
SENATE BILL 5045

State of Washington

66th Legislature

2019 Regular Session

By Senators O'Ban and Wagoner

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1 AN ACT Relating to integrating risk for long-term civil
2 involuntary treatment into managed care; amending RCW 71.05.320 and
3 71.05.320; reenacting and amending RCW 71.24.045; adding a new
4 section to chapter 71.24 RCW; adding a new section to chapter 74.09
5 RCW; adding a new section to chapter 71.05 RCW; providing an
6 effective date; and providing an expiration date.

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

8 NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24
9 RCW to read as follows:

10 (1) To promote the development of effective community-based
11 resources for treatment and prevention and align the system's
12 financial structure with the goal of reducing inpatient utilization
13 concurrent with the integration of physical and behavioral health
14 care, the authority shall fully integrate risk for long-term
15 involuntary civil treatment provided by state hospitals into managed
16 care contracts by July 1, 2023.

17 (2) To further this end, the department and authority must
18 collaborate with appropriate stakeholders and consultants to develop
19 and implement a detailed transition plan taking into account
20 recommendations from both the office of financial management's
21 "Washington Mental Health System Assessment: Final Alternative

1 Options and Recommendations Report" submitted in November 2016, and
2 the office of financial management's "Inpatient Psychiatric Care Risk
3 Model Report" submitted in December 2017. This work shall include,
4 but not be limited by, consideration of the following issues
5 reflected in the report recommendations:

6 (a) A methodology for determining the appropriate division of
7 inpatient state hospital beds currently being utilized for adult
8 inpatient civil populations, including geropsychiatric patients and
9 patients with intellectual or developmental disabilities, between
10 each of the behavioral health organizations and equivalent entities
11 in full integration regions, considering two options: (i) A method
12 which allocates the resources supporting state hospital bed
13 utilization solely among behavioral health organizations and
14 equivalent entities in full integration regions; and (ii) a method
15 which allocates a portion of the resources supporting state hospital
16 bed utilization among behavioral health organizations and equivalent
17 entities in full integration regions, and the remainder to the state
18 long-term care and developmental disabilities systems. The portion
19 allocated to the state long-term care and developmental disability
20 systems must correspond to state hospital bed utilization by patients
21 whose primary community care needs after discharge will be funded by
22 the state long-term care or developmental disability system, based on
23 client history or a functional needs assessment, and include payment
24 responsibility for the state hospital utilization by these patients;

25 (b) Development of payment rates for state hospital utilization
26 that reflect financing, safety, and accreditation needs under the new
27 system and ensure that appropriate and necessary access to state
28 hospital beds is maintained for behavioral health organizations and
29 equivalent entities in full integration regions;

30 (c) Development of acuity-based payment rates that accurately
31 reflect case complexity;

32 (d) Maximizing federal participation for treatment and preserving
33 access to funds through the disproportionate share hospital program
34 under either methodology described in (a) of this subsection;

35 (e) Billing and reimbursement mechanisms;

36 (f) Discharge planning procedures adapted to account for
37 functional needs assessments upon admission;

38 (g) Identification of regional differences and challenges for
39 implementation in different regional service areas;

1 (h) A means of tracking expenditures related to successful
2 reductions of state hospital utilization by regional service areas
3 and a means to assure that the funds necessary to safely maintain
4 gains in utilization reduction are protected;

5 (i) Recommendations for the timing of implementation, including
6 exploration of options for transition to full implementation through
7 the use of smaller-scale pilots allowing for the creation of
8 alternative placements outside the state hospitals such as step-down
9 or transitional placements;

10 (j) The potential for adverse impacts on safety and a description
11 of available methods to mitigate any risks for patients, behavioral
12 health organizations, equivalent entities in full integration
13 regions, and the community;

14 (k) An explanation of the benefits and disadvantages associated
15 with the alternative methodologies described in (a) of this
16 subsection;

17 (l) Updated requirements related to civil commitments that retain
18 the integrity of the process and designated mental health
19 professional independence while enabling behavioral health
20 organizations and equivalent entities in full integration regions to
21 inform the process with firsthand information about the patient and
22 thoughtful recommendations regarding care approaches;

23 (m) Recommendations for contractual performance measures and
24 withholds for behavioral health organizations and equivalent entities
25 in full integration regions;

26 (n) Recommendations for ensuring that, upon admission, the entity
27 responsible for the cost of care, including a managed care
28 organization or administrative services organization if applicable,
29 and the patient's outpatient community mental health provider are
30 involved in and consulted on all treatment and discharge planning for
31 individuals who have received services through the community mental
32 health system and who become patients at a state psychiatric
33 hospital;

34 (o) Development of a process for the entity responsible for the
35 cost of care, including a managed care organization or administrative
36 services organization if applicable, and the patient's outpatient
37 community mental health provider to challenge a determination for
38 discharge or continued inpatient care by the medical director of a
39 state psychiatric hospital for individuals who have received services

1 through the community mental health system and who become patients at
2 a state psychiatric hospital;

3 (p) A means of tracking regional bed capacity for long-term
4 inpatient psychiatric care in state hospital and community settings;
5 and

6 (q) Development of payment rates for community hospitals,
7 evaluation and treatment facilities, and equivalent community
8 entities that appropriately reflect patient acuity and accurately
9 reflect case complexity for providing ninety-day and one hundred
10 eighty-day civil commitment services.

11 (3) Participating stakeholders under subsection (2) of this
12 section must include, but not be limited to, interested members of
13 the legislature, the Washington state hospital association, the
14 association of Washington healthcare plans, each of the five
15 contracted apple health managed care organizations or administrative
16 services organizations if applicable, the Washington council for
17 behavioral health, and the Washington state association of counties.

18 (4) A preliminary draft of the transition plan must be submitted,
19 in compliance with RCW 43.01.036, to the relevant committees of the
20 legislature by January 1, 2021. The department and authority must
21 consider the input of the relevant committees of the legislature and
22 external stakeholders before submitting a final transition plan by
23 December 1, 2021.

24 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
25 RCW to read as follows:

26 (1) By July 1, 2023, the authority must develop and implement a
27 psychiatric managed care capitation risk model that integrates long-
28 term inpatient care as defined in RCW 71.24.025. This risk model
29 must:

30 (a) Include adult inpatient civil populations, including
31 geropsychiatric patients and patients with intellectual or
32 developmental disabilities;

33 (b) Apply to all new and current individuals committed to long-
34 term inpatient care;

35 (c) Exclude individuals committed under RCW 71.05.280(3) with an
36 affirmative special finding under RCW 71.05.280(3)(b);

37 (d) Include all facilities licensed or otherwise authorized to
38 provide ninety-day and one hundred eighty-day civil commitment
39 services;

1 (e) Require behavioral health organizations and equivalent
2 entities in full integration regions to compensate at a minimum based
3 on the fee-for-service per diem rates to community hospital
4 providers;

5 (f) Consider whether a higher, acuity-based payment rate should
6 be recommended and required for provider reimbursement;

7 (g) Recognize that building community capacity for long-term
8 civil commitment will be driven by establishing higher per diem
9 rates, expanding certification, and direct capital investment in
10 facility building by the state;

11 (h) Include all services currently offered to adult inpatient
12 civil populations, including geropsychiatric patients and patients
13 with intellectual or developmental disabilities in the state
14 hospitals;

15 (i) Capitate the medicaid portion of funds but not capitate the
16 nonmedicaid portion; and

17 (j) Account for the impact of the expected diversion of civil
18 patients away from state hospitals.

19 (2) A preliminary draft of the risk model must be submitted, in
20 compliance with RCW 43.01.036, to the relevant committees of the
21 legislature by January 1, 2021. A final draft of the risk model must
22 be submitted, in compliance with RCW 43.01.036, to the relevant
23 committees of the legislature by December 1, 2021.

24 (3) The authority and department shall consider, develop, and
25 request legislation to maximize any reductions brought on by changes
26 in the forensic to civil patient ratio for the state hospital
27 population, as appropriate.

28 **Sec. 3.** RCW 71.24.045 and 2018 c 201 s 4006 and 2018 c 175 s 7
29 are each reenacted and amended to read as follows:

30 The behavioral health organization or equivalent entity in a full
31 integration region shall:

32 (1) Contract as needed with licensed or certified service
33 providers. The behavioral health organization or equivalent entity in
34 a full integration region may, in the absence of a licensed or
35 certified service provider entity, become a licensed or certified
36 service provider entity pursuant to minimum standards required for
37 licensing or certification by the department for the purpose of
38 providing services not available from licensed or certified service
39 providers;

1 (2) Operate as a licensed or certified service provider if it
2 deems that doing so is more efficient and cost-effective than
3 contracting for services. When doing so, the behavioral health
4 organization or equivalent entity in a full integration region shall
5 comply with rules adopted by the director that shall provide
6 measurements to determine when a service provided by a behavioral
7 health organization ((provided service)) or equivalent entity in a
8 full integration region is more efficient and cost-effective;

9 (3) Monitor and perform biennial fiscal audits of licensed or
10 certified service providers who have contracted with the behavioral
11 health organization or equivalent entity in a full integration region
12 to provide services required by this chapter. The monitoring and
13 audits shall be performed by means of a formal process which insures
14 that the licensed or certified service providers and professionals
15 designated in this subsection meet the terms of their contracts;

16 (4) Establish reasonable limitations on administrative costs for
17 agencies that contract with the behavioral health organization or
18 equivalent entity in a full integration region;

19 (5) Assure that the special needs of minorities, older adults,
20 individuals with disabilities, children, and low-income persons are
21 met within the priorities established in this chapter;

22 (6) Maintain patient tracking information in a central location
23 as required for resource management services and the authority's
24 information system;

25 (7) Collaborate to ensure that policies do not result in an
26 adverse shift of persons with mental illness into state and local
27 correctional facilities;

28 (8) Work with the authority to expedite the enrollment or
29 reenrollment of eligible persons leaving state or local correctional
30 facilities and institutions for mental diseases;

31 (9) Work closely with the designated crisis responder to maximize
32 appropriate placement of persons into community services;

33 (10) Have representation, including involvement by community
34 mental health providers, on the hospital clinical discharge planning
35 team to: (a) Ensure coordinated services occur for individuals who
36 have received services through the community mental health system and
37 who become patients at a state psychiatric hospital ((to)); and (b)
38 ensure they are transitioned into the community in accordance with
39 mutually agreed upon discharge plans and upon determination by the

1 medical director of the state psychiatric hospital that they no
2 longer need intensive inpatient care; and

3 (11) Allow reimbursement for time spent supervising persons
4 working toward satisfying supervision requirements established for
5 the relevant practice areas pursuant to RCW 18.225.090.

6 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.05
7 RCW to read as follows:

8 Treatment under RCW 71.05.320 may be provided at a state hospital
9 or any willing and able facility certified to provide ninety-day or
10 one hundred eighty-day care. The order for such treatment must remand
11 the person to the custody of the department or designee. A prepaid
12 inpatient health plan, managed care organization, or the department,
13 when responsible for the cost of care, may designate where treatment
14 is to be provided, at a willing and able facility certified to
15 provide ninety-day or one hundred eighty-day care or a state
16 hospital, after consultation with the facility currently providing
17 treatment. The prepaid inpatient health plan, managed care
18 organization, or the department, when responsible for the cost of
19 care, may not require prior authorization for treatment under RCW
20 71.05.320. The designation of a treatment facility must not result in
21 a delay of the transfer of the person to a state hospital or facility
22 certified to provide ninety-day or one hundred eighty-day care if
23 there is an open bed available at either the state hospital or a
24 certified facility.

25 **Sec. 5.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to
26 read as follows:

27 (1)(a) Subject to (b) of this subsection, if the court or jury
28 finds that grounds set forth in RCW 71.05.280 have been proven and
29 that the best interests of the person or others will not be served by
30 a less restrictive treatment which is an alternative to detention,
31 the court shall remand him or her (~~to the custody of the department~~
32 ~~of social and health services or to a facility certified for ninety~~
33 ~~day treatment by the department)) for a further period of intensive
34 treatment not to exceed ninety days from the date of judgment.~~

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

1 approved substance use disorder treatment program with adequate space
2 for the person.

3 (c) If the grounds set forth in RCW 71.05.280(3) are the basis of
4 commitment, then the period of treatment may be up to but not exceed
5 one hundred eighty days from the date of judgment to the custody of
6 the department of social and health services or to a facility
7 certified for one hundred eighty day treatment by the department.

8 (2) If the court or jury finds that grounds set forth in RCW
9 71.05.280 have been proven, but finds that treatment less restrictive
10 than detention will be in the best interest of the person or others,
11 then the court (~~shall remand him or her to the custody of the~~
12 ~~department of social and health services or to a facility certified~~
13 ~~for ninety day treatment by the department~~)) must commit him or her
14 for a period of treatment of up to ninety days or to a less
15 restrictive alternative for a further period of less restrictive
16 treatment not to exceed ninety days from the date of judgment. If the
17 order for less restrictive treatment is based on a substance use
18 disorder, treatment must be provided by an approved substance use
19 disorder treatment program. If the grounds set forth in RCW
20 71.05.280(3) are the basis of commitment, then the period of
21 treatment may be up to but not exceed one hundred eighty days from
22 the date of judgment. If the court or jury finds that the grounds set
23 forth in RCW 71.05.280(5) have been proven, and provide the only
24 basis for commitment, the court must enter an order for less
25 restrictive alternative treatment for up to ninety days from the date
26 of judgment and may not order inpatient treatment.

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

33 (4) The person shall be released from involuntary treatment at
34 the expiration of the period of commitment imposed under subsection
35 (1) or (2) of this section unless the superintendent or professional
36 person in charge of the facility in which he or she is confined, or
37 in the event of a less restrictive alternative, the designated crisis
38 responder, files a new petition for involuntary treatment on the
39 grounds that the committed person:

1 (a) During the current period of court ordered treatment: (i) Has
2 threatened, attempted, or inflicted physical harm upon the person of
3 another, or substantial damage upon the property of another, and (ii)
4 as a result of a mental disorder, substance use disorder, or
5 developmental disability presents a likelihood of serious harm; or

6 (b) Was taken into custody as a result of conduct in which he or
7 she attempted or inflicted serious physical harm upon the person of
8 another, and continues to present, as a result of mental disorder,
9 substance use disorder, or developmental disability a likelihood of
10 serious harm; or

11 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result
12 of mental disorder or developmental disability continues to present a
13 substantial likelihood of repeating acts similar to the charged
14 criminal behavior, when considering the person's life history,
15 progress in treatment, and the public safety.

16 (ii) In cases under this subsection where the court has made an
17 affirmative special finding under RCW 71.05.280(3)(b), the commitment
18 shall continue for up to an additional one hundred eighty day period
19 whenever the petition presents prima facie evidence that the person
20 continues to suffer from a mental disorder or developmental
21 disability that results in a substantial likelihood of committing
22 acts similar to the charged criminal behavior, unless the person
23 presents proof through an admissible expert opinion that the person's
24 condition has so changed such that the mental disorder or
25 developmental disability no longer presents a substantial likelihood
26 of the person committing acts similar to the charged criminal
27 behavior. The initial or additional commitment period may include
28 transfer to a specialized program of intensive support and treatment,
29 which may be initiated prior to or after discharge (~~from the state~~
30 ~~hospital~~); or

31 (d) Continues to be gravely disabled; or

32 (e) Is in need of assisted outpatient (~~mental~~) behavioral
33 health treatment.

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

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

1 (5) A new petition for involuntary treatment filed under
2 subsection (4) of this section shall be filed and heard in the
3 superior court of the county of the facility which is filing the new
4 petition for involuntary treatment unless good cause is shown for a
5 change of venue. The cost of the proceedings shall be borne by the
6 state.

7 (6) (a) The hearing shall be held as provided in RCW 71.05.310,
8 and if the court or jury finds that the grounds for additional
9 confinement as set forth in this section are present, subject to
10 subsection (1) (b) of this section, the court may order the committed
11 person returned for an additional period of treatment not to exceed
12 one hundred eighty days from the date of judgment, except as provided
13 in subsection (7) of this section. If the court's order is based
14 solely on the grounds identified in subsection (4) (e) of this
15 section, the court may enter an order for less restrictive
16 alternative treatment not to exceed one hundred eighty days from the
17 date of judgment, and may not enter an order for inpatient treatment.
18 An order for less restrictive alternative treatment must name the
19 mental health service provider responsible for identifying the
20 services the person will receive in accordance with RCW 71.05.585,
21 and must include a requirement that the person cooperate with the
22 services planned by the mental health service provider.

23 (b) At the end of the one hundred eighty day period of
24 commitment, or one-year period of commitment if subsection (7) of
25 this section applies, the committed person shall be released unless a
26 petition for an additional one hundred eighty day period of continued
27 treatment is filed and heard in the same manner as provided in this
28 section. Successive one hundred eighty day commitments are
29 permissible on the same grounds and pursuant to the same procedures
30 as the original one hundred eighty day commitment.

31 (7) An order for less restrictive treatment entered under
32 subsection (6) of this section may be for up to one year when the
33 person's previous commitment term was for intensive inpatient
34 treatment in a state hospital.

35 (8) No person committed as provided in this section may be
36 detained unless a valid order of commitment is in effect. No order of
37 commitment can exceed one hundred eighty days in length except as
38 provided in subsection (7) of this section.

1 **Sec. 6.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to
2 read as follows:

3 (1) (a) If the court or jury finds that grounds set forth in RCW
4 71.05.280 have been proven and that the best interests of the person
5 or others will not be served by a less restrictive treatment which is
6 an alternative to detention, the court shall remand him or her (~~to~~
7 ~~the custody of the department of social and health services or to a~~
8 ~~facility certified for ninety day treatment by the department)) for a
9 further period of intensive treatment not to exceed ninety days from
10 the date of judgment.~~

11 (b) If the order for inpatient treatment is based on a substance
12 use disorder, treatment must take place at an approved substance use
13 disorder treatment program. If the grounds set forth in RCW
14 71.05.280(3) are the basis of commitment, then the period of
15 treatment may be up to but not exceed one hundred eighty days from
16 the date of judgment to the custody of the department of social and
17 health services or to a facility certified for one hundred eighty day
18 treatment by the department.

19 (2) If the court or jury finds that grounds set forth in RCW
20 71.05.280 have been proven, but finds that treatment less restrictive
21 than detention will be in the best interest of the person or others,
22 then the court (~~shall remand him or her to the custody of the~~
23 ~~department of social and health services or to a facility certified~~
24 ~~for ninety day treatment by the department)) must commit him or her
25 for a period of treatment of up to ninety days or to a less
26 restrictive alternative for a further period of less restrictive
27 treatment not to exceed ninety days from the date of judgment. If the
28 order for less restrictive treatment is based on a substance use
29 disorder, treatment must be provided by an approved substance use
30 disorder treatment program. If the grounds set forth in RCW
31 71.05.280(3) are the basis of commitment, then the period of
32 treatment may be up to but not exceed one hundred eighty days from
33 the date of judgment. If the court or jury finds that the grounds set
34 forth in RCW 71.05.280(5) have been proven, and provide the only
35 basis for commitment, the court must enter an order for less
36 restrictive alternative treatment for up to ninety days from the date
37 of judgment and may not order inpatient treatment.~~

38 (3) An order for less restrictive alternative treatment entered
39 under subsection (2) of this section must name the mental health
40 service provider responsible for identifying the services the person

1 will receive in accordance with RCW 71.05.585, and must include a
2 requirement that the person cooperate with the services planned by
3 the mental health service provider.

4 (4) The person shall be released from involuntary treatment at
5 the expiration of the period of commitment imposed under subsection
6 (1) or (2) of this section unless the superintendent or professional
7 person in charge of the facility in which he or she is confined, or
8 in the event of a less restrictive alternative, the designated crisis
9 responder, files a new petition for involuntary treatment on the
10 grounds that the committed person:

11 (a) During the current period of court ordered treatment: (i) Has
12 threatened, attempted, or inflicted physical harm upon the person of
13 another, or substantial damage upon the property of another, and (ii)
14 as a result of a mental disorder, substance use disorder, or
15 developmental disability presents a likelihood of serious harm; or

16 (b) Was taken into custody as a result of conduct in which he or
17 she attempted or inflicted serious physical harm upon the person of
18 another, and continues to present, as a result of mental disorder,
19 substance use disorder, or developmental disability a likelihood of
20 serious harm; or

21 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result
22 of mental disorder or developmental disability continues to present a
23 substantial likelihood of repeating acts similar to the charged
24 criminal behavior, when considering the person's life history,
25 progress in treatment, and the public safety.

26 (ii) In cases under this subsection where the court has made an
27 affirmative special finding under RCW 71.05.280(3)(b), the commitment
28 shall continue for up to an additional one hundred eighty day period
29 whenever the petition presents prima facie evidence that the person
30 continues to suffer from a mental disorder or developmental
31 disability that results in a substantial likelihood of committing
32 acts similar to the charged criminal behavior, unless the person
33 presents proof through an admissible expert opinion that the person's
34 condition has so changed such that the mental disorder or
35 developmental disability no longer presents a substantial likelihood
36 of the person committing acts similar to the charged criminal
37 behavior. The initial or additional commitment period may include
38 transfer to a specialized program of intensive support and treatment,
39 which may be initiated prior to or after discharge (~~from the state~~
40 ~~hospital~~); or

1 (d) Continues to be gravely disabled; or

2 (e) Is in need of assisted outpatient (~~mental~~) behavioral
3 health treatment.

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

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

10 (5) A new petition for involuntary treatment filed under
11 subsection (4) of this section shall be filed and heard in the
12 superior court of the county of the facility which is filing the new
13 petition for involuntary treatment unless good cause is shown for a
14 change of venue. The cost of the proceedings shall be borne by the
15 state.

16 (6) (a) The hearing shall be held as provided in RCW 71.05.310,
17 and if the court or jury finds that the grounds for additional
18 confinement as set forth in this section are present, the court may
19 order the committed person returned for an additional period of
20 treatment not to exceed one hundred eighty days from the date of
21 judgment, except as provided in subsection (7) of this section. If
22 the court's order is based solely on the grounds identified in
23 subsection (4) (e) of this section, the court may enter an order for
24 less restrictive alternative treatment not to exceed one hundred
25 eighty days from the date of judgment, and may not enter an order for
26 inpatient treatment. An order for less restrictive alternative
27 treatment must name the mental health service provider responsible
28 for identifying the services the person will receive in accordance
29 with RCW 71.05.585, and must include a requirement that the person
30 cooperate with the services planned by the mental health service
31 provider.

32 (b) At the end of the one hundred eighty day period of
33 commitment, or one-year period of commitment if subsection (7) of
34 this section applies, the committed person shall be released unless a
35 petition for an additional one hundred eighty day period of continued
36 treatment is filed and heard in the same manner as provided in this
37 section. Successive one hundred eighty day commitments are
38 permissible on the same grounds and pursuant to the same procedures
39 as the original one hundred eighty day commitment.

1 (7) An order for less restrictive treatment entered under
2 subsection (6) of this section may be for up to one year when the
3 person's previous commitment term was for intensive inpatient
4 treatment in a state hospital.

5 (8) No person committed as provided in this section may be
6 detained unless a valid order of commitment is in effect. No order of
7 commitment can exceed one hundred eighty days in length except as
8 provided in subsection (7) of this section.

9 NEW SECTION. **Sec. 7.** Section 6 of this act takes effect July 1,
10 2026.

11 NEW SECTION. **Sec. 8.** Section 5 of this act expires July 1,
12 2026.

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