## ENGROSSED SECOND SUBSTITUTE SENATE BILL 5440

State of Washington 68th Legislature 2023 Regular Session

By Senate Ways & Means (originally sponsored by Senators Dhingra, Nguyen, Saldaña, Valdez, Van De Wege, and C. Wilson; by request of Office of the Governor)

READ FIRST TIME 02/24/23.

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AN ACT Relating to providing timely competency evaluations and restoration services to persons suffering from behavioral health disorders within the framework of the forensic mental health care system consistent with the requirements agreed to in the Trueblood settlement agreement; amending RCW 10.77.060, 10.77.068, 10.77.074, 10.77.084, 10.77.086, 10.77.088, and 10.77.092; reenacting and amending RCW 10.77.010; adding new sections to chapter 10.77 RCW; creating new sections; and declaring an emergency.

## 9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

10 NEW SECTION. Sec. 1. The legislature finds that defendants 11 referred for services related to competency to stand trial requiring 12 into a psychiatric facility are currently unprecedented wait times in jail for admission. The situation has 13 14 been exacerbated by closure of forensic beds and workforce shortages 15 related to COVID-19, and treatment capacity limits related to social 16 distancing requirements. Moreover, a backlog of criminal prosecutions 17 that were held back during the first two years of the pandemic due to 18 capacity limitations in courts, prosecuting attorneys offices, and 19 jails, are now being filed, causing a surge in demand for competency 20 services which exceeds the state's capacity to make 21 response. In partial consequence, as of January 2023, wait times for

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admission to western state hospital for competency services, directed to be completed within seven days by order of the United States district court for western Washington, have risen to over ten months, while wait times for admission to eastern state hospital for the same services have risen to over five months. The state's forensic bed capacity forecast model indicates that if the state continues to receive competency referrals from local superior, district, and municipal courts at the same volume, the state will rapidly fall farther behind.

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The legislature further finds that historical investments and policy changes have been made in behavioral health services over the past five years, designed to both increase capacity to provide competency to stand trial services and to reduce the need for them by creating opportunities for diversion, prevention, and improved community health. New construction at western state hospital is expected to result in the opening of 58 forensic psychiatric beds in first quarter of 2023, while emergency community hospital contracts are expected to allow for the discharge or transfer of over 50 civil conversion patients occupying forensic state hospital beds over the same period. Sixteen beds for civil conversion patients will open at Maple Lane school in the first quarter of 2023, with 30 additional beds for patients acquitted by reason of insanity expected to open by late 2023 or early 2024. Over a longer time period, 350 forensic beds are planned to open within a new forensic hospital on western state hospital campus between 2027 and 2029. Policy and budget changes have increased capacity for assisted outpatient treatment, 988 crisis response, use of medication for opioid use disorders in jails and community settings, reentry services, and mental health advance directives, and created new behavioral health facility types, supportive housing, and supportive employment services. Forensic navigator services, outpatient competency restoration programs, and other specialty forensic services are now available and continuing to be deployed in phase two Trueblood settlement regions.

The legislature further finds that despite these investments there is a need for everyone to come together to find solutions to both reduce demand for forensic services and to increase their supply. The state needs collaboration from local governments and other entities to identify any and all facilities that can be used to provide services to patients connected to the forensic system, to

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- 1 reduce the flow of competency referrals coming from municipal,
- 2 district, and superior courts, and to improve availability and
- 3 effectiveness of behavioral health services provided outside the
- 4 criminal justice system.

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5 **Sec. 2.** RCW 10.77.010 and 2022 c 288 s 1 are each reenacted and 6 amended to read as follows:

As used in this chapter:

department, and jail health services.

- 8 (1) "Admission" means acceptance based on medical necessity, of a person as a patient.
  - (2) "Authority" means the Washington state health care authority.
- 11 (3) "Clinical intervention specialist" means a licensed
  12 professional with prescribing authority who is employed by or
  13 contracted with the department to provide direct services, enhanced
  14 oversight and monitoring of the behavioral health status of in15 custody defendants who have been referred for evaluation or
  16 restoration services related to competency to stand trial and who
  17 coordinate treatment options with forensic navigators, the
- 19 <u>(4)</u> "Commitment" means the determination by a court that a person 20 should be detained for a period of either evaluation or treatment, or 21 both, in an inpatient or a less-restrictive setting.
- 22  $((\frac{4}{(4)}))$  (5) "Community behavioral health agency" has the same 23 meaning as "licensed or certified behavioral health agency" defined 24 in RCW 71.24.025.
- $((\frac{5}{}))$  (6) "Conditional release" means modification of a courtordered commitment, which may be revoked upon violation of any of its terms.
  - ((<del>(6)</del>)) <u>(7)</u> A "criminally insane" person means any person who has been acquitted of a crime charged by reason of insanity, and thereupon found to be a substantial danger to other persons or to present a substantial likelihood of committing criminal acts jeopardizing public safety or security unless kept under further control by the court or other persons or institutions.
- $((\frac{(7)}{)})$  <u>(8)</u> "Department" means the state department of social and health services.
- 36  $((\frac{(8)}{)})$  "Designated crisis responder" has the same meaning as provided in RCW 71.05.020.

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 $((\frac{(9)}{(9)}))$  (10) "Detention" or "detain" means the lawful confinement 2 of a person, under the provisions of this chapter, pending 3 evaluation.

- (((10))) (11) "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 or psychologist, or a social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary.
- $((\frac{(11)}{)})$  <u>(12)</u> "Developmental disability" means the condition as defined in RCW 71A.10.020(( $\frac{(5)}{)}$ ).
- $((\frac{(12)}{(12)}))$  <u>(13)</u> "Discharge" means the termination of hospital 13 medical authority. The commitment may remain in place, be terminated, 14 or be amended by court order.
  - $((\frac{(13)}{(14)}))$  (14) "Furlough" means an authorized leave of absence for a resident of a state institution operated by the department designated for the custody, care, and treatment of the criminally insane, consistent with an order of conditional release from the court under this chapter, without any requirement that the resident be accompanied by, or be in the custody of, any law enforcement or institutional staff, while on such unescorted leave.
- ((<del>(14)</del>)) (15) "Genuine doubt as to competency" means that there
  is reasonable cause to believe, based upon actual interactions with
  or observations of the defendant or information provided by counsel,
  that a defendant is incompetent to stand trial.
  - (16) "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.
  - (((15))) (17) "History of one or more violent acts" means violent acts committed during: (a) The ten-year period of time prior to the filing of criminal charges; plus (b) the amount of time equal to time spent during the ten-year period in a mental health facility or in confinement as a result of a criminal conviction.

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1 ((<del>(16)</del>)) <u>(18)</u> "Immediate family member" means a spouse, child, 2 stepchild, parent, stepparent, grandparent, sibling, or domestic 3 partner.

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- (((17))) (19) "Incompetency" means a person lacks the capacity to understand the nature of the proceedings against him or her or to assist in his or her own defense as a result of mental disease or defect.
- 8 ((<del>(18)</del>)) <u>(20)</u> "Indigent" means any person who is financially 9 unable to obtain counsel or other necessary expert or professional 10 services without causing substantial hardship to the person or his or 11 her family.
  - ((<del>(19)</del>)) <u>(21)</u> "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for an individual with developmental disabilities, which shall state:
- 16 (a) The nature of the person's specific problems, prior charged 17 criminal behavior, and habilitation needs;
  - (b) The conditions and strategies necessary to achieve the purposes of habilitation;
  - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
  - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
    - (e) The staff responsible for carrying out the plan;
  - (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 release, and a projected possible date for release; and
- 29 (g) The type of residence immediately anticipated for the person 30 and possible future types of residences.
  - $((\frac{(20)}{(20)}))$  <u>(22)</u> "Professional person" means:
- 32 (a) A psychiatrist licensed as a physician and surgeon in this 33 state who has, in addition, completed three years of graduate 34 training in psychiatry in a program approved by the American medical 35 association or the American osteopathic association and is certified 36 or eligible to be certified by the American board of psychiatry and 37 neurology or the American osteopathic board of neurology and 38 psychiatry;
- 39 (b) A psychologist licensed as a psychologist pursuant to chapter 40 18.83 RCW;

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1 (c) A psychiatric advanced registered nurse practitioner, as defined in RCW 71.05.020; or

- (d) A social worker with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.
- $((\frac{(21)}{(21)}))$  "Release" means legal termination of the court-ordered commitment under the provisions of this chapter.
- $((\frac{(22)}{)})$  "Secretary" means the secretary of the department 9 of social and health services or his or her designee.
- $((\frac{(23)}{(25)}))$  "Treatment" means any currently standardized 11 medical or mental health procedure including medication.
  - ((<del>(24)</del>)) (26) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health administrative services organizations and their staffs, by managed care organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health administrative services organizations, managed care organizations, or a treatment facility if the notes or records are not available to others.
  - ((<del>(25)</del>)) (<u>27)</u> "Violent act" means behavior that: (a) (i) Resulted in; (ii) if completed as intended would have resulted in; or (iii) was threatened to be carried out by a person who had the intent and opportunity to carry out the threat and would have resulted in, homicide, nonfatal injuries, or substantial damage to property; or (b) recklessly creates an immediate risk of serious physical injury to another person. As used in this subsection, "nonfatal injuries" means physical pain or injury, illness, or an impairment of physical condition. "Nonfatal injuries" shall be construed to be consistent with the definition of "bodily injury," as defined in RCW 9A.04.110.
  - Sec. 3. RCW 10.77.060 and 2022 c 288 s 2 are each amended to read as follows:
  - (1) (a) Whenever a defendant has pleaded not guilty by reason of insanity, ((or there is reason to doubt his or her competency,)) the court on its own motion or on the motion of any party shall either appoint or request the secretary to designate a qualified expert or professional person, who shall be approved by the prosecuting

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attorney, to evaluate and report upon the mental condition of the defendant.

- (b) Whenever there is a doubt as to competency, the court on its own motion or on the motion of any party shall first review the allegations of incompetency. The court shall make a determination of whether sufficient facts have been provided to form a genuine doubt as to competency based on information provided by counsel, judicial colloquy, or direct observation of the defendant. If a genuine doubt as to competency exists, the court shall either appoint or request the secretary to designate a qualified expert or professional person, who shall be approved by the prosecuting attorney, to evaluate and report upon the mental condition of the defendant.
- (c) The signed order of the court shall serve as authority for the evaluator to be given access to all records held by any mental health, medical, educational, or correctional facility that relate to the present or past mental, emotional, or physical condition of the defendant. If the court is advised by any party that the defendant may have a developmental disability, the evaluation must be performed by a developmental disabilities professional and the evaluator shall have access to records of the developmental disabilities administration of the department.
- (((e))) (d) The evaluator shall assess the defendant in a jail, detention facility, in the community, or in court to determine whether a period of inpatient commitment will be necessary to complete an accurate evaluation. If inpatient commitment is needed, the signed order of the court shall serve as authority for the evaluator to request the jail or detention facility to transport the defendant to a hospital or secure mental health facility for a period of commitment not to exceed fifteen days from the time of admission to the facility. Otherwise, the evaluator shall complete the evaluation.
- ((\(\frac{(d)}{(d)}\)) (e) The court may commit the defendant for evaluation to a hospital or secure mental health facility without an assessment if:

  (i) The defendant is charged with murder in the first or second degree; (ii) the court finds that it is more likely than not that an evaluation in the jail will be inadequate to complete an accurate evaluation; or (iii) the court finds that an evaluation outside the jail setting is necessary for the health, safety, or welfare of the defendant. The court shall not order an initial inpatient evaluation for any purpose other than a competency evaluation.

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((<del>(e)</del>)) <u>(f)</u> The order shall indicate whether, in the event the defendant is committed to a hospital or secure mental health facility for evaluation, all parties agree to waive the presence of the defendant or to the defendant's remote participation at a subsequent competency hearing or presentation of an agreed order if the recommendation of the evaluator is for continuation of the stay of criminal proceedings, or if the opinion of the evaluator is that the defendant remains incompetent and there is no remaining restoration period, and the hearing is held prior to the expiration of the authorized commitment period.

((\(\frac{(+frac{f})}\)) (g) When a defendant is ordered to be evaluated under this subsection (1), or when a party or the court determines at first appearance that an order for evaluation under this subsection will be requested or ordered if charges are pursued, the court may delay granting bail until the defendant has been evaluated for competency or sanity and appears before the court. Following the evaluation, in determining bail the court shall consider: (i) Recommendations of the evaluator regarding the defendant's competency, sanity, or diminished capacity; (ii) whether the defendant has a recent history of one or more violent acts; (iii) whether the defendant has previously been acquitted by reason of insanity or found incompetent; (iv) whether it is reasonably likely the defendant will fail to appear for a future court hearing; and (v) whether the defendant is a threat to public safety.

- (h) If the defendant ordered to be evaluated under this subsection (1) is charged with a serious traffic offense under RCW 9.94A.030, or a felony version of a serious traffic offense, the prosecutor may make a motion to modify the defendant's conditions of release to include a condition prohibiting the defendant from driving during the pendency of the competency evaluation period.
- (2) The court may direct that a qualified expert or professional person retained by or appointed for the defendant be permitted to witness the evaluation authorized by subsection (1) of this section, and that the defendant shall have access to all information obtained by the court appointed experts or professional persons. The defendant's expert or professional person shall have the right to file his or her own report following the guidelines of subsection (3) of this section. If the defendant is indigent, the court shall upon the request of the defendant assist him or her in obtaining an expert or professional person.

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- (3) The report of the evaluation shall include the following:
  - (a) A description of the nature of the evaluation;

- 3 (b) A diagnosis or description of the current mental status of 4 the defendant;
  - (c) If the defendant suffers from a mental disease or defect, or has a developmental disability, an opinion as to competency;
  - (d) If the defendant has indicated his or her intention to rely on the defense of insanity pursuant to RCW 10.77.030, and an evaluation and report by an expert or professional person has been provided concluding that the defendant was criminally insane at the time of the alleged offense, an opinion as to the defendant's sanity at the time of the act, and an opinion as to whether the defendant presents a substantial danger to other persons, or presents a substantial likelihood of committing criminal acts jeopardizing public safety or security, unless kept under further control by the court or other persons or institutions, provided that no opinion shall be rendered under this subsection (3)(d) unless the evaluator or court determines that the defendant is competent to stand trial;
  - (e) When directed by the court, if an evaluation and report by an expert or professional person has been provided concluding that the defendant lacked the capacity at the time of the offense to form the mental state necessary to commit the charged offense, an opinion as to the capacity of the defendant to have a particular state of mind which is an element of the offense charged;
  - (f) An opinion as to whether the defendant should be evaluated by a designated crisis responder under chapter 71.05 RCW.
  - (4) The secretary may execute such agreements as appropriate and necessary to implement this section and may choose to designate more than one evaluator.
  - (5) In the event that a person remains in jail more than 21 days after service on the department of a court order to transport the person to a facility designated by the department for inpatient competency restoration treatment, upon the request of any party and with notice to all parties, the department shall perform a competency to stand trial status check to determine if the circumstances of the person have changed such that the court should authorize an updated competency evaluation. The status update shall be provided to the parties and the court. Status updates may be provided at reasonable intervals.

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- 1 (6) If a finding of the competency evaluation under this section 2 or under RCW 10.77.084 is that the individual is not competent due to 3 an intellectual or developmental disability, the evaluator shall 4 notify the department, which shall refer the individual to the 5 developmental disabilities administration of the department for 6 review of eligibility for services. Information about availability of 7 services must be provided to the forensic navigator.
- (7) If the expert or professional person appointed to perform a 8 competency evaluation is not able to complete the evaluation after 9 10 two attempts at scheduling with the defendant, the department shall submit a report to the court and parties and include a date and time 11 for another evaluation which must be at least four weeks later. The 12 court shall provide notice to the defendant of the date and time of 13 the evaluation. If the defendant fails to appear at that appointment, 14 15 the court shall issue a warrant for the failure to appear and recall 16 the order for competency evaluation.
- 17 **Sec. 4.** RCW 10.77.068 and 2022 c 288 s 3 are each amended to 18 read as follows:

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- (1) (a) The legislature establishes a performance target of seven days or fewer to extend an offer of admission to a defendant in pretrial custody for inpatient competency evaluation or inpatient competency restoration services, when access to the services is legally authorized.
- 24 (b) The legislature establishes a performance target of 14 days 25 or fewer for the following services related to competency to stand 26 trial, when access to the services is legally authorized:
  - (i) To complete a competency evaluation in jail and distribute the evaluation report; and
- 29 (ii) To extend an offer of admission to a defendant ordered to be 30 committed to ((a state hospital)) the department for placement in a 31 facility operated by or contracted by the department following 32 dismissal of charges based on incompetency to stand trial under RCW 33 10.77.086.
- 34 (c) The legislature establishes a performance target of 21 days 35 or fewer to complete a competency evaluation in the community and 36 distribute the evaluation report.
- 37 (2)(a) A maximum time limit of seven days as measured from the 38 department's receipt of the court order, or a maximum time limit of 39 14 days as measured from signature of the court order, whichever is

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shorter, is established to complete the services specified in subsection (1)(a) of this section, subject to the limitations under subsection (9) of this section.

- (b) A maximum time limit of 14 days as measured from the department's receipt of the court order, or a maximum time limit of 21 days as measured from signature of the court order, whichever is shorter, is established to complete the services specified in subsection (1)(b) of this section, subject to the limitations under subsection (9) of this section.
- (3) The legislature recognizes that these targets may not be achievable in all cases, but intends for the department to manage, allocate, and request appropriations for resources in order to meet these targets whenever possible without sacrificing the accuracy and quality of competency services.
- (4) It shall be a defense to an allegation that the department has exceeded the maximum time limits for completion of competency services described in subsection (2) of this section if the department can demonstrate by a preponderance of the evidence that the reason for exceeding the maximum time limits was outside of the department's control including, but not limited to, the following circumstances:
- (a) Despite a timely request, the department has not received necessary medical information regarding the current medical status of a defendant;
- (b) The individual circumstances of the defendant make accurate completion of an evaluation of competency to stand trial dependent upon review of mental health, substance use disorder, or medical history information which is in the custody of a third party and cannot be immediately obtained by the department, provided that completion shall not be postponed for procurement of information which is merely supplementary;
- (c) Additional time is needed for the defendant to no longer show active signs and symptoms of impairment related to substance use so that an accurate evaluation may be completed;
- (d) The defendant is medically unavailable for competency evaluation or admission to a facility for competency restoration;
- 37 (e) Completion of the referral requires additional time to 38 accommodate the availability or participation of counsel, court 39 personnel, interpreters, or the defendant;

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- (f) The defendant asserts legal rights that result in a delay in the provision of competency services; or
  - (g) An unusual spike in the receipt of evaluation referrals or in the number of defendants requiring restoration services has occurred, causing temporary delays until the unexpected excess demand for competency services can be resolved.
  - (5) The department shall provide written notice to the court when it will not be able to meet the maximum time limits under subsection (2) of this section and identify the reasons for the delay and provide a reasonable estimate of the time necessary to complete the competency service. Good cause for an extension for the additional time estimated by the department shall be presumed absent a written response from the court or a party received by the department within seven days.
    - (6) The department shall:

- (a) Develop, document, and implement procedures to monitor the clinical status of defendants admitted to a state hospital for competency services that allow the state hospital to accomplish early discharge for defendants for whom clinical objectives have been achieved or may be achieved before expiration of the commitment period;
- (b) Investigate the extent to which patients admitted to a state hospital under this chapter overstay time periods authorized by law and take reasonable steps to limit the time of commitment to authorized periods; and
- (c) Establish written standards for the productivity of forensic evaluators and utilize these standards to internally review the performance of forensic evaluators.
- (7) Following any quarter in which a state hospital has failed to meet one or more of the performance targets or maximum time limits under subsection (1) or (2) of this section, the department shall report to the executive and the legislature the extent of this deviation and describe any corrective action being taken to improve performance. This report shall be made publicly available. An average may be used to determine timeliness under this subsection.
- (8) The department shall report annually to the legislature and the executive on the timeliness of services related to competency to stand trial and the timeliness with which court referrals accompanied by charging documents, discovery, and criminal history information are provided to the department relative to the signature date of the

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court order. The report must be in a form that is accessible to the public and that breaks down performance by county.

- (9) This section does not create any new entitlement or cause of action related to the timeliness of competency to stand trial services, nor can it form the basis for contempt sanctions under chapter 7.21 RCW or a motion to dismiss criminal charges.
- **Sec. 5.** RCW 10.77.074 and 2019 c 326 s 2 are each amended to 8 read as follows:
  - (1) Subject to the limitations described in <u>subsection (2) of</u> this section, a court may appoint an impartial forensic navigator employed by or contracted by the department to assist individuals who have been referred for competency evaluation <u>and shall appoint a forensic navigator in circumstances described under section 9 of this act.</u>
  - (2) A forensic navigator must assist the individual to access services related to diversion and community outpatient competency restoration. The forensic navigator must assist the individual, prosecuting attorney, defense attorney, and the court to understand the options available to the individual and be accountable as an officer of the court for faithful execution of the responsibilities outlined in this section.
- 22 (3) The duties of the forensic navigator include, but are not 23 limited to, the following:
  - (a) To collect relevant information about the individual, including behavioral health services and supports available to the individual that might support placement in outpatient restoration, diversion, or some combination of these;
    - (b) To meet with, interview, and observe the individual;
- 29 (c) To assess the individual for appropriateness for assisted 30 outpatient treatment under chapter 71.05 RCW;
  - (d) To present information to the court in order to assist the court in understanding the treatment options available to the individual to support the entry of orders for diversion from the forensic mental health system or for community outpatient competency restoration, ((and)) to facilitate that transition; ((and))
- (d)) (e) To provide regular updates to the court and parties of the status of the individual's participation in diversion services and be responsive to inquiries by the parties about treatment status;

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- 1 <u>(f)</u> When the individual is ordered to receive community 2 outpatient restoration, to provide services to the individual 3 including:
  - (i) Assisting the individual with attending appointments and classes relating to outpatient competency restoration;
    - (ii) Coordinating access to housing for the individual;
    - (iii) Meeting with the individual on a regular basis;

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- 8 (iv) Providing information to the court concerning the 9 individual's progress and compliance with court-ordered conditions of 10 release, which may include appearing at court hearings to provide 11 information to the court;
- 12 (v) Coordinating the individual's access to community case 13 management services and mental health services;
- 14 (vi) Assisting the individual with obtaining prescribed 15 medication and encouraging adherence with prescribed medication;
- (vii) Assessing the individual for appropriateness for assisted outpatient treatment under chapter 71.05 RCW and coordinating the initiation of an assisted outpatient treatment order if appropriate as part of a diversion program plan;
- 20 <u>(viii)</u> Planning for a coordinated transition of the individual to 21 a case manager in the community behavioral health system;
  - ((<del>(viii)</del>)) <u>(ix)</u> Attempting to follow-up with the individual to check whether the meeting with a community-based case manager took place;
    - $((\frac{(ix)}{(ix)}))$  When the individual is a high utilizer, attempting to connect the individual with high utilizer services; and
    - $((\frac{x}{x}))$  (xi) Attempting to check up on the individual at least once per month for up to sixty days after coordinated transition to community behavioral health services, without duplicating the services of the community-based case manager;
    - (g) If the individual is an American Indian or Alaska Native who receives medical, behavioral health, housing, or other supportive services from a tribe within this state, to notify and coordinate with the tribe and Indian health care provider. Notification shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan as soon as possible.
- 38 (4) Forensic navigators may submit ((nonclinical))
  39 recommendations to the court regarding treatment and restoration

options for the individual, which the court may consider and weigh in conjunction with the recommendations of all of the parties.

- (5) Forensic navigators shall be deemed officers of the court for the purpose of immunity from civil liability.
- (6) The signed order for competency evaluation from the court shall serve as authority for the forensic navigator to be given access to all records held by a behavioral health, educational, or law enforcement agency or a correctional facility that relates to an individual. Information that is protected by state or federal law, including health information, shall not be entered into the court record without the consent of the individual or their defense attorney.
- (7) Admissions made by the individual in the course of receiving services from the forensic navigator may not be used against the individual in the prosecution's case in chief.
- (8) A court may not issue an order appointing a forensic navigator unless the department certifies that there is adequate forensic navigator capacity to provide these services at the time the order is issued.
- **Sec. 6.** RCW 10.77.084 and 2016 sp.s. c 29 s 410 are each amended to read as follows:
  - (1) (a) If at any time during the pendency of an action and prior to judgment the court finds, following a report as provided in RCW 10.77.060, a defendant is incompetent, the court shall order the proceedings against the defendant be stayed except as provided in subsection (4) of this section. If the defendant is charged with a serious traffic offense under RCW 9.94A.030, or a felony version of a serious traffic offense, the court may order the clerk to transmit an order to the department of licensing for revocation of the defendant's driver's license for a period of one year.
  - (b) The court may order a defendant who has been found to be incompetent to undergo competency restoration treatment at a facility designated by the department if the defendant is eligible under RCW 10.77.086 or 10.77.088. At the end of each competency restoration period or at any time a professional person determines competency has been, or is unlikely to be, restored, the defendant shall be returned to court for a hearing, except that if the opinion of the professional person is that the defendant remains incompetent and the hearing is held before the expiration of the current competency

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restoration period, the parties may agree to waive the defendant's presence, to remote participation by the defendant at a hearing, or to presentation of an agreed order in lieu of a hearing. The facility shall promptly notify the court and all parties of the date on which the competency restoration period commences and expires so that a timely hearing date may be scheduled.

- (c) The court's order for inpatient restoration, shall specify whether the department has the authority to change the defendant's placement to a step-down facility or outpatient competency restoration program if the department determines that such placement is clinically appropriate given the defendant's progress in restoration services.
- (d) If, following notice and hearing or entry of an agreed order under (b) of this subsection, the court finds that competency has been restored, the court shall lift the stay entered under (a) of this subsection. If the court finds that competency has not been restored, the court shall dismiss the proceedings without prejudice, except that the court may order a further period of competency restoration treatment if it finds that further treatment within the time limits established by RCW 10.77.086 or 10.77.088 is likely to restore competency, and a further period of treatment is allowed under RCW 10.77.086 or 10.77.088.
- $((\frac{d}{d}))$  (e) If at any time during the proceeding the court finds, following notice and hearing, a defendant is not likely to regain competency, the court shall dismiss the proceedings without prejudice and refer the defendant for civil commitment evaluation or proceedings if appropriate under RCW 10.77.065, 10.77.086, or 10.77.088.
- (f) If the court issues an order directing revocation of the defendant's driver's license under (a) of this subsection, and the court subsequently finds that the defendant's competency has been restored, the court shall order the clerk to transmit an order to the department of licensing for reinstatement of the defendant's driver's license. The court may direct the clerk to transmit an order reinstating the defendant's driver's license before the end of one year for good cause upon the petition of the defendant.
- (2) If the defendant is referred for evaluation by a designated crisis responder under this chapter, the designated crisis responder shall provide prompt written notification of the results of the evaluation and whether the person was detained. The notification

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shall be provided to the court in which the criminal action was pending, the prosecutor, the defense attorney in the criminal action, and the facility that evaluated the defendant for competency.

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- (3) The fact that the defendant is unfit to proceed does not preclude any pretrial proceedings which do not require the personal participation of the defendant.
- (4) A defendant receiving medication for either physical or mental problems shall not be prohibited from standing trial, if the medication either enables the defendant to understand the proceedings against him or her and to assist in his or her own defense, or does not disable him or her from so understanding and assisting in his or her own defense.
- (5) At or before the conclusion of any commitment period provided 13 for by this section, the facility providing evaluation and treatment 14 shall provide to the court a written report of evaluation which meets 15 16 the requirements of RCW 10.77.060(3). For defendants charged with a 17 felony, the report following the second competency restoration period 18 first competency restoration period if the defendant's incompetence is determined to be solely due to a developmental 19 disability or the evaluator concludes that the defendant is not 20 21 likely to regain competency must include an assessment of the 22 defendant's future dangerousness which is evidence-based regarding predictive validity. 23
  - **Sec. 7.** RCW 10.77.086 and 2022 c 288 s 4 are each amended to read as follows:
    - (1) If the defendant is charged with a felony and determined to be incompetent, until he or she has regained the competency necessary to understand the proceedings against him or her and assist in his or her own defense, but in any event for a period of no longer than 90 days, the court shall commit the defendant to the custody of the secretary for inpatient competency restoration, or may alternatively order the defendant to receive outpatient competency restoration based on a recommendation from a forensic navigator and input from the parties.
- 35 (a) To be eligible for an order for outpatient competency 36 restoration, a defendant must be clinically appropriate and be 37 willing to:
- 38 (i) Adhere to medications or receive prescribed intramuscular 39 medication;

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(ii) Abstain from alcohol and unprescribed drugs; and

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- 2 (iii) Comply with urinalysis or breathalyzer monitoring if 3 needed.
  - (b) If the court orders inpatient competency restoration, the department shall place the defendant in an appropriate facility of the department for competency restoration.
  - (c) If the court orders outpatient competency restoration, the court shall modify conditions of release as needed to authorize the department to place the person in approved housing, which may include access to supported housing, affiliated with a contracted outpatient competency restoration program. The department, in conjunction with the health care authority, must establish rules for conditions of participation in the outpatient competency restoration program, which must include the defendant being subject to medication management. The court may order regular urinalysis testing. The outpatient competency restoration program shall monitor the defendant during the defendant's placement in the program and report any noncompliance or significant changes with respect to the defendant to the department and, if applicable, the forensic navigator.
  - (d) If a defendant fails to comply with the restrictions of the outpatient restoration program such that restoration is no longer appropriate in that setting or the defendant is no longer clinically appropriate for outpatient competency restoration, the director of outpatient competency restoration program shall notify the authority and the department of the need to terminate the outpatient competency restoration placement and intent to request placement for the defendant in an appropriate facility of the department for inpatient competency restoration. The outpatient competency restoration program shall coordinate with the authority, department, and any law enforcement personnel under (d)(i) of this subsection to ensure that the time period between termination and admission into the inpatient facility is as minimal as possible. The time period for inpatient competency restoration shall be reduced by the time period spent in active treatment within the outpatient competency restoration program, excluding time periods in which the defendant was absent from the program and all time from notice of termination of the outpatient competency restoration period through the defendant's admission to the facility. The department shall obtain a placement for the defendant within seven days of the notice

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of intent to terminate the outpatient competency restoration placement.

- (i) The department may authorize a peace officer to detain the defendant into emergency custody for transport to the designated inpatient competency restoration facility. If medical clearance is required by the designated competency restoration facility before admission, the peace officer must transport the defendant to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, or triage facility for medical clearance once a bed is available at the designated inpatient competency restoration facility. The signed outpatient competency restoration order of the court shall serve as authority for the detention of the defendant under this subsection. This subsection does not preclude voluntary transportation of the defendant to a facility for inpatient competency restoration or for medical clearance, or authorize admission of the defendant into jail.
  - (ii) The department shall notify the court and parties of the defendant's admission for inpatient competency restoration before the close of the next judicial day. The court shall schedule a hearing within five days to review the conditions of release of the defendant and anticipated release from treatment and issue appropriate orders.
  - (e) The court may not issue an order for outpatient competency restoration unless the ((department)) authority certifies that there is an available appropriate outpatient competency restoration program that has adequate space for the person at the time the order is issued or the court places the defendant under the guidance and control of a professional person identified in the court order.
- (2) For a defendant whose highest charge is a class C felony, or a class B felony that is not classified as violent under RCW 9.94A.030, the maximum time allowed for the initial competency restoration period is 45 days if the defendant is referred for inpatient competency restoration, or 90 days if the defendant is referred for outpatient competency restoration, provided that if the outpatient competency restoration placement is terminated and the defendant is subsequently admitted to an inpatient facility, the period of inpatient treatment during the first competency restoration period under this subsection shall not exceed 45 days.
- (3) If the court determines or the parties agree before the initial competency restoration period or at any subsequent stage of the proceedings that the defendant is unlikely to regain competency,

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the court may dismiss the charges without prejudice without ordering the defendant to undergo an initial or further period of competency restoration treatment, in which case the court shall order that the defendant be referred for evaluation for civil commitment in the manner provided in subsection (5) of this section.

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- (4) On or before expiration of the initial competency restoration period the court shall conduct a hearing to determine whether the defendant is now competent to stand trial. If the court finds by a preponderance of the evidence that the defendant is incompetent to stand trial, the court may order an extension of the competency restoration period for an additional period of 90 days, but the court must at the same time set a date for a new hearing to determine the defendant's competency to stand trial before the expiration of this second restoration period. The defendant, the defendant's attorney, and the prosecutor have the right to demand that the hearing be before a jury. No extension shall be ordered for a second or third competency restoration period if the defendant's incompetence has been determined by the secretary to be solely the result of a developmental disability which is such that competence is not reasonably likely to be regained during an extension.
- (5) At the hearing upon the expiration of the second competency restoration period, or at the end of the first competency restoration period if the defendant is ineligible for a second or third competency restoration period under subsection (4) of this section, if the jury or court finds that the defendant is incompetent to stand trial, the court shall dismiss the charges without prejudice and order the defendant to be committed to ((a state hospital)) the department for placement in a facility operated or contracted by the department for up to 120 hours if the defendant has not undergone competency restoration services or has engaged in outpatient competency restoration services and up to 72 hours if the defendant engaged in inpatient competency restoration services starting from admission to the facility, excluding Saturdays, Sundays, holidays, for evaluation for the purpose of filing a civil commitment petition under chapter 71.05 RCW. However, the court shall not dismiss the charges if the court or jury finds that: (a) The defendant (i) is a substantial danger to other persons; or (ii) presents a substantial likelihood of committing criminal jeopardizing public safety or security; and (b) there is a substantial probability that the defendant will regain competency

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- within a reasonable period of time. If the court or jury makes such a finding, the court may extend the period of commitment for up to an additional six months.
- 4 (6) Any period of competency restoration treatment under this 5 section includes only the time the defendant is actually at the 6 facility or is actively participating in an outpatient competency 7 restoration program and is in addition to reasonable time for 8 transport to or from the facility.
- 9 **Sec. 8.** RCW 10.77.088 and 2022 c 288 s 5 are each amended to 10 read as follows:

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- (1) If the defendant is charged with a nonfelony crime which is a serious offense as identified in RCW 10.77.092 and found by the court to be not competent, then the court:
- (a) Shall dismiss the proceedings without prejudice and detain the defendant ((for sufficient time to allow the designated crisis responder to evaluate the defendant and consider initial detention proceedings under chapter 71.05 RCW)) pursuant to subsection (5) of this section, unless the prosecutor objects to the dismissal and provides notice of a motion for an order for competency restoration treatment, in which case the court shall schedule a hearing within seven days.
- (b) At the hearing, the prosecuting attorney must establish that there is a compelling state interest to order competency restoration treatment for the defendant. The court may consider prior criminal history, prior history in treatment, prior history of violence, the quality and severity of the pending charges, any history that suggests whether competency restoration treatment is likely to be successful, in addition to the factors listed under RCW 10.77.092. If the prosecuting attorney proves by a preponderance of the evidence that there is a compelling state interest in ordering competency restoration treatment, then the court shall issue an order in accordance with subsection (2) of this section. If the defendant is subject to an order under chapter 71.05 RCW or proceedings under chapter 71.05 RCW have been initiated, there is a rebuttable presumption that the state's compelling interest has been satisfied. If the defendant is charged with a serious traffic offense under RCW 9.94A.030, the court may order the clerk to transmit an order to the department of licensing for revocation of the defendant's driver's license for a period of one year. The court shall direct the clerk to

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- transmit an order to the department of licensing reinstating the
  defendant's driver's license if the defendant is subsequently
  restored to competency, and may do so at any time before the end of
  one year for good cause upon the petition of the defendant.
- (2) (a) If a court finds pursuant to subsection (1) (b) of this 5 6 section that there is a compelling state interest in pursuing 7 competency restoration treatment, the court shall ((commit the defendant to the custody of the secretary for inpatient competency 8 restoration, or may alternatively)) order the defendant to receive 9 outpatient competency restoration ((based on a recommendation from a 10 11 forensic navigator and input from the parties)) consistent with the 12 recommendation of the forensic navigator, unless the court finds that an order for outpatient competency restoration is inappropriate 13 considering the health and safety of the defendant and risks to 14 15 public safety.
- (((\frac{(a)}{a})) (b) To be eligible for an order for outpatient competency
  restoration, a defendant must be ((clinically appropriate and be))
  willing to:
  - (i) Adhere to medications or receive prescribed intramuscular medication;
    - (ii) Abstain from alcohol and unprescribed drugs; and

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- 22 (iii) Comply with urinalysis or breathalyzer monitoring if 23 needed.
  - $((\frac{b}{b}))$  (c) If the court orders inpatient competency restoration, the department shall place the defendant in an appropriate facility of the department for competency restoration under subsection (3) of this section.
  - restoration, the court shall modify conditions of release as needed to authorize the department to place the person in approved housing, which may include access to supported housing, affiliated with a contracted outpatient competency restoration program. The department, in conjunction with the health care authority, must establish rules for conditions of participation in the outpatient competency restoration program, which must include the defendant being subject to medication management. The court may order regular urinalysis testing. The outpatient competency restoration program shall monitor the defendant during the defendant's placement in the program and report any noncompliance or significant changes with respect to the

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1 defendant to the department and, if applicable, the forensic 2 navigator.

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- $((\frac{d}{d}))$  (e) If a defendant fails to comply with the restrictions the outpatient competency restoration program restoration is no longer appropriate in that setting or the defendant is no longer clinically appropriate for outpatient competency restoration, the director of the outpatient competency restoration program shall notify the authority and the department of the need to terminate the outpatient competency restoration placement and intent to request placement for the defendant in an appropriate facility of the department for inpatient competency restoration. The outpatient competency restoration program shall coordinate with the authority, the department, and any law enforcement personnel under  $((\frac{d}{d}))$ (i) of this subsection to ensure that the time period between termination and admission into the inpatient facility is as minimal as possible. The time period for inpatient competency restoration shall be reduced by the time period spent in active treatment within the outpatient competency restoration program, excluding time periods in which the defendant was absent from the program and all time from notice of termination of the outpatient competency restoration period through the defendant's admission to the facility. The department shall obtain a placement for the defendant within seven days of the notice of intent to terminate the outpatient competency restoration placement.
- (i) The department may authorize a peace officer to detain the defendant into emergency custody for transport to the designated inpatient competency restoration facility. If medical clearance is required by the designated competency restoration facility before admission, the peace officer must transport the defendant to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, or triage facility for medical clearance once a bed is available at the designated inpatient competency restoration facility. The signed outpatient competency restoration order of the court shall serve as authority for the detention of the defendant under this subsection. This subsection does not preclude voluntary transportation of the defendant to a facility for inpatient competency restoration or for medical clearance, or authorize admission of the defendant into jail.
- (ii) The department shall notify the court and parties of the defendant's admission for inpatient competency restoration before the

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close of the next judicial day. The court shall schedule a hearing within five days to review the conditions of release of the defendant and anticipated release from treatment and issue appropriate orders.

- ((+e))) (f) The court may not issue an order for outpatient competency restoration unless the department certifies that there is an available appropriate outpatient restoration program that has adequate space for the person at the time the order is issued or the court places the defendant under the guidance and control of a professional person identified in the court order.
- (g) If the court does not order the defendant to receive outpatient competency restoration under (a) of this subsection, the court shall commit the defendant to the department for placement in a facility operated or contracted by the department for inpatient competency restoration.
- (3) The placement under subsection (2) of this section shall not exceed 29 days if the defendant is ordered to receive inpatient competency restoration, and shall not exceed 90 days if the defendant is ordered to receive outpatient competency restoration. The court may order any combination of this subsection, but the total period of inpatient competency restoration may not exceed 29 days.
- (4) If the court has determined or the parties agree that the defendant is unlikely to regain competency, the court may dismiss the charges without prejudice without ordering the defendant to undergo competency restoration treatment, in which case the court shall order that the defendant be referred for evaluation for civil commitment in the manner provided in subsection (5) of this section.
- (5)(a) If the proceedings are dismissed under RCW 10.77.084 and the defendant was on conditional release at the time of dismissal, the court shall order the designated crisis responder within that county to evaluate the defendant pursuant to chapter 71.05 RCW. The evaluation may be conducted in any location chosen by the professional.
- (b) If the defendant was in custody and not on conditional release at the time of dismissal, the defendant shall be detained and sent to an evaluation and treatment facility for up to 120 hours if the defendant has not undergone competency restoration services or has engaged in outpatient competency restoration services and up to 72 hours if the defendant engaged in inpatient competency restoration services, excluding Saturdays, Sundays, and holidays, for evaluation for purposes of filing a petition under chapter 71.05 RCW. The 120-

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hour or 72-hour period shall commence upon the next nonholiday weekday following the court order and shall run to the end of the last nonholiday weekday within the 120-hour or 72-hour period.

- (6) If the defendant is charged with a nonfelony crime that is not a serious offense as defined in RCW 10.77.092 and found by the court to be not competent, the court may stay or dismiss proceedings and detain the defendant for sufficient time to allow the designated crisis responder to evaluate the defendant and consider initial detention proceedings under chapter 71.05 RCW. The court must give notice to all parties at least 24 hours before the dismissal of any proceeding under this subsection, and provide an opportunity for a hearing on whether to dismiss the proceedings.
- (7) If at any time the court dismisses charges under subsections (1) through (6) of this section, the court shall make a finding as to whether the defendant has a history of one or more violent acts. If the court so finds, the defendant is barred from the possession of firearms until a court restores his or her right to possess a firearm under RCW 9.41.047. The court shall state to the defendant and provide written notice that the defendant is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.
- 23 (8) Any period of competency restoration treatment under this 24 section includes only the time the defendant is actually at the 25 facility or is actively participating in an outpatient competency 26 restoration program and is in addition to reasonable time for 27 transport to or from the facility.
- NEW SECTION. Sec. 9. A new section is added to chapter 10.77 RCW to read as follows:
- 30 (1) In counties with a forensic navigator program, a forensic 31 navigator shall:
  - (a) Meet, interview, and observe all defendants charged with a nonfelony who have had two or more competency evaluations in the preceding 24 months on separate charges or cause numbers and determine the defendants' willingness to engage with services under this section; and
  - (b) Provide a diversion program plan to the parties in each case that includes a recommendation for a diversion program to defense counsel and the prosecuting attorney. Services under a diversion

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program may include a referral for assisted outpatient treatment under chapter 71.05 RCW.

- (2) If the parties agree on the diversion program recommended by the forensic navigator, the prosecutor shall request dismissal of the criminal charges.
- (3) If the parties do not agree on the diversion program, the defense may move the court for an order dismissing the criminal charges without prejudice and referring the defendant to the services described in the diversion program. The court shall hold a hearing on this motion within 10 days. The court shall grant the defense motion if it finds by a preponderance of the evidence that the defendant is amenable to the services described in the diversion program and can safely receive services in the community.
- (4) Individuals who receive a dismissal of charges and referral to services described in a diversion program shall have a forensic navigator assigned to assist them for up to six months while engaging in the services described in the diversion program. The forensic navigator shall provide monthly status updates to the court and the parties regarding the individual's status in the diversion program.
- **Sec. 10.** RCW 10.77.092 and 2014 c 10 s 2 are each amended to 21 read as follows:
  - (1) For purposes of determining whether a court may authorize involuntary medication for the purpose of competency restoration pursuant to RCW 10.77.084 and for maintaining the level of restoration in the jail following the restoration period, a pending charge involving any one or more of the following crimes is a serious offense per se in the context of competency restoration:
- 28 (a) Any violent offense, sex offense, serious traffic offense, 29 and most serious offense, as those terms are defined in RCW 30 9.94A.030;
  - (b) Any offense, except nonfelony counterfeiting offenses, included in crimes against persons in RCW 9.94A.411;
- 33 (c) Any offense contained in chapter 9.41 RCW (firearms and dangerous weapons);
  - (d) Any offense listed as domestic violence in RCW 10.99.020;
- 36 (e) Any offense listed as a harassment offense in chapter 9A.46 37 RCW, except for criminal trespass in the first or second degree;
- 38 (f) Any violation of chapter 69.50 RCW that is a class B felony; 39 or

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1 (g) Any city or county ordinance or statute that is equivalent to 2 an offense referenced in this subsection.

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- (2) (a) In a particular case, a court may determine that a pending charge not otherwise defined as serious by state or federal law or by a city or county ordinance is, nevertheless, a serious offense within the context of competency restoration treatment when the conduct in the charged offense falls within the standards established in (b) of this subsection.
- 9 (b) To determine that the particular case is a serious offense 10 within the context of competency restoration, the court must consider 11 the following factors and determine that one or more of the following 12 factors creates a situation in which the offense is serious:
  - (i) The charge includes an allegation that the defendant actually inflicted bodily or emotional harm on another person or that the defendant created a reasonable apprehension of bodily or emotional harm to another;
- 17 (ii) The extent of the impact of the alleged offense on the basic 18 human need for security of the citizens within the jurisdiction;
- 19 (iii) The number and nature of related charges pending against 20 the defendant;
- 21 (iv) The length of potential confinement if the defendant is convicted; and
- 23 (v) The number of potential and actual victims or persons 24 impacted by the defendant's alleged acts.
- NEW SECTION. Sec. 11. A new section is added to chapter 10.77 RCW to read as follows:
  - (1) When an individual has a prescription for an antipsychotic, antidepressant, antiepileptic, or other drug prescribed to the individual to treat a serious mental illness by a state hospital or other state facility or a behavioral health agency or other certified medical provider, and the individual is medically stable on the drug, a jail or juvenile detention facility shall continue prescribing the prescribed drug and may not require the substitution of a different drug in a given therapeutic class, except under the following circumstances:
- 36 (a) The substitution is for a generic version of a name brand 37 drug and the generic version is chemically identical to the name 38 brand drug; or

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(b) The drug cannot be prescribed for reasons of drug recall or removal from the market, or medical evidence indicating no therapeutic effect of the drug.

- (2) This section includes but is not limited to situations in which the individual returns to a jail or juvenile detention facility directly after undergoing treatment at a state hospital, behavioral health agency, outpatient competency restoration program, or prison.
- 8 <u>NEW SECTION.</u> **Sec. 12.** A new section is added to chapter 10.77 9 RCW to read as follows:
  - (1) Subject to the availability of funds appropriated for this specific purpose, the department shall develop a program for individuals who have been involved with the criminal justice system and who have been found under RCW 10.77.084 as incompetent to stand trial due to an intellectual or developmental disability or dementia. The program must involve wraparound services and housing supports appropriate to the needs of the individual. It is sufficient to meet the criteria for participation in this program if the individual has recently been the subject of criminal charges that were dismissed without prejudice and was found incompetent to stand trial due to an intellectual or developmental disability or dementia.
  - (2) In the event that a court orders the commitment of an individual to the custody of the department under RCW 10.77.086(5) who was found incompetent to stand trial due to an intellectual or developmental disability or dementia, the department shall place the individual in the program either directly from the jail or as soon thereafter as may be practicable, without maintaining the individual at an inpatient facility for longer than is clinically necessary. Nothing in this subsection prohibits the department from returning the individual to their home or to another less restrictive setting if such placement is appropriate, which may include provision of supportive services to help the person maintain stability.
- NEW SECTION. Sec. 13. Subject to the availability of funds appropriated for this specific purpose, the health care authority shall require the programs it contracts with to increase compensation for staff in outpatient competency restoration programs to provide compensation at competitive levels to improve recruitment and allow for the full implementation of outpatient competency restoration programs.

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- 1 <u>NEW SECTION.</u> **Sec. 14.** A new section is added to chapter 10.77
- 2 RCW to read as follows:
- An outpatient competency restoration program must include access to a prescriber.
- 5 <u>NEW SECTION.</u> **Sec. 15.** A new section is added to chapter 10.77 6 RCW to read as follows:
- Jails shall allow clinical intervention specialists to have 7 access to individuals who are referred to receive services under this 8 chapter and to all records relating to the health or conduct of the 9 individual while incarcerated. Clinical intervention specialists 10 11 shall support jail health services in providing direct services, enhanced oversight and monitoring of the behavioral health status of 12 participating individuals. Clinical intervention specialists shall 13 work collaboratively with jail health services to ensure appropriate 14 15 prescriptions, medication compliance monitoring, and access to 16 supportive behavioral health services to the individuals. Clinical intervention specialists shall coordinate with forensic navigators 17 18 and the department to assist forensic navigators in making recommendations for appropriate placements, which may 19 20 recommendations for participation in an outpatient competency 21 restoration program or a diversion program designed for the needs of 22 the individual. The clinical intervention specialist shall notify the department if a participating individual appears to have stabilized 23 24 in their behavioral health such that a new competency evaluation is 25 appropriate to reassess the individual's need for competency restoration treatment. 26
- NEW SECTION. Sec. 16. A new section is added to chapter 10.77 RCW to read as follows:
- The department shall collect data so that information can be retrieved based on unique individuals, their complete Washington criminal history and referrals for forensic services.
- NEW SECTION. Sec. 17. A new section is added to chapter 10.77 RCW to read as follows:
- 34 (1) The department shall coordinate with cities, counties, 35 hospitals, and other public and private entities to identify 36 locations that may be commissioned or renovated for use in treating 37 clients committed to the department for competency evaluation,

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competency restoration, civil conversion, or treatment following acquittal by reason of insanity.

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- (2) The department may provide capital grants to entities to 3 accomplish the purposes described in subsection (1) of this section 4 subject to provision of funding provided for this specific purpose.
- NEW SECTION. Sec. 18. Sections 6 through 8 of this act are 6 7 necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public 8 9 institutions, and take effect immediately.

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