional person in charge of 2 the hospital or facility providing involuntary treatment, the 3 attorney, if any, and guardian or conservator of the committed 4 person, and the court of original commitment. If the county in which 5 6 the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person 7 were dismissed, then the court shall, upon the motion of 8 prosecuting attorney, transfer the proceeding to the court in that 9 county. The court shall conduct a hearing on the petition within ten 10 days of the filing of the petition. The committed person shall have 11 12 the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this 13 subsection and except that there shall be no right to jury trial. The 14 issue to be determined at the hearing is whether or not the person 15 16 may be conditionally released without substantial danger to other 17 persons, or substantial likelihood of committing criminal 18 jeopardizing public safety or security. If the court disapproves of 19 the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon 20 21 the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall 22 be returned for involuntary treatment on an inpatient basis subject 23 to release at the end of the period for which he or she was 24 25 committed, or otherwise in accordance with the provisions of this 26 chapter.

(2) The facility or agency designated to provide outpatient care or the secretary of the department of ((social and health services)) behavioral health facilities may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions. Enforcement or revocation proceedings related to a conditional release order may occur as provided under RCW 71.05.590.

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- 35 **Sec. 14.** RCW 71.05.425 and 2018 c 201 s 3019 are each amended to read as follows:
- 37 (1)(a) Except as provided in subsection (2) of this section, at 38 the earliest possible date, and in no event later than thirty days 39 before conditional release, final release, authorized leave under RCW

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- 1 71.05.325(2), or transfer to a facility other than a state mental
- 2 hospital, the superintendent shall send written notice of conditional
- 3 release, release, authorized leave, or transfer of a person committed
- 4 under RCW 71.05.280(3) or 71.05.320(4)(c) following dismissal of a
- 5 sex, violent, or felony harassment offense pursuant to RCW
- 6 10.77.086(4) to the following:

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- 7 (i) The chief of police of the city, if any, in which the person 8 will reside;
- 9 (ii) The sheriff of the county in which the person will reside; 10 and
- 11 (iii) The prosecuting attorney of the county in which the 12 criminal charges against the committed person were dismissed.
- 13 (b) The same notice as required by (a) of this subsection shall 14 be sent to the following, if such notice has been requested in 15 writing about a specific person committed under RCW 71.05.280(3) or 16 71.05.320(4)(c) following dismissal of a sex, violent, or felony 17 harassment offense pursuant to RCW 10.77.086(4):
- (i) The victim of the sex, violent, or felony harassment offense that was dismissed pursuant to RCW 10.77.086(4) preceding commitment under RCW 71.05.280(3) or 71.05.320(4)(c) or the victim's next of kin if the crime was a homicide;
- 22 (ii) Any witnesses who testified against the person in any court 23 proceedings;
 - (iii) Any person specified in writing by the prosecuting attorney. Information regarding victims, next of kin, or witnesses requesting the notice, information regarding any other person specified in writing by the prosecuting attorney to receive the notice, and the notice are confidential and shall not be available to the person committed under this chapter; and
- 30 (iv) The chief of police of the city, if any, and the sheriff of 31 the county, if any, which had jurisdiction of the person on the date 32 of the applicable offense.
 - (c) The thirty-day notice requirements contained in this subsection shall not apply to emergency medical transfers.
- 35 (d) The existence of the notice requirements in this subsection 36 will not require any extension of the release date in the event the 37 release plan changes after notification.
- 38 (2) If a person committed under RCW 71.05.280(3) or 39 71.05.320(4)(c) following dismissal of a sex, violent, or felony 40 harassment offense pursuant to RCW 10.77.086(4) escapes, the

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1 superintendent shall immediately notify, by the most reasonable and expedient means available, the chief of police of the city and the 2 3 sheriff of the county in which the person escaped and in which the person resided immediately before the person's arrest and the 4 prosecuting attorney of the county in which the criminal charges 5 6 against the committed person were dismissed. If previously requested, 7 the superintendent shall also notify the witnesses and the victim of the sex, violent, or felony harassment offense that was dismissed 8 pursuant to RCW 10.77.086(4) preceding commitment under RCW 9 71.05.280(3) or 71.05.320(4) or the victim's next of kin if the crime 10 11 was a homicide. In addition, the secretary of the department of 12 behavioral health facilities shall also notify appropriate parties pursuant to RCW 70.02.230(2)(n). If the person is recaptured, the 13 14 superintendent shall send notice to the persons designated in this subsection as soon as possible but in no event later than two working 15 16 days after the department of ((social and health services)) 17 behavioral health facilities learns of such recapture.

(3) If the victim, the victim's next of kin, or any witness is under the age of sixteen, the notice required by this section shall be sent to the parent or legal guardian of the child.

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- (4) The superintendent shall send the notices required by this chapter to the last address provided to the department of ((social and health services)) behavioral health facilities by the requesting party. The requesting party shall furnish the department of ((social and health services)) behavioral health facilities with a current address.
- 27 (5) For purposes of this section the following terms have the 28 following meanings:
- 29 (a) "Violent offense" means a violent offense under RCW 30 9.94A.030;
 - (b) "Sex offense" means a sex offense under RCW 9.94A.030;
- 32 (c) "Next of kin" means a person's spouse, state registered 33 domestic partner, parents, siblings, and children;
- 34 (d) "Felony harassment offense" means a crime of harassment as defined in RCW 9A.46.060 that is a felony.
- 36 **Sec. 15.** RCW 71.05.520 and 2018 c 201 s 3023 are each amended to read as follows:
- The authority as the state's behavioral health authority, the department of ((social and health services)) behavioral health

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1 facilities in its operation of the state hospitals, and the department of health in exercising its function of licensing and 2 certification of behavioral health providers and facilities shall 3 have the responsibility to determine whether all rights 4 individuals recognized and guaranteed by the provisions of this 5 6 chapter and the Constitutions of the state of Washington and the United States are in fact protected and effectively secured. To this 7 end, each agency shall assign appropriate staff who shall from time 8 to time as may be necessary have authority to examine records, 9 inspect facilities, attend proceedings, and do whatever is necessary 10 11 to monitor, evaluate, and assure adherence to such rights. Such 12 persons shall also recommend such additional safeguards or procedures as may be appropriate to secure individual rights set forth in this 13 14 chapter and as guaranteed by the state and federal Constitutions.

15 **Sec. 16.** RCW 71.05.560 and 2018 c 201 s 3025 are each amended to read as follows:

The department, the department of ((social and health services)) behavioral health facilities, and the authority shall adopt such rules as may be necessary to effectuate the intent and purposes of this chapter, which shall include but not be limited to evaluation of the quality of the program and facilities operating pursuant to this chapter, evaluation of the effectiveness and cost effectiveness of such programs and facilities, and procedures and standards for licensing or certification and other action relevant to evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment programs.

- 27 **Sec. 17.** RCW 71.05.620 and 2018 c 201 s 3028 are each amended to 28 read as follows:
- 29 (1) The files and records of court proceedings under this chapter 30 and chapter 71.34 RCW shall be closed but shall be accessible to:
 - (a) The department;
 - (b) The department of social and health services;
- 33 (c) The authority;

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- 34 (d) The department of behavioral health facilities;
 - (e) The state hospitals as defined in RCW 72.23.010;
- $((\frac{(e)}{(e)}))$ (f) Any person who is the subject of a petition;
- $((\frac{f}{f}))$ (g) The attorney or guardian of the person;
- $((\frac{g}{g}))$ Resource management services for that person; and

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- 1 $((\frac{h}{h}))$ <u>(i)</u> Service providers authorized to receive such 2 information by resource management services.
 - (2) The authority shall adopt rules to implement this section.

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Sec. 18. RCW 71.05.801 and 2018 c 201 s 3036 are each amended to read as follows:

When appropriate and subject to available funds, the treatment and training of a person with a developmental disability who is committed to the custody of the department of ((social and health services)) behavioral health facilities or to a facility licensed or certified for ninety day treatment by the department for a further period of intensive treatment under RCW 71.05.320 must be provided in a program specifically reserved for the treatment and training of persons with developmental disabilities. A person so committed shall receive habilitation services pursuant to an individualized service plan specifically developed to treat the behavior which was the subject of the criminal proceedings. The treatment program shall be administered by developmental disabilities professionals and others trained specifically in the needs of persons with developmental disabilities. The department of ((social and health services)) behavioral health facilities may limit admissions to this specialized program in order to ensure that expenditures for services do not exceed amounts appropriated by the legislature and allocated by the department of ((social and health services)) behavioral health facilities for such services. The department of ((social and health services)) behavioral health facilities may establish admission priorities in the event that the number of eligible persons exceeds the limits set by the department of ((social and health services)) behavioral health facilities.

- 29 **Sec. 19.** RCW 71.34.380 and 2018 c 201 s 5006 are each amended to 30 read as follows:
 - (1) The department, the department of health, the department of behavioral health facilities, and the authority shall adopt such rules pursuant to chapter 34.05 RCW as may be necessary to effectuate the intent and purposes of this chapter.
 - (2) The authority shall evaluate the quality, effectiveness, efficiency, and use of services, procedures and standards for commitment, and establish criteria and procedures for placement and transfer of committed minors.

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- 1 (3) The department of health shall regulate the evaluation and treatment facilities and programs.
- 3 (4) The department <u>of behavioral health facilities</u> shall operate 4 and maintain the child study and treatment center.
- 5 Sec. 20. RCW 71A.10.020 and 2014 c 139 s 2 are each reenacted 6 and amended to read as follows:

As used in this title, the following terms have the meanings indicated unless the context clearly requires otherwise.

- (1) "Assessment" means an evaluation is provided by the department to determine:
- (a) If the individual meets functional and financial criteria for medicaid services; and
 - (b) The individual's support needs for service determination.
 - (2) "Community residential support services," or "community support services," and "in-home services" means one or more of the services listed in RCW 71A.12.040.
 - (3) "Crisis stabilization services" means services provided to persons with developmental disabilities who are experiencing behaviors that jeopardize the safety and stability of their current living situation. Crisis stabilization services include:
 - (a) Temporary intensive services and supports, typically not to exceed sixty days, to prevent psychiatric hospitalization, institutional placement, or other out-of-home placement; and
 - (b) Services designed to stabilize the person and strengthen their current living situation so the person may continue to safely reside in the community during and beyond the crisis period.
 - (4) "Department" means the department of social and health services, except as provided in chapter 71A.20 RCW.
 - (5) "Developmental disability" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. By January 1, 1989, the department shall promulgate rules which define neurological or other conditions in a way that is not limited to intelligence quotient

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scores as the sole determinant of these conditions, and notify the legislature of this action.

- (6) "Eligible person" means a person who has been found by the secretary under RCW 71A.16.040 to be eligible for services.
- (7) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and to raise their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.
- (8) "Legal representative" means a parent of a person who is under eighteen years of age, a person's legal guardian, a person's limited guardian when the subject matter is within the scope of the limited guardianship, a person's attorney-at-law, a person's attorney-in-fact, or any other person who is authorized by law to act for another person.
- 16 (9) "Notice" or "notification" of an action of the secretary
 17 means notice in compliance with RCW 71A.10.060.
 - (10) "Residential habilitation center" means a state-operated facility for persons with developmental disabilities governed by chapter 71A.20 RCW.
 - (11) "Respite services" means relief for families and other caregivers of people with disabilities, typically not to exceed ninety days, to include both in-home and out-of-home respite care on an hourly and daily basis, including twenty-four hour care for several consecutive days. Respite care workers provide supervision, companionship, and personal care services temporarily replacing those provided by the primary caregiver of the person with disabilities. Respite care may include other services needed by the client, including medical care which must be provided by a licensed health care practitioner.
- 31 (12) "Secretary" means the secretary of social and health 32 services or the secretary's designee, except as provided in chapter 33 71A.20 RCW.
 - (13) "Service" or "services" means services provided by state or local government to carry out this title.
- 36 (14) "Service request list" means a list of eligible persons who 37 have received an assessment for service determination and their 38 assessment shows that they meet the eligibility requirements for the 39 requested service but were denied access due to funding limits.

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(15) "State-operated living alternative" means programs for community residential services which may include assistance with activities of daily living, behavioral, habilitative, interpersonal, protective, medical, nursing, and mobility supports to individuals who have been assessed by the department as meeting state and federal requirements for eligibility in home and community-based waiver programs for individuals with developmental disabilities. State-operated living alternatives are operated and staffed with state employees.

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- (16) "Supported living" means community residential services and 10 11 housing which may include assistance with activities of daily living, 12 behavioral, habilitative, interpersonal, protective, medical, nursing, and mobility supports provided to individuals 13 disabilities who have been assessed by the department as meeting 14 state and federal requirements for eligibility in home and community-15 16 waiver programs for individuals with 17 disabilities. Supported living services are provided under contracts 18 with private agencies or with individuals who are not state 19 employees.
- 20 (17) "Vacancy" means an opening at a residential habilitation 21 center, which when filled, would not require the center to exceed its 22 biennially budgeted capacity.
- NEW SECTION. Sec. 21. A new section is added to chapter 71A.20 RCW to read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- 27 (1) "Department" means the department of behavioral health 28 facilities.
- 29 (2) "Secretary" means the secretary of the department of 30 behavioral health facilities.
- 31 <u>NEW SECTION.</u> **Sec. 22.** Sections 1 through 5 of this act 32 constitute a new chapter in Title 43 RCW.
- NEW SECTION. Sec. 23. Section 11 of this act expires July 1, 2026.
- NEW SECTION. Sec. 24. Section 12 of this act takes effect July 1, 2026.

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- NEW SECTION. Sec. 25. Except as provided in section 24 of this act, this act takes effect July 1, 2020.
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