SENATE BILL 5048

State of Washington 66th Legislature 2019 Regular Session

By Senator O'Ban
Prefiled 12/24/18.

AN ACT Relating to establishing a reentry community safety program for state hospital patients; amending RCW 71.24.470, 72.09.370, 71.05.320, 71.05.320, 71.05.340, 10.77.163, and 71.24.330; reenacting and amending RCW 71.24.385; adding a new section to chapter 71.05 RCW; creating a new section; providing an effective date; and providing an expiration date.

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

NEW SECTION. Sec. 1. The legislature finds that state hospital patients who are civilly committed after prosecution for a violent offense or who are civilly committed based on criminal insanity share characteristics with clients served by the offender reentry community safety program, the most effective anti-recidivism program in the state of Washington. The Washington state institute for public policy categorizes the offender reentry community safety program, established in 1999, as a program which produces statistically significant reductions in recidivism in its May 2017 publication "The Effectiveness of Reentry Programs for Incarcerated Persons: Findings for the Washington Statewide Reentry Council." The Washington state institute for public policy's analysis finds a higher average effect size on recidivism reduction for the offender reentry community safety program than for any other reviewed program. The Washington

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state institute for public policy further identifies the offender reentry community safety program in a December 2017 report as a cost-effective program which provides one dollar and ninety cents of taxpayer benefits for every one dollar expended.

The legislature further finds that expanding the scope of the offender reentry community safety program to include the specified state hospital patients will improve reentry services and stability for these patients while substantially reducing recidivism and improving public safety. Mandating inclusion of the offender reentry community safety program in the health network of every health purchasing region will make the program more effective and increase security and welfare. The expansion of the offender reentry community safety program to include state hospitals, under the new name "reentry community safety program," will also provide community supervision for patients who are conditionally released and establish oversight by the public safety review panel.

- Sec. 2. RCW 71.24.470 and 2018 c 201 s 4031 are each amended to read as follows:
- appropriated for this purpose, for case management services and such other services as the director deems necessary to assist offenders identified under RCW 72.09.370, persons committed as criminally insane under chapter 10.77 RCW, and persons committed under chapter 71.05 RCW with an affirmative special finding under RCW 71.05.280(3)(b) for participation in the ((offender)) reentry community safety program. The contracts may be with behavioral health organizations, full integration entities under RCW 71.24.380 and 71.24.850, or any other qualified and appropriate entities.
- (2) The case manager has the authority to assist these offenders in obtaining the services, as set forth in the plan created under RCW 72.09.370(2), for up to five years. The services may include coordination of mental health services, assistance with unfunded medical expenses, obtaining chemical dependency treatment, housing, employment services, educational or vocational training, independent living skills, parenting education, anger management services, and such other services as the case manager deems necessary.
- (3) The legislature intends that funds appropriated for the purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section and distributed to the behavioral health organizations are to

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- 1 supplement and not to supplant general funding. Funds appropriated to
- 2 implement RCW 72.09.370, 71.05.145, and 71.05.212, and this section
- 3 are not to be considered available resources as defined in RCW
- 4 71.24.025 and are not subject to the priorities, terms, or conditions
- 5 in the appropriations act established pursuant to RCW 71.24.035.
- 6 (4) The ((offender)) reentry community safety program was 7 formerly known as the community integration assistance program.
- 8 **Sec. 3.** RCW 71.24.385 and 2018 c 201 s 4023 and 2018 c 175 s 6 9 are each reenacted and amended to read as follows:
- (1) Within funds appropriated by the legislature for this purpose, behavioral health organizations and full integration entities under RCW 71.24.380 and 71.24.850 shall develop the means to serve the needs of people:
- 14 (a) With mental disorders residing within the boundaries of their 15 regional service area. Elements of the program may include:
 - (i) Crisis diversion services;
- 17 (ii) Evaluation and treatment and community hospital beds;
- 18 (iii) Residential treatment;

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- 19 (iv) Programs for intensive community treatment;
- 20 (v) Outpatient services, including family support;
- 21 (vi) Peer support services;
- 22 (vii) Community support services;
- 23 (viii) Reentry services;
- 24 (ix) Resource management services; and
- $((\frac{(ix)}{(ix)}))$ (x) Supported housing and supported employment services.
- 26 (b) With substance use disorders and their families, people 27 incapacitated by alcohol or other psychoactive chemicals, and 28 intoxicated people.
- (i) Elements of the program shall include, but not necessarily be limited to, a continuum of substance use disorder treatment services that includes:
 - (A) Withdrawal management;
 - (B) Residential treatment; and
- 34 (C) Outpatient treatment.
- 35 (ii) The program may include peer support, supported housing, 36 supported employment, crisis diversion, <u>reentry services</u>, or recovery 37 support services.
- 38 (iii) The authority may contract for the use of an approved 39 substance use disorder treatment program or other individual or

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organization if the director considers this to be an effective and economical course to follow.

- (2) (a) The behavioral health organization or full integration entities under RCW 71.24.380 and 71.24.850 shall have the flexibility, within the funds appropriated by the legislature for this purpose and the terms of their contract, to design the mix of services that will be most effective within their service area of meeting the needs of people with behavioral health disorders and avoiding placement of such individuals at the state mental hospital. Behavioral health organizations and full integration entities under RCW 71.24.380 and 71.24.850 are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.
 - (b) The behavioral health organization or full integration entities under RCW 71.24.380 and 71.24.850 may allow reimbursement to providers for services delivered through a partial hospitalization or intensive outpatient program. Such payment and services are distinct from the state's delivery of wraparound with intensive services under the T.R. v. Strange and McDermott, formerly the T.R. v. Dreyfus and Porter, settlement agreement.
- 22 (3)(a) Treatment provided under this chapter must be purchased 23 primarily through managed care contracts.
- 24 (b) Consistent with RCW 71.24.580, services and funding provided 25 through the criminal justice treatment account are intended to be 26 exempted from managed care contracting.
- **Sec. 4.** RCW 72.09.370 and 2018 c 201 s 9012 are each amended to 28 read as follows:
 - (1) The ((offender)) reentry community safety program is established to ((provide)) promote community safety by providing intensive services to offenders identified under this subsection ((and to thereby promote public safety)), persons committed as criminally insane under chapter 10.77 RCW, and persons committed under chapter 71.05 RCW with an affirmative special finding under RCW 71.05.280(3)(b). The secretary shall:
- 36 (a) Identify offenders in confinement or partial confinement who: 37 (((a))) (i) Are reasonably believed to be dangerous to themselves or 38 others; and (((b))) (ii) have a mental disorder. In determining an 39 offender's dangerousness, the secretary shall consider behavior known

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to the department and factors, based on research, that are linked to an increased risk for dangerousness of offenders with mental illnesses and shall include consideration of an offender's chemical dependency or abuse;

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- (b) Collaborate with the health care authority and department of social and health services to provide training, consultation, and support during the implementation of the expansion of the reentry community safety program under section 5 of this act; and
- (c) Ensure that community corrections officers engaged in supervision of offenders released under this section and of persons ordered to receive supervision by a community corrections officer under RCW 10.77.150(3)(d), 71.05.320, or 71.05.340 receive appropriate training related to the monitoring of and engagement with persons with behavioral health disorders, collaboration with available community behavioral health and state hospital resources to support the recovery of the person under supervision, and appropriate measures to protect the safety of the person under supervision and the public.
- (2) Prior to release of an offender identified under this section, a team consisting of representatives of the department of corrections, the health care authority, the behavioral health administration, and, as necessary, the indeterminate sentence review board, divisions or administrations within the department of social health services, specifically including the division developmental disabilities, the appropriate behavioral health organization, full integration entities under RCW 71.24.380 and 71.24.850, and the providers, as appropriate, shall develop a plan, as determined necessary by the team, for delivery of treatment and support services to the offender upon release. In developing the plan, the offender shall be offered assistance in executing a mental health directive under chapter 71.32 RCW, after being fully informed of the benefits, scope, and purposes of such directive. The team may include a school district representative for offenders under the age of twenty-one. The team shall consult with the offender's counsel, if any, and, as appropriate, the offender's family and community. The team shall notify the crime victim/witness program, which shall provide notice to all people registered to receive notice under RCW 72.09.712 of the proposed release plan developed by the team. Victims, witnesses, and other interested people notified by the department may provide information and comments to the department on

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potential safety risk to specific individuals or classes of individuals posed by the specific offender. The team may recommend:

(a) That the offender be evaluated by the designated crisis responder, as defined in chapter 71.05 RCW; (b) department-supervised community treatment; or (c) voluntary community mental health or chemical dependency or abuse treatment.

- (3) Prior to release of an offender identified under this section, the team shall determine whether or not an evaluation by a designated crisis responder is needed. If an evaluation is recommended, the supporting documentation shall be immediately forwarded to the appropriate designated crisis responder. The supporting documentation shall include the offender's criminal history, history of judicially required or administratively ordered involuntary antipsychotic medication while in confinement, and any known history of involuntary civil commitment.
- (4) If an evaluation by a designated crisis responder is recommended by the team, such evaluation shall occur not more than ten days, nor less than five days, prior to release.
- (5) A second evaluation by a designated crisis responder shall occur on the day of release if requested by the team, based upon new information or a change in the offender's mental condition, and the initial evaluation did not result in an emergency detention or a summons under chapter 71.05 RCW.
- (6) If the designated crisis responder determines an emergency detention under chapter 71.05 RCW is necessary, the department shall release the offender only to a state hospital or to a consenting evaluation and treatment facility. The department shall arrange transportation of the offender to the hospital or facility.
- (7) If the designated crisis responder believes that a less restrictive alternative treatment is appropriate, he or she shall seek a summons, pursuant to the provisions of chapter 71.05 RCW, to require the offender to appear at an evaluation and treatment facility. If a summons is issued, the offender shall remain within the corrections facility until completion of his or her term of confinement and be transported, by corrections personnel on the day of completion, directly to the identified evaluation and treatment facility.
 - (8) The secretary shall adopt rules to implement this section.

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NEW SECTION. Sec. 5. A new section is added to chapter 71.05 RCW to read as follows:

- (1) The reentry community safety program established under RCW 72.09.370 is expanded on the effective date of this section to include services for persons committed as criminally insane under chapter 10.77 RCW and persons committed under chapter 71.05 RCW with an affirmative special finding under RCW 71.05.280(3)(b). The secretary shall:
- (a) Identify persons who meet eligibility criteria under this section who have been recommended by their treatment teams as potentially ready for discharge or conditional release to a community placement within six months if an appropriate community placement and discharge plan can be established providing appropriate treatment, monitoring, and, if warranted, supervision to support the recovery of the person and to protect the safety of the person and the public;
- (b) Notify the public safety review panel under RCW 10.77.270 when a person is referred for reentry community safety program services and provide full placement and discharge plan information related to the person to the public safety review panel when it is available;
- (c) Work with the director to ensure that reentry community safety program contracts with community providers require the contract holders to provide information to the public safety review panel upon request of the public safety review panel, department, or authority relating to a proposed discharge or conditional release plan, and require the contract holders to provide testimony relating to such a plan to the superior court charged with reviewing an application for less restrictive alternative order or conditional release made by or on behalf of a person.
- (2) The secretary shall collaborate with the director, secretary of the department of corrections, and behavioral health care experts as appropriate to model the expansion of the reentry community safety program off the successful elements of the program as applied to offenders within the jurisdiction of the department of corrections, with appropriate adaptations to account for the differences inherent in commitments under this chapter and chapter 10.77 RCW. This group must establish procedures including interagency training and consultation as are necessary to sustain the expanded program, and including training in how to collaborate effectively across agencies and appropriately share information with program partners.

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(3) On the effective date of this section, appropriations made to support individuals committed under RCW 71.05.320 with an affirmative special finding under RCW 71.05.280(3)(b) must be applied to support the expansion of the reentry community safety program.

- Sec. 6. RCW 71.05.320 and 2018 c 201 s 3012 are each amended to 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 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.
- (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.
- (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 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 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)

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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 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

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condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, 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, 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

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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) A less restrictive alternative order under this section for a person committed to inpatient treatment in a case where the court has made an affirmative special finding under RCW 71.05.280(3)(b) may include a condition requiring supervision by the department of corrections if recommended as a component of the person's participation in the reentry community safety program under section 5 of this act.
- (9) 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. 7.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to 22 read as follows:
 - (1) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department of social and health services 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 or to a facility certified for one hundred eighty day treatment by the department.

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(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 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,

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substance use disorder, or developmental disability a likelihood of serious harm; or

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- (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.
- (ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, 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.

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

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1 treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If 2 3 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 4 less restrictive alternative treatment not to exceed one hundred 5 6 eighty days from the date of judgment, and may not enter an order for 7 inpatient treatment. An order for less restrictive alternative treatment must name the mental health service provider responsible 8 for identifying the services the person will receive in accordance 9 with RCW 71.05.585, and must include a requirement that the person 10 11 cooperate with the services planned by the mental health service 12 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.

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- (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) A less restrictive alternative order under this section for a person committed to inpatient treatment in a case where the court has made an affirmative special finding under RCW 71.05.280(3)(b) may include a condition requiring supervision by the department of corrections if recommended as a component of the person's participation in the reentry community safety program under section 5 of this act.
- 32 <u>(9)</u> No person committed as provided in this section may be 33 detained unless a valid order of commitment is in effect. No order of 34 commitment can exceed one hundred eighty days in length except as 35 provided in subsection (7) of this section.
- 36 **Sec. 8.** RCW 71.05.340 and 2018 c 201 s 3017 are each amended to read as follows:
- 38 (1)(a) When, in the opinion of the superintendent or the 39 professional person in charge of the hospital or facility providing

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1 involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the 2 3 period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the 4 inpatient treatment period, shall not exceed the period 5 6 commitment. If the facility or agency designated to provide outpatient treatment is other than the facility providing involuntary 7 treatment, the outpatient facility so designated must agree 8 writing to assume such responsibility. A copy of the terms 9 conditional release shall be given to the patient, the designated 10 11 crisis responder in the county in which the patient is to receive 12 outpatient treatment, and to the court of original commitment. \underline{A} conditional release under this section for a person committed to 13 inpatient treatment in a case where the court has made an affirmative 14 special finding under RCW 71.05.280(3)(b) may include a condition 15 requiring supervision by the department of corrections if recommended 16 17 as a component of the person's participation in the reentry community safety program under section 5 of this act. 18

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(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 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 release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that

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county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter.

(2) The facility or agency designated to provide outpatient care or the secretary of the department of social and health services 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.

Sec. 9. RCW 10.77.163 and 2008 c 213 s 4 are each amended to read as follows:

(1) Before a person committed under this chapter is permitted temporarily to leave a treatment facility for any period of time without constant accompaniment by ((facility)) staff of the facility, department, authority, or entity responsible for providing services or supervision under the reentry community safety program, the superintendent, professional person in charge of a treatment facility, or his or her professional designee shall in writing notify the prosecuting attorney of any county to which the person is released and the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision conditionally to release the person. The notice shall be provided at least forty-five days before the anticipated release and shall describe the conditions under which the release is to occur.

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(2) In addition to the notice required by subsection (1) of this section, the superintendent of each state institution designated for the custody, care, and treatment of persons committed under this chapter shall notify appropriate law enforcement agencies through the state patrol communications network of the furloughs of persons committed under RCW 10.77.086 or 10.77.110. Notification shall be made at least thirty days before the furlough, and shall include the name of the person, the place to which the person has permission to go, and the dates and times during which the person will be on furlough.

- (3) Upon receiving notice that a person committed under this chapter is being temporarily released under subsection (1) of this section, the prosecuting attorney may seek a temporary restraining order to prevent the release of the person on the grounds that the person is dangerous to self or others.
- 16 (4) The notice requirements contained in this section shall not apply to emergency medical furloughs.
 - (5) The existence of the notice requirements contained in this section shall not require any extension of the release date in the event the release plan changes after notification.
- 21 (6) The notice provisions of this section are in addition to 22 those provided in RCW 10.77.205.
- **Sec. 10.** RCW 71.24.330 and 2018 c 201 s 4017 are each amended to 24 read as follows:
 - (1) (a) Contracts between a behavioral health organization or full integration entities under RCW 71.24.380 and 71.24.850 and the authority shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and reprocurement of the contract.
 - (b) The authority shall incorporate the criteria to measure the performance of service coordination organizations into contracts with behavioral health organizations and full integration entities under RCW 71.24.380 and 71.24.850 as provided in chapter 70.320 RCW.
 - (2) The behavioral health organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems,

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1 and maximization of the use of available funds for services versus profits. However, a behavioral health organization selected through 2 the procurement process is not required to contract for services with 3 any county-owned or operated facility. The behavioral health 4 organization procurement process shall provide that public funds 5 6 appropriated by the legislature shall not be used to promote or 7 deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code 8 9 or chapter 41.56 RCW.

10 (3) In addition to the requirements of RCW 71.24.035, contracts 11 shall:

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- (a) Define administrative costs and ensure that the behavioral health organization ((does)) and full integration entities under RCW 71.24.380 and 71.24.850 do not exceed an administrative cost of ten percent of available funds;
- 16 (b) Require effective collaboration with law enforcement, 17 criminal justice agencies, and the chemical dependency treatment 18 system;
- 19 (c) Require substantial implementation of authority adopted 20 integrated screening and assessment process and matrix of best 21 practices;
- 22 (d) Maintain the decision-making independence of designated 23 crisis responders;
 - (e) Except at the discretion of the secretary of the department of social and health services in consultation with the director or as specified in the biennial budget, require behavioral health organizations and full integration entities under RCW 71.24.380 and 71.24.850 to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;
 - (f) Include a negotiated alternative dispute resolution clause;
 - (g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a behavioral health organization or full integration entity under RCW 71.24.380 and 71.24.850. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to

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serve as a behavioral health organization they shall provide ninety days' advance notice in writing to the other party;

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- (h) Require behavioral health organizations <u>and full integration</u> <u>entities under RCW 71.24.380 and 71.24.850</u> to provide services as identified in RCW 71.05.585 <u>and 10.77.150</u> to individuals ((committed for involuntary commitment)) ordered by a court to receive treatment under <u>a</u> less restrictive alternative ((court orders)) order or conditional release order when:
- 9 (i) The individual is enrolled in the medicaid program and meets 10 behavioral health organization access to care standards; or
- (ii) The individual is not enrolled in medicaid, does not have other insurance which can pay for the services, and the behavioral health organization has adequate available resources to provide the services; ((and))
- (i) Establish caseload guidelines for care coordinators who supervise less restrictive alternative orders and guidelines for response times during and immediately following periods of hospitalization or incarceration; and
- (j) Require behavioral health organizations and full integration entities under RCW 71.24.380 and 71.24.850 to ensure that adequate capacity exists in each regional service area to support the operation of the reentry community safety program under RCW 72.09.370 and section 5 of this act.
- NEW SECTION. Sec. 11. Section 6 of this act expires July 1, 25 2026.
- NEW SECTION. Sec. 12. Section 7 of this act takes effect July 1, 2026.

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