

2SSB 6312 - H COMM AMD

By Committee on Appropriations

ADOPTED AS AMENDED 03/05/2014

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. 2013 c 338 s 1 (uncodified) is amended to read as
4 follows:

5 (1)(a) Beginning (~~May~~) April 1, 2014, the legislature shall
6 convene a task force to examine reform of the adult behavioral health
7 system, with voting members as provided in this subsection.

8 (i) The president of the senate shall appoint (~~one~~) two members
9 from each of the two largest caucuses of the senate.

10 (ii) The speaker of the house of representatives shall appoint
11 (~~one~~) two members from each of the two largest caucuses in the house
12 of representatives.

13 (iii) The governor shall appoint five members consisting of the
14 secretary of the department of social and health services or the
15 secretary's designee, the director of the health care authority or the
16 director's designee, the director of the office of financial management
17 or the director's designee, the secretary of the department of
18 corrections or the secretary's designee, and a representative of the
19 governor.

20 (iv) The Washington state association of counties shall appoint
21 three members.

22 (v) The governor shall request participation by a representative of
23 tribal governments.

24 (b) The task force shall choose two cochairs from among its
25 legislative members.

26 (c) The task force shall adopt a bottom-up approach and welcome
27 input and participation from all stakeholders interested in the
28 improvement of the adult behavioral health system. To that end, the
29 task force must invite participation from, at a minimum, the following:
30 The department of commerce, behavioral health service recipients and

1 their families; local government; representatives of regional support
2 networks; representatives of county coordinators; law enforcement; city
3 and county jails; tribal representatives; behavioral health service
4 providers; housing providers; labor representatives; counties with
5 state hospitals; mental health advocates; chemical dependency
6 advocates; public defenders with involuntary mental health commitment
7 or mental health court experience; chemical dependency experts working
8 with drug courts; medicaid managed care plan and associated delivery
9 system representatives; long-term care service providers; the
10 Washington state hospital association; and individuals with expertise
11 in evidence-based and research-based behavioral health service
12 practices. Leadership of subcommittees formed by the task force may be
13 drawn from this body of invited participants.

14 (2) The task force shall undertake a systemwide review of the adult
15 behavioral health system and make recommendations (~~((for reform~~
16 ~~concerning, but not limited to, the following))~~) to facilitate the full
17 integration of mental health, chemical dependency, and physical health
18 services by January 1, 2020, including:

19 (a) The means by which mental health, chemical dependency, and
20 physical health services (~~((are))~~) will be purchased and delivered for
21 adults (~~((with mental illness and chemical dependency disorders))~~) by the
22 department of social and health services and the health care authority,
23 with attention to:

24 (i) Adequacy of the supply, type, and quality of the behavioral
25 health and recovery workforce, services, providers, and facilities,
26 including detoxification services that are available twenty-four hours
27 a day, medication-assisted treatment, inpatient psychiatric involuntary
28 treatment services, and options to reduce barriers to increasing the
29 necessary supply, including options related to certificate of need and
30 health professions licensing standards;

31 (ii) By August 1, 2014, a review of performance measures and
32 outcomes developed pursuant to RCW 43.20A.895 and chapter 70.320 RCW;

33 (iii) Incentives for physical care providers to use community
34 resources that will reduce utilization of the criminal justice system
35 and promote recovery through community supports, such as supportive
36 housing or supportive employment;

37 (iv) Legal, clinical, and technological obstacles to sharing

1 relevant health care information related to mental health, chemical
2 dependency, and physical health across practice settings; and

3 (v) Identification of other key issues that must be addressed by
4 the health care authority and the department of social and health
5 services to achieve the full integration of medical and behavioral
6 health services by January 1, 2020;

7 (b) Guidance for the creation of common regional service areas for
8 purchasing behavioral health services and medical care services by the
9 department of social and health services and the health care authority,
10 taking into consideration any proposal submitted by the Washington
11 state association of counties under section 2 of this act;

12 ~~((b) Availability of effective means to promote recovery and~~
13 ~~prevent harm associated with mental illness;))~~

14 (c) Availability of crisis services, including boarding of mental
15 health patients outside of regularly certified treatment beds;

16 (d) Best practices for cross-system collaboration between
17 behavioral health treatment providers, medical care providers, long-
18 term care service providers, entities providing health home services to
19 high-risk medicaid clients, law enforcement, and criminal justice
20 agencies; ((and))

21 ~~((Public safety practices involving persons with mental illness~~
22 ~~with forensic involvement))~~ A review of the detailed plan criteria to
23 be used by the department of social and health services under section
24 4 of this act, prior to its adoption by the department of social and
25 health services for use in awarding contracts to serve as a behavioral
26 health and recovery organization;

27 (f) The appropriate use of the criminal justice treatment account
28 in a fully integrated behavioral and physical health system; and

29 (g) Whether a statewide behavioral health ombuds office should be
30 created.

31 (3) The task force shall review the extent and causes of variations
32 in commitment rates in different jurisdictions across the state.

33 (4) Staff support for the task force must be provided by the senate
34 committee services and the house of representatives office of program
35 research.

36 ~~((+4))~~ (5) Legislative members of the task force must be
37 reimbursed for travel expenses in accordance with RCW 44.04.120.

1 Nonlegislative members, except those representing an employer or
2 organization, are entitled to be reimbursed for travel expenses in
3 accordance with RCW 43.03.050 and 43.03.060.

4 ~~((+5))~~ (6) The expenses of the task force must be paid jointly by
5 the senate and house of representatives. Task force expenditures are
6 subject to approval by the senate facilities and operations committee
7 and the house of representatives executive rules committee, or their
8 successor committees.

9 ~~((+6))~~ (7) The task force shall report its findings and
10 recommendations to the governor and the appropriate committees of the
11 legislature by January 1, 2015, except that recommendations under
12 subsection (2)(b) of this section must be submitted to the governor by
13 September 1, 2014.

14 ~~((+7))~~ (8) This section expires June 1, 2015.

15 NEW SECTION. Sec. 2. A new section is added to chapter 43.20A RCW
16 to read as follows:

17 (1) The department and the health care authority shall jointly
18 establish regional service areas by October 1, 2014, as provided in
19 this section.

20 (2) Counties, through the Washington state association of counties,
21 must be given the opportunity to propose the composition of no more
22 than nine regional service areas. Each service area must:

23 (a) Include a sufficient number of medicaid lives to support full
24 financial risk managed care contracting for services included in
25 contracts with the department or the health care authority;

26 (b) Include full counties that are contiguous with one another; and

27 (c) Reflect natural medical and behavioral health service referral
28 patterns and shared clinical, health care service, behavioral health
29 service, and behavioral health crisis response resources.

30 (3) The Washington state association of counties must submit their
31 recommendations to the department, the health care authority, and the
32 task force described in section 1 of this act on or before August 1,
33 2014.

34 NEW SECTION. Sec. 3. A new section is added to chapter 43.20A RCW
35 to read as follows:

36 (1) Any agreement or contract by the department or the health care

1 authority to provide behavioral health services as defined under RCW
2 71.24.025 to persons eligible for benefits under medicaid, Title XIX of
3 the social security act, and to persons not eligible for medicaid must
4 include the following:

5 (a) Contractual provisions consistent with the intent expressed in
6 RCW 71.24.015, 71.36.005, 70.96A.010, and 70.96A.011;

7 (b) Standards regarding the quality of services to be provided,
8 including increased use of evidence-based, research-based, and
9 promising practices, as defined in RCW 71.24.025;

10 (c) Accountability for the client outcomes established in RCW
11 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked
12 to those outcomes;

13 (d) Standards requiring behavioral health and recovery
14 organizations to maintain a network of appropriate providers that is
15 supported by written agreements sufficient to provide adequate access
16 to all services covered under the contract with the department or the
17 health care authority and to protect essential existing behavioral
18 health system infrastructure and capacity, including a continuum of
19 chemical dependency services;

20 (e) Provisions to require that behavioral health and recovery
21 organizations offer contracts to managed health care systems under
22 chapter 74.09 RCW or primary care practice settings to provide access
23 to chemical dependency professional services and mental health services
24 integrated in primary care settings for individuals with behavioral
25 health and medical comorbidities;

26 (f) Provisions to require that medically necessary chemical
27 dependency and mental health treatment services be available to
28 clients;

29 (g) Standards requiring the use of behavioral health service
30 provider reimbursement methods that incentivize improved performance
31 with respect to the client outcomes established in RCW 43.20A.895 and
32 71.36.025, integration of behavioral health and primary care services
33 at the clinical level, and improved care coordination for individuals
34 with complex care needs;

35 (h) Standards related to the financial integrity of the responding
36 organization. The department shall adopt rules establishing the
37 solvency requirements and other financial integrity standards for
38 behavioral health and recovery organizations. This subsection does not

1 limit the authority of the department to take action under a contract
2 upon finding that a behavioral health and recovery organization's
3 financial status jeopardizes the organization's ability to meet its
4 contractual obligations;

5 (i) Mechanisms for monitoring performance under the contract and
6 remedies for failure to substantially comply with the requirements of
7 the contract including, but not limited to, financial deductions,
8 termination of the contract, receivership, reprocurement of the
9 contract, and injunctive remedies;

10 (j) Provisions to maintain the decision-making independence of
11 designated mental health professionals or designated chemical
12 dependency specialists; and

13 (k) Provisions stating that public funds appropriated by the
14 legislature may not be used to promote or deter, encourage, or
15 discourage employees from exercising their rights under Title 29,
16 chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

17 (2) The following factors must be given significant weight in any
18 purchasing process:

19 (a) Demonstrated commitment and experience in serving low-income
20 populations;

21 (b) Demonstrated commitment and experience serving persons who have
22 mental illness, chemical dependency, or co-occurring disorders;

23 (c) Demonstrated commitment to and experience with partnerships
24 with county and municipal criminal justice systems, housing services,
25 and other critical support services necessary to achieve the outcomes
26 established in RCW 43.20A.895, 70.320.020, and 71.36.025;

27 (d) Recognition that meeting enrollees' physical and behavioral
28 health care needs is a shared responsibility of contracted behavioral
29 health and recovery organizations, managed health care systems, service
30 providers, the state, and communities;

31 (e) Consideration of past and current performance and participation
32 in other state or federal behavioral health programs as a contractor;
33 and

34 (f) The ability to meet requirements established by the department.

35 (3) For purposes of purchasing behavioral health services and
36 medical care services for persons eligible for benefits under medicaid,
37 Title XIX of the social security act and for persons not eligible for
38 medicaid, the department and the health care authority must use common

1 regional service areas. The regional service areas must be established
2 by the department and the health care authority as provided in section
3 2 of this act.

4 (4) Consideration must be given to using multiple-biennia
5 contracting periods.

6 (5) Each behavioral health and recovery organization operating
7 pursuant to a contract issued under this section shall enroll clients
8 within its regional service area who meet the department's eligibility
9 criteria for mental health and chemical dependency services.

10 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24 RCW
11 to read as follows:

12 (1) The secretary shall purchase mental health and chemical
13 dependency treatment services primarily through managed care
14 contracting, but may continue to purchase behavioral health services
15 from tribal clinics and other tribal providers.

16 (2)(a) The secretary shall request a detailed plan from the
17 entities identified in (b) of this subsection that demonstrates
18 compliance with the contractual elements of section 3 of this act and
19 federal regulations related to medicaid managed care contracting,
20 including, but not limited to: Having a sufficient network of
21 providers to provide adequate access to mental health and chemical
22 dependency services for residents of the regional service area that
23 meet eligibility criteria for services, ability to maintain and manage
24 adequate reserves, and maintenance of quality assurance processes. Any
25 responding entity that submits a detailed plan that demonstrates that
26 it can meet the requirements of this section must be awarded the
27 contract to serve as the behavioral health and recovery organization.

28 (b)(i) For purposes of responding to the request for a detailed
29 plan under (a) of this subsection, the entities from which a plan will
30 be requested are:

31 (A) A county in a single county regional service area that
32 currently serves as the regional support network for that area;

33 (B) In the event that a county has made a decision prior to January
34 1, 2014, not to contract as a regional support network, any private
35 entity that serves as the regional support network for that area;

36 (C) All counties within a regional service area that includes more
37 than one county, which shall form a responding entity through the

1 adoption of an interlocal agreement. The interlocal agreement must
2 specify the terms by which the responding entity shall serve as the
3 behavioral health and recovery organization within the regional service
4 area.

5 (ii) In the event that a regional service area is comprised of
6 multiple counties including one that has made a decision prior to
7 January 1, 2014, not to contract as a regional support network, the
8 counties shall adopt an interlocal agreement and may respond to the
9 request for a detailed plan under (a) of this subsection and the
10 private entity may also respond to the request for a detailed plan.

11 (3) Contracts for behavioral health and recovery organizations must
12 begin on April 1, 2016.

13 (4) Upon request of one or more county authorities, the department
14 and the health care authority may jointly purchase behavioral health
15 services through an integrated medical and behavioral health services
16 contract with a behavioral health and recovery organization or a
17 managed health care system as defined in RCW 74.09.522. Any contract
18 for such a purchase must comply with all federal medicaid and state law
19 requirements related to managed health care contracting.

20 **Sec. 5.** RCW 71.24.015 and 2005 c 503 s 1 are each amended to read
21 as follows:

22 It is the intent of the legislature to establish a community mental
23 health program which shall help people experiencing mental illness to
24 retain a respected and productive position in the community. This will
25 be accomplished through programs that focus on resilience and recovery,
26 and practices that are evidence-based, research-based, consensus-based,
27 or, where these do not exist, promising or emerging best practices,
28 which provide for:

29 (1) Access to mental health services for adults (~~(of the state who~~
30 ~~are acutely mentally ill, chronically mentally ill,)) with acute mental
31 illness, chronic mental illness, or who are seriously disturbed and
32 children (~~(of the state who are acutely mentally ill)) with acute
33 mental illness, or who are severely emotionally disturbed, or seriously
34 disturbed, which services recognize the special needs of underserved
35 populations, including minorities, children, the elderly, (~~(disabled))~~
36 individuals with disabilities, and low-income persons. Access to
37 mental health services shall not be limited by a person's history of~~~~

1 confinement in a state, federal, or local correctional facility. It is
2 also the purpose of this chapter to promote the early identification of
3 (~~mentally ill~~) children with mental illness and to ensure that they
4 receive the mental health care and treatment which is appropriate to
5 their developmental level. This care should improve home, school, and
6 community functioning, maintain children in a safe and nurturing home
7 environment, and should enable treatment decisions to be made in
8 response to clinical needs in accordance with sound professional
9 judgment while also recognizing parents' rights to participate in
10 treatment decisions for their children;

11 (2) The involvement of persons with mental illness, their family
12 members, and advocates in designing and implementing mental health
13 services that reduce unnecessary hospitalization and incarceration and
14 promote the recovery and employment of persons with mental illness. To
15 improve the quality of services available and promote the
16 rehabilitation, recovery, and reintegration of persons with mental
17 illness, consumer and advocate participation in mental health services
18 is an integral part of the community mental health system and shall be
19 supported;

20 (3) Accountability of efficient and effective services through
21 state-of-the-art outcome and performance measures and statewide
22 standards for monitoring client and system outcomes, performance, and
23 reporting of client and system outcome information. These processes
24 shall be designed so as to maximize the use of available resources for
25 direct care of people with a mental illness and to assure uniform data
26 collection across the state;

27 (4) Minimum service delivery standards;

28 (5) Priorities for the use of available resources for the care of
29 (~~the mentally ill~~) individuals with mental illness consistent with
30 the priorities defined in the statute;

31 (6) Coordination of services within the department, including those
32 divisions within the department that provide services to children,
33 between the department and the office of the superintendent of public
34 instruction, and among state mental hospitals, county authorities,
35 (~~regional support networks~~) behavioral health and recovery
36 organizations, community mental health services, and other support
37 services, which shall to the maximum extent feasible also include the

1 families of (~~the mentally ill~~) individuals with mental illness, and
2 other service providers; and

3 (7) Coordination of services aimed at reducing duplication in
4 service delivery and promoting complementary services among all
5 entities that provide mental health services to adults and children.

6 It is the policy of the state to encourage the provision of a full
7 range of treatment and rehabilitation services in the state for mental
8 disorders including services operated by consumers and advocates. The
9 legislature intends to encourage the development of regional mental
10 health services with adequate local flexibility to assure eligible
11 people in need of care access to the least-restrictive treatment
12 alternative appropriate to their needs, and the availability of
13 treatment components to assure continuity of care. To this end,
14 counties (~~are encouraged to~~) must enter into joint operating
15 agreements with other counties to form regional systems of care that
16 are consistent with the regional service areas established under
17 section 2 of this act. Regional systems of care, whether operated by
18 a county, group of counties, or another entity shall integrate
19 planning, administration, and service delivery duties under chapters
20 71.05 and 71.24 RCW to consolidate administration, reduce
21 administrative layering, and reduce administrative costs. The
22 legislature hereby finds and declares that sound fiscal management
23 requires vigilance to ensure that funds appropriated by the legislature
24 for the provision of needed community mental health programs and
25 services are ultimately expended solely for the purpose for which they
26 were appropriated, and not for any other purpose.

27 It is further the intent of the legislature to integrate the
28 provision of services to provide continuity of care through all phases
29 of treatment. To this end, the legislature intends to promote active
30 engagement with (~~mentally ill~~) persons with mental illness and
31 collaboration between families and service providers.

32 **Sec. 6.** RCW 71.24.016 and 2006 c 333 s 102 are each amended to
33 read as follows:

34 (1) The legislature intends that eastern and western state
35 hospitals shall operate as clinical centers for handling the most
36 complicated long-term care needs of patients with a primary diagnosis
37 of mental disorder. It is further the intent of the legislature that

1 the community mental health service delivery system focus on
2 maintaining ~~((mentally ill))~~ individuals with mental illness in the
3 community. The program shall be evaluated and managed through a
4 limited number of outcome and performance measures ~~((designed to hold
5 each regional support network accountable for program success))~~, as
6 provided in RCW 43.20A.895, 70.320.020, and 71.36.025.

7 (2) The legislature intends to address the needs of people with
8 mental disorders with a targeted, coordinated, and comprehensive set of
9 evidence-based practices that are effective in serving individuals in
10 their community and will reduce the need for placements in state mental
11 hospitals. The legislature further intends to explicitly hold
12 ~~((regional support networks))~~ behavioral health and recovery
13 organizations accountable for serving people with mental disorders
14 within the boundaries of their ~~((geographic boundaries))~~ regional
15 service area and for not exceeding their allocation of state hospital
16 beds. ~~((Within funds appropriated by the legislature for this purpose,
17 regional support networks shall develop the means to serve the needs of
18 people with mental disorders within their geographic boundaries.
19 Elements of the program may include:~~

- 20 ~~(a) Crisis triage;~~
- 21 ~~(b) Evaluation and treatment and community hospital beds;~~
- 22 ~~(c) Residential beds;~~
- 23 ~~(d) Programs for community treatment teams; and~~
- 24 ~~(e) Outpatient services.~~

25 ~~(3) The regional support network shall have the flexibility, within
26 the funds appropriated by the legislature for this purpose, to design
27 the mix of services that will be most effective within their service
28 area of meeting the needs of people with mental disorders and avoiding
29 placement of such individuals at the state mental hospital. Regional
30 support networks are encouraged to maximize the use of evidence-based
31 practices and alternative resources with the goal of substantially
32 reducing and potentially eliminating the use of institutions for mental
33 diseases.))~~

34 NEW SECTION. Sec. 7. A new section is added to chapter 71.24 RCW
35 to read as follows:

36 (1) By December 1, 2018, the department and the health care
37 authority shall report to the governor and the legislature regarding

1 the preparedness of each regional service area to provide mental health
2 services, chemical dependency services, and medical care services to
3 medicaid clients under a fully integrated managed health care
4 purchasing system.

5 (2) By January 1, 2020, the department and the health care
6 authority must transition community behavioral health services to a
7 system of fully integrated managed health care purchasing that provides
8 mental health services, chemical dependency services, and medical care
9 services to medicaid clients.

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

12 (1) Within funds appropriated by the legislature for this purpose,
13 behavioral health and recovery organizations shall develop the means to
14 serve the needs of people with mental disorders residing within the
15 boundaries of their regional service area. Elements of the program may
16 include:

- 17 (a) Crisis diversion services;
- 18 (b) Evaluation and treatment and community hospital beds;
- 19 (c) Residential treatment;
- 20 (d) Programs for intensive community treatment;
- 21 (e) Outpatient services;
- 22 (f) Peer support services;
- 23 (g) Community support services;
- 24 (h) Resource management services; and
- 25 (i) Supported housing and supported employment services.

26 (2) The behavioral health and recovery organization shall have the
27 flexibility, within the funds appropriated by the legislature for this
28 purpose and the terms of their contract, to design the mix of services
29 that will be most effective within their service area of meeting the
30 needs of people with mental disorders and avoiding placement of such
31 individuals at the state mental hospital. Behavioral health and
32 recovery organizations are encouraged to maximize the use of evidence-
33 based practices and alternative resources with the goal of
34 substantially reducing and potentially eliminating the use of
35 institutions for mental diseases.

1 **Sec. 9.** RCW 71.24.025 and 2013 c 338 s 5 are each amended to read
2 as follows:

3 Unless the context clearly requires otherwise, the definitions in
4 this section apply throughout this chapter.

5 (1) "Acutely mentally ill" means a condition which is limited to a
6 short-term severe crisis episode of:

7 (a) A mental disorder as defined in RCW 71.05.020 or, in the case
8 of a child, as defined in RCW 71.34.020;

9 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
10 case of a child, a gravely disabled minor as defined in RCW 71.34.020;
11 or

12 (c) Presenting a likelihood of serious harm as defined in RCW
13 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

14 (2) "Available resources" means funds appropriated for the purpose
15 of providing community mental health programs, federal funds, except
16 those provided according to Title XIX of the Social Security Act, and
17 state funds appropriated under this chapter or chapter 71.05 RCW by the
18 legislature during any biennium for the purpose of providing
19 residential services, resource management services, community support
20 services, and other mental health services. This does not include
21 funds appropriated for the purpose of operating and administering the
22 state psychiatric hospitals.

23 (3) "Child" means a person under the age of eighteen years.

24 (4) "Chronically mentally ill adult" or "adult who is chronically
25 mentally ill" means an adult who has a mental disorder and meets at
26 least one of the following criteria:

27 (a) Has undergone two or more episodes of hospital care for a
28 mental disorder within the preceding two years; or

29 (b) Has experienced a continuous psychiatric hospitalization or
30 residential treatment exceeding six months' duration within the
31 preceding year; or

32 (c) Has been unable to engage in any substantial gainful activity
33 by reason of any mental disorder which has lasted for a continuous
34 period of not less than twelve months. "Substantial gainful activity"
35 shall be defined by the department by rule consistent with Public Law
36 92-603, as amended.

37 (5) "Clubhouse" means a community-based program that provides

1 rehabilitation services and is certified by the department of social
2 and health services.

3 (6) "Community mental health program" means all mental health
4 services, activities, or programs using available resources.

5 (7) "Community mental health service delivery system" means public
6 (~~(or)~~), private, or tribal agencies that provide services specifically
7 to persons with mental disorders as defined under RCW 71.05.020 and
8 receive funding from public sources.

9 (8) "Community support services" means services authorized,
10 planned, and coordinated through resource management services
11 including, at a minimum, assessment, diagnosis, emergency crisis
12 intervention available twenty-four hours, seven days a week,
13 prescreening determinations for persons who are mentally ill being
14 considered for placement in nursing homes as required by federal law,
15 screening for patients being considered for admission to residential
16 services, diagnosis and treatment for children who are acutely mentally
17 ill or severely emotionally disturbed discovered under screening
18 through the federal Title XIX early and periodic screening, diagnosis,
19 and treatment program, investigation, legal, and other nonresidential
20 services under chapter 71.05 RCW, case management services, psychiatric
21 treatment including medication supervision, counseling, psychotherapy,
22 assuring transfer of relevant patient information between service
23 providers, recovery services, and other services determined by
24 (~~(regional support networks)~~) behavioral health and recovery
25 organizations.

26 (9) "Consensus-based" means a program or practice that has general
27 support among treatment providers and experts, based on experience or
28 professional literature, and may have anecdotal or case study support,
29 or that is agreed but not possible to perform studies with random
30 assignment and controlled groups.

31 (10) "County authority" means the board of county commissioners,
32 county council, or county executive having authority to establish a
33 community mental health program, or two or more of the county
34 authorities specified in this subsection which have entered into an
35 agreement to provide a community mental health program.

36 (11) "Department" means the department of social and health
37 services.

1 (12) "Designated mental health professional" means a mental health
2 professional designated by the county or other authority authorized in
3 rule to perform the duties specified in this chapter.

4 (13) "Emerging best practice" or "promising practice" means a
5 program or practice that, based on statistical analyses or a well
6 established theory of change, shows potential for meeting the evidence-
7 based or research-based criteria, which may include the use of a
8 program that is evidence-based for outcomes other than those listed in
9 subsection (14) of this section.

10 (14) "Evidence-based" means a program or practice that has been
11 tested in heterogeneous or intended populations with multiple
12 randomized, or statistically controlled evaluations, or both; or one
13 large multiple site randomized, or statistically controlled evaluation,
14 or both, where the weight of the evidence from a systemic review
15 demonstrates sustained improvements in at least one outcome.
16 "Evidence-based" also means a program or practice that can be
17 implemented with a set of procedures to allow successful replication in
18 Washington and, when possible, is determined to be cost-beneficial.

19 (15) "Licensed service provider" means an entity licensed according
20 to this chapter or chapter 71.05 or 70.96A RCW ~~((or))~~, an entity deemed
21 to meet state minimum standards as a result of accreditation by a
22 recognized behavioral health accrediting body recognized and having a
23 current agreement with the department, or tribal attestations that
24 meet ~~((s))~~ state minimum standards or persons licensed under chapter
25 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses
26 and advanced registered nurse practitioners.

27 (16) "Long-term inpatient care" means inpatient services for
28 persons committed for, or voluntarily receiving intensive treatment
29 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-
30 term inpatient care" as used in this chapter does not include: (a)
31 Services for individuals committed under chapter 71.05 RCW who are
32 receiving services pursuant to a conditional release or a court-ordered
33 less restrictive alternative to detention; or (b) services for
34 individuals voluntarily receiving less restrictive alternative
35 treatment on the grounds of the state hospital.

36 (17) "Mental health services" means all services provided by
37 ~~((regional support networks))~~ behavioral health and recovery

1 organizations and other services provided by the state for persons who
2 are mentally ill.

3 (18) "Mentally ill persons," "persons who are mentally ill," and
4 "the mentally ill" mean persons and conditions defined in subsections
5 (1), (4), (27), and (28) of this section.

6 (19) "Recovery" means the process in which people are able to live,
7 work, learn, and participate fully in their communities.

8 (20) "~~((Regional support network))~~ Behavioral health and recovery
9 organization" means ((a)) any county authority or group of county
10 authorities or other entity recognized by the secretary in contract in
11 a defined region.

12 (21) "Registration records" include all the records of the
13 department, ~~((regional support networks))~~ behavioral health and
14 recovery organizations, treatment facilities, and other persons
15 providing services to the department, county departments, or facilities
16 which identify persons who are receiving or who at any time have
17 received services for mental illness.

18 (22) "Research-based" means a program or practice that has been
19 tested with a single randomized, or statistically controlled
20 evaluation, or both, demonstrating sustained desirable outcomes; or
21 where the weight of the evidence from a systemic review supports
22 sustained outcomes as described in subsection (14) of this section but
23 does not meet the full criteria for evidence-based.

24 (23) "Residential services" means a complete range of residences
25 and supports authorized by resource management services and which may
26 involve a facility, a distinct part thereof, or services which support
27 community living, for persons who are acutely mentally ill, adults who
28 are chronically mentally ill, children who are severely emotionally
29 disturbed, or adults who are seriously disturbed and determined by the
30 ~~((regional support network))~~ behavioral health and recovery
31 organization to be at risk of becoming acutely or chronically mentally
32 ill. The services shall include at least evaluation and treatment
33 services as defined in chapter 71.05 RCW, acute crisis respite care,
34 long-term adaptive and rehabilitative care, and supervised and
35 supported living services, and shall also include any residential
36 services developed to service persons who are mentally ill in nursing
37 homes, assisted living facilities, and adult family homes, and may
38 include outpatient services provided as an element in a package of

1 services in a supported housing model. Residential services for
2 children in out-of-home placements related to their mental disorder
3 shall not include the costs of food and shelter, except for children's
4 long-term residential facilities existing prior to January 1, 1991.

5 (24) "Resilience" means the personal and community qualities that
6 enable individuals to rebound from adversity, trauma, tragedy, threats,
7 or other stresses, and to live productive lives.

8 (25) "Resource management services" mean the planning,
9 coordination, and authorization of residential services and community
10 support services administered pursuant to an individual service plan
11 for: (a) Adults and children who are acutely mentally ill; (b) adults
12 who are chronically mentally ill; (c) children who are severely
13 emotionally disturbed; or (d) adults who are seriously disturbed and
14 determined solely by a (~~regional support network~~) behavioral health
15 and recovery organization to be at risk of becoming acutely or
16 chronically mentally ill. Such planning, coordination, and
17 authorization shall include mental health screening for children
18 eligible under the federal Title XIX early and periodic screening,
19 diagnosis, and treatment program. Resource management services include
20 seven day a week, twenty-four hour a day availability of information
21 regarding enrollment of adults and children who are mentally ill in
22 services and their individual service plan to designated mental health
23 professionals, evaluation and treatment facilities, and others as
24 determined by the (~~regional support network~~) behavioral health and
25 recovery organization.

26 (26) "Secretary" means the secretary of social and health services.

27 (27) "Seriously disturbed person" means a person who:

28 (a) Is gravely disabled or presents a likelihood of serious harm to
29 himself or herself or others, or to the property of others, as a result
30 of a mental disorder as defined in chapter 71.05 RCW;

31 (b) Has been on conditional release status, or under a less
32 restrictive alternative order, at some time during the preceding two
33 years from an evaluation and treatment facility or a state mental
34 health hospital;

35 (c) Has a mental disorder which causes major impairment in several
36 areas of daily living;

37 (d) Exhibits suicidal preoccupation or attempts; or

1 (e) Is a child diagnosed by a mental health professional, as
2 defined in chapter 71.34 RCW, as experiencing a mental disorder which
3 is clearly interfering with the child's functioning in family or school
4 or with peers or is clearly interfering with the child's personality
5 development and learning.

6 (28) "Severely emotionally disturbed child" or "child who is
7 severely emotionally disturbed" means a child who has been determined
8 by the ((~~regional support network~~)) behavioral health and recovery
9 organization to be experiencing a mental disorder as defined in chapter
10 71.34 RCW, including those mental disorders that result in a behavioral
11 or conduct disorder, that is clearly interfering with the child's
12 functioning in family or school or with peers and who meets at least
13 one of the following criteria:

14 (a) Has undergone inpatient treatment or placement outside of the
15 home related to a mental disorder within the last two years;

16 (b) Has undergone involuntary treatment under chapter 71.34 RCW
17 within the last two years;

18 (c) Is currently served by at least one of the following child-
19 serving systems: Juvenile justice, child-protection/welfare, special
20 education, or developmental disabilities;

21 (d) Is at risk of escalating maladjustment due to:

22 (i) Chronic family dysfunction involving a caretaker who is
23 mentally ill or inadequate;

24 (ii) Changes in custodial adult;

25 (iii) Going to, residing in, or returning from any placement
26 outside of the home, for example, psychiatric hospital, short-term
27 inpatient, residential treatment, group or foster home, or a
28 correctional facility;

29 (iv) Subject to repeated physical abuse or neglect;

30 (v) Drug or alcohol abuse; or

31 (vi) Homelessness.

32 (29) "State minimum standards" means minimum requirements
33 established by rules adopted by the secretary and necessary to
34 implement this chapter for: (a) Delivery of mental health services;
35 (b) licensed service providers for the provision of mental health
36 services; (c) residential services; and (d) community support services
37 and resource management services.

1 (30) "Treatment records" include registration and all other records
2 concerning persons who are receiving or who at any time have received
3 services for mental illness, which are maintained by the department, by
4 (~~regional support networks~~) behavioral health and recovery
5 organizations and their staffs, and by treatment facilities. Treatment
6 records do not include notes or records maintained for personal use by
7 a person providing treatment services for the department, (~~regional~~
8 ~~support networks~~) behavioral health and recovery organizations, or a
9 treatment facility if the notes or records are not available to others.

10 (31) "Tribal authority," for the purposes of this section and RCW
11 71.24.300 only, means: The federally recognized Indian tribes and the
12 major Indian organizations recognized by the secretary insofar as these
13 organizations do not have a financial relationship with any (~~regional~~
14 ~~support network~~) behavioral health and recovery organization that
15 would present a conflict of interest.

16 (32) "Behavioral health services" means mental health services as
17 described in this chapter and chapter 71.36 RCW and chemical dependency
18 treatment services as described in chapter 70.96A RCW.

19 **Sec. 10.** RCW 71.24.035 and 2013 c 200 s 24 are each amended to
20 read as follows:

21 (1) The department is designated as the state mental health
22 authority.

23 (2) The secretary shall provide for public, client, tribal, and
24 licensed service provider participation in developing the state mental
25 health program, developing contracts with (~~regional support networks~~)
26 behavioral health and recovery organizations, and any waiver request to
27 the federal government under medicaid.

28 (3) The secretary shall provide for participation in developing the
29 state mental health program for children and other underserved
30 populations, by including representatives on any committee established
31 to provide oversight to the state mental health program.

32 (4) The secretary shall be designated as the (~~regional support~~
33 ~~network~~) behavioral health and recovery organization if the (~~regional~~
34 ~~support network~~) behavioral health and recovery organization fails to
35 meet state minimum standards or refuses to exercise responsibilities
36 under its contract or RCW 71.24.045, until such time as a new

1 ((~~regional support network~~)) behavioral health and recovery
2 organization is designated ((~~under RCW 71.24.320~~)).

3 (5) The secretary shall:

4 (a) Develop a biennial state mental health program that
5 incorporates regional biennial needs assessments and regional mental
6 health service plans and state services for adults and children with
7 mental illness((~~. The secretary shall also develop a six-year state~~
8 ~~mental health plan~~));

9 (b) Assure that any ((~~regional~~)) behavioral health and recovery
10 organization or county community mental health program provides
11 ((~~access to treatment for the region's residents, including parents who~~
12 ~~are respondents in dependency cases, in the following order of~~
13 ~~priority: (i) Persons with acute mental illness; (ii) adults with~~
14 ~~chronic mental illness and children who are severely emotionally~~
15 ~~disturbed; and (iii) persons who are seriously disturbed. Such~~
16 ~~programs shall provide:~~

17 (A) ~~Outpatient services;~~

18 (B) ~~Emergency care services for twenty-four hours per day;~~

19 (C) ~~Day treatment for persons with mental illness which includes~~
20 ~~training in basic living and social skills, supported work, vocational~~
21 ~~rehabilitation, and day activities. Such services may include~~
22 ~~therapeutic treatment. In the case of a child, day treatment includes~~
23 ~~age-appropriate basic living and social skills, educational and~~
24 ~~prevocational services, day activities, and therapeutic treatment;~~

25 (D) ~~Screening for patients being considered for admission to state~~
26 ~~mental health facilities to determine the appropriateness of admission;~~

27 (E) ~~Employment services, which may include supported employment,~~
28 ~~transitional work, placement in competitive employment, and other work-~~
29 ~~related services, that result in persons with mental illness becoming~~
30 ~~engaged in meaningful and gainful full or part-time work. Other~~
31 ~~sources of funding such as the division of vocational rehabilitation~~
32 ~~may be utilized by the secretary to maximize federal funding and~~
33 ~~provide for integration of services;~~

34 (F) ~~Consultation and education services; and~~

35 (G) ~~Community support services~~)) medically necessary services to
36 medicaid recipients consistent with the state's medicaid state plan or
37 federal waiver authorities, and nonmedicaid services consistent with
38 priorities established by the department;

1 (c) Develop and adopt rules establishing state minimum standards
2 for the delivery of mental health services pursuant to RCW 71.24.037
3 including, but not limited to:

4 (i) Licensed service providers. These rules shall permit a county-
5 operated mental health program to be licensed as a service provider
6 subject to compliance with applicable statutes and rules. The
7 secretary shall provide for deeming of compliance with state minimum
8 standards for those entities accredited by recognized behavioral health
9 accrediting bodies recognized and having a current agreement with the
10 department; and

11 (ii) (~~Regional support networks; and~~
12 ~~(iii)~~) Inpatient services, evaluation and treatment services and
13 facilities under chapter 71.05 RCW, resource management services, and
14 community support services;

15 (d) Assure that the special needs of persons who are minorities,
16 elderly, disabled, children, low-income, and parents who are
17 respondents in dependency cases are met within the priorities
18 established in this section;

19 (e) Establish a standard contract or contracts, consistent with
20 state minimum standards(~~(, RCW 71.24.320 and 71.24.330,)~~) which shall
21 be used in contracting with (~~(regional support networks)~~) behavioral
22 health and recovery organizations. The standard contract shall include
23 a maximum fund balance, which shall be consistent with that required by
24 federal regulations or waiver stipulations;

25 (f) Establish, to the extent possible, a standardized auditing
26 procedure which is designed to assure compliance with contractual
27 agreements authorized by this chapter and minimizes paperwork
28 requirements of (~~(regional support networks)~~) behavioral health and
29 recovery organizations and licensed service providers. The audit
30 procedure shall focus on the outcomes of service (~~(and not the~~
31 ~~processes for accomplishing them)~~) as provided in RCW 43.20A.895,
32 70.320.020, and 71.36.025;

33 (g) Develop and maintain an information system to be used by the
34 state and (~~(regional support networks)~~) behavioral health and recovery
35 organizations that includes a tracking method which allows the
36 department and (~~(regional support networks)~~) behavioral health and
37 recovery organizations to identify mental health clients' participation
38 in any mental health service or public program on an immediate basis.

1 The information system shall not include individual patient's case
2 history files. Confidentiality of client information and records shall
3 be maintained as provided in this chapter and chapter 70.02 RCW;

4 (h) License service providers who meet state minimum standards;

5 (i) ~~((Certify regional support networks that meet state minimum
6 standards;~~

7 ~~(+j))~~ Periodically monitor the compliance of ~~((certified regional
8 support networks))~~ behavioral health and recovery organizations and
9 their network of licensed service providers for compliance with the
10 contract between the department, the ~~((regional support network))~~
11 behavioral health and recovery organization, and federal and state
12 rules at reasonable times and in a reasonable manner;

13 ~~((+k))~~ (j) Fix fees to be paid by evaluation and treatment centers
14 to the secretary for the required inspections;

15 ~~((+l))~~ (k) Monitor and audit ~~((regional support networks))~~
16 behavioral health and recovery organizations and licensed service
17 providers as needed to assure compliance with contractual agreements
18 authorized by this chapter;

19 ~~((+m))~~ (l) Adopt such rules as are necessary to implement the
20 department's responsibilities under this chapter;

21 ~~((+n) Assure the availability of an appropriate amount, as
22 determined by the legislature in the operating budget by amounts
23 appropriated for this specific purpose, of community-based,
24 geographically distributed residential services;~~

25 ~~(+o))~~ (m) License or certify crisis stabilization units that meet
26 state minimum standards;

27 ~~((+p))~~ (n) License or certify clubhouses that meet state minimum
28 standards; and

29 ~~((+q))~~ (o) License or certify triage facilities that meet state
30 minimum standards.

31 (6) The secretary shall use available resources only for ~~((regional
32 support networks))~~ behavioral health and recovery organizations,
33 except:

34 (a) To the extent authorized, and in accordance with any priorities
35 or conditions specified, in the biennial appropriations act; or

36 (b) To incentivize improved performance with respect to the client
37 outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025,

1 integration of behavioral health and medical services at the clinical
2 level, and improved care coordination for individuals with complex care
3 needs.

4 (7) Each (~~certified regional support network~~) behavioral health
5 and recovery organization and licensed service provider shall file with
6 the secretary, on request, such data, statistics, schedules, and
7 information as the secretary reasonably requires. A (~~certified~~
8 ~~regional support network~~) behavioral health and recovery organization
9 or licensed service provider which, without good cause, fails to
10 furnish any data, statistics, schedules, or information as requested,
11 or files fraudulent reports thereof, may be subject to the behavioral
12 health and recovery organization contractual remedies in section 3 of
13 this act or may have its service provider certification or license
14 revoked or suspended.

15 (8) The secretary may suspend, revoke, limit, or restrict a
16 certification or license, or refuse to grant a certification or license
17 for failure to conform to: (a) The law; (b) applicable rules and
18 regulations; (c) applicable standards; or (d) state minimum standards.

19 (9) The superior court may restrain any (~~regional support~~
20 ~~network~~) behavioral health and recovery organization or service
21 provider from operating without a contract, certification, or a license
22 or any other violation of this section. The court may also review,
23 pursuant to procedures contained in chapter 34.05 RCW, any denial,
24 suspension, limitation, restriction, or revocation of certification or
25 license, and grant other relief required to enforce the provisions of
26 this chapter.

27 (10) Upon petition by the secretary, and after hearing held upon
28 reasonable notice to the facility, the superior court may issue a
29 warrant to an officer or employee of the secretary authorizing him or
30 her to enter at reasonable times, and examine the records, books, and
31 accounts of any (~~regional support network~~) behavioral health and
32 recovery organizations or service provider refusing to consent to
33 inspection or examination by the authority.

34 (11) Notwithstanding the existence or pursuit of any other remedy,
35 the secretary may file an action for an injunction or other process
36 against any person or governmental unit to restrain or prevent the
37 establishment, conduct, or operation of a (~~regional support network~~)

1 behavioral health and recovery organization or service provider without
2 certification or a license under this chapter.

3 (12) The standards for certification or licensure of evaluation and
4 treatment facilities shall include standards relating to maintenance of
5 good physical and mental health and other services to be afforded
6 persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and
7 shall otherwise assure the effectuation of the purposes of these
8 chapters.

9 (13) The standards for certification or licensure of crisis
10 stabilization units shall include standards that:

11 (a) Permit location of the units at a jail facility if the unit is
12 physically separate from the general population of the jail;

13 (b) Require administration of the unit by mental health
14 professionals who direct the stabilization and rehabilitation efforts;
15 and

16 (c) Provide an environment affording security appropriate with the
17 alleged criminal behavior and necessary to protect the public safety.

18 (14) The standards for certification or licensure of a clubhouse
19 shall at a minimum include:

20 (a) The facilities may be peer-operated and must be
21 recovery-focused;

22 (b) Members and employees must work together;

23 (c) Members must have the opportunity to participate in all the
24 work of the clubhouse, including administration, research, intake and
25 orientation, outreach, hiring, training and evaluation of staff, public
26 relations, advocacy, and evaluation of clubhouse effectiveness;

27 (d) Members and staff and ultimately the clubhouse director must be
28 responsible for the operation of the clubhouse, central to this
29 responsibility is the engagement of members and staff in all aspects of
30 clubhouse operations;

31 (e) Clubhouse programs must be comprised of structured activities
32 including but not limited to social skills training, vocational
33 rehabilitation, employment training and job placement, and community
34 resource development;

35 (f) Clubhouse programs must provide in-house educational programs
36 that significantly utilize the teaching and tutoring skills of members
37 and assist members by helping them to take advantage of adult education
38 opportunities in the community;

1 (g) Clubhouse programs must focus on strengths, talents, and
2 abilities of its members;

3 (h) The work-ordered day may not include medication clinics, day
4 treatment, or other therapy programs within the clubhouse.

5 (15) The department shall distribute appropriated state and federal
6 funds in accordance with any priorities, terms, or conditions specified
7 in the appropriations act.

8 (16) The secretary shall assume all duties assigned to the
9 nonparticipating (~~(regional support networks)~~) behavioral health and
10 recovery organizations under chapters 71.05 and 71.34 RCW and this
11 chapter. Such responsibilities shall include those which would have
12 been assigned to the nonparticipating counties in regions where there
13 are not participating (~~(regional support networks)~~) behavioral health
14 and recovery organizations.

15 The (~~(regional support networks)~~) behavioral health and recovery
16 organizations, or the secretary's assumption of all responsibilities
17 under chapters 71.05 and 71.34 RCW and this chapter, shall be included
18 in all state and federal plans affecting the state mental health
19 program including at least those required by this chapter, the medicaid
20 program, and P.L. 99-660. Nothing in these plans shall be inconsistent
21 with the intent and requirements of this chapter.

22 (17) The secretary shall:

23 (a) Disburse funds for the (~~(regional support networks)~~) behavioral
24 health and recovery organizations within sixty days of approval of the
25 biennial contract. The department must either approve or reject the
26 biennial contract within sixty days of receipt.

27 (b) Enter into biennial contracts with (~~(regional support~~
28 ~~networks)~~) behavioral health and recovery organizations. The contracts
29 shall be consistent with available resources. No contract shall be
30 approved that does not include progress toward meeting the goals of
31 this chapter by taking responsibility for: (i) Short-term commitments;
32 (ii) residential care; and (iii) emergency response systems.

33 (c) Notify (~~(regional support networks)~~) behavioral health and
34 recovery organizations of their allocation of available resources at
35 least sixty days prior to the start of a new biennial contract period.

36 (d) Deny all or part of the funding allocations to (~~(regional~~
37 ~~support networks)~~) behavioral health and recovery organizations based
38 solely upon formal findings of noncompliance with the terms of the

1 ((~~regional support network's~~)) behavioral health and recovery
2 organization's contract with the department. ((~~Regional support~~
3 ~~networks~~)) Behavioral health and recovery organizations disputing the
4 decision of the secretary to withhold funding allocations are limited
5 to the remedies provided in the department's contracts with the
6 ((~~regional support networks~~)) behavioral health and recovery
7 organizations.

8 (18) The department, in cooperation with the state congressional
9 delegation, shall actively seek waivers of federal requirements and
10 such modifications of federal regulations as are necessary to allow
11 federal medicaid reimbursement for services provided by freestanding
12 evaluation and treatment facilities certified under chapter 71.05 RCW.
13 The department shall periodically report its efforts to the appropriate
14 committees of the senate and the house of representatives.

15 **Sec. 11.** RCW 71.24.045 and 2006 c 333 s 105 are each amended to
16 read as follows:

17 The ((~~regional support network~~)) behavioral health and recovery
18 organization shall:

19 (1) Contract as needed with licensed service providers. The
20 ((~~regional support network~~)) behavioral health and recovery and
21 recovery organization may, in the absence of a licensed service
22 provider entity, become a licensed service provider entity pursuant to
23 minimum standards required for licensing by the department for the
24 purpose of providing services not available from licensed service
25 providers;

26 (2) Operate as a licensed service provider if it deems that doing
27 so is more efficient and cost effective than contracting for services.
28 When doing so, the ((~~regional support network~~)) behavioral health and
29 recovery organization shall comply with rules promulgated by the
30 secretary that shall provide measurements to determine when a
31 ((~~regional support network~~)) behavioral health and recovery
32 organization provided service is more efficient and cost effective;

33 (3) Monitor and perform biennial fiscal audits of licensed service
34 providers who have contracted with the ((~~regional support network~~))
35 behavioral health and recovery organization to provide services
36 required by this chapter. The monitoring and audits shall be performed

1 by means of a formal process which insures that the licensed service
2 providers and professionals designated in this subsection meet the
3 terms of their contracts;

4 (4) Assure that the special needs of minorities, the elderly,
5 ~~((disabled))~~ individuals with disabilities, children, and low-income
6 persons are met within the priorities established in this chapter;

7 (5) Maintain patient tracking information in a central location as
8 required for resource management services and the department's
9 information system;

10 (6) Collaborate to ensure that policies do not result in an adverse
11 shift of ~~((mentally ill))~~ persons with mental illness into state and
12 local correctional facilities;

13 (7) Work with the department to expedite the enrollment or re-
14 enrollment of eligible persons leaving state or local correctional
15 facilities and institutions for mental diseases;

16 ~~((If a regional support network is not operated by the
17 county,))~~ Work closely with the county designated mental health
18 professional or county designated crisis responder to maximize
19 appropriate placement of persons into community services; and

20 (9) Coordinate services for individuals who have received services
21 through the community mental health system and who become patients at
22 a state mental hospital to ensure they are transitioned into the
23 community in accordance with mutually agreed upon discharge plans and
24 upon determination by the medical director of the state mental hospital
25 that they no longer need intensive inpatient care.

26 **Sec. 12.** RCW 71.24.100 and 2012 c 117 s 442 are each amended to
27 read as follows:

28 A county authority or a group of county authorities may enter into
29 a joint operating agreement to ~~((form))~~ respond to a request for a
30 detailed plan and contract with the state to operate a ~~((regional~~
31 ~~support network))~~ behavioral health and recovery organization whose
32 boundaries are consistent with the regional service areas established
33 under section 2 of this act. Any agreement between two or more county
34 authorities ~~((for the establishment of a regional support network))~~
35 shall provide:

36 (1) That each county shall bear a share of the cost of mental
37 health services; and

1 (2) That the treasurer of one participating county shall be the
2 custodian of funds made available for the purposes of such mental
3 health services, and that the treasurer may make payments from such
4 funds upon audit by the appropriate auditing officer of the county for
5 which he or she is treasurer.

6 **Sec. 13.** RCW 71.24.110 and 1999 c 10 s 7 are each amended to read
7 as follows:

8 An agreement (~~((for the establishment of a community mental health
9 program))~~ to contract with the state to operate a behavioral health and
10 recovery organization under RCW 71.24.100 may also provide:

11 (1) For the joint supervision or operation of services and
12 facilities, or for the supervision or operation of service and
13 facilities by one participating county under contract for the other
14 participating counties; and

15 (2) For such other matters as are necessary or proper to effectuate
16 the purposes of this chapter.

17 **Sec. 14.** RCW 71.24.340 and 2005 c 503 s 13 are each amended to
18 read as follows:

19 The secretary shall require the (~~(regional support networks))~~
20 behavioral health and recovery organizations to develop (~~((interlocal
21 agreements pursuant to RCW 74.09.555. To this end, the regional
22 support networks shall))~~ agreements with city and county jails to
23 accept referrals for enrollment on behalf of a confined person, prior
24 to the person's release.

25 **Sec. 15.** RCW 71.24.420 and 2001 c 323 s 2 are each amended to read
26 as follows:

27 The department shall operate the community mental health service
28 delivery system authorized under this chapter within the following
29 constraints:

30 (1) The full amount of federal funds for mental health services,
31 plus qualifying state expenditures as appropriated in the biennial
32 operating budget, shall be appropriated to the department each year in
33 the biennial appropriations act to carry out the provisions of the
34 community mental health service delivery system authorized in this
35 chapter.

1 (2) The department may expend funds defined in subsection (1) of
2 this section in any manner that will effectively accomplish the outcome
3 measures (~~((defined in section 5 of this act))~~) established in RCW
4 43.20A.895 and 71.36.025 and performance measures linked to those
5 outcomes.

6 (3) The department shall implement strategies that accomplish the
7 outcome measures (~~((identified in section 5 of this act that are within~~
8 ~~the funding constraints in this section))~~) established in RCW
9 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked
10 to those outcomes.

11 (4) The department shall monitor expenditures against the
12 appropriation levels provided for in subsection (1) of this section.

13 **Sec. 16.** RCW 70.96A.020 and 2001 c 13 s 1 are each amended to read
14 as follows:

15 For the purposes of this chapter the following words and phrases
16 shall have the following meanings unless the context clearly requires
17 otherwise:

18 (1) "Alcoholic" means a person who suffers from the disease of
19 alcoholism.

20 (2) "Alcoholism" means a disease, characterized by a dependency on
21 alcoholic beverages, loss of control over the amount and circumstances
22 of use, symptoms of tolerance, physiological or psychological
23 withdrawal, or both, if use is reduced or discontinued, and impairment
24 of health or disruption of social or economic functioning.

25 (3) "Approved treatment program" means a discrete program of
26 chemical dependency treatment provided by a treatment program certified
27 by the department of social and health services as meeting standards
28 adopted under this chapter.

29 (4) "Chemical dependency" means:

30 (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol
31 and one or more other psychoactive chemicals, as the context requires.

32 (5) "Chemical dependency program" means expenditures and activities
33 of the department designed and conducted to prevent or treat alcoholism
34 and other drug addiction, including reasonable administration and
35 overhead.

36 (6) "Department" means the department of social and health
37 services.

1 (7) "Designated chemical dependency specialist" or "specialist"
2 means a person designated by the county alcoholism and other drug
3 addiction program coordinator designated under RCW 70.96A.310 to
4 perform the commitment duties described in RCW 70.96A.140 and qualified
5 to do so by meeting standards adopted by the department.

6 (8) "Director" means the person administering the chemical
7 dependency program within the department.

8 (9) "Drug addict" means a person who suffers from the disease of
9 drug addiction.

10 (10) "Drug addiction" means a disease characterized by a dependency
11 on psychoactive chemicals, loss of control over the amount and
12 circumstances of use, symptoms of tolerance, physiological or
13 psychological withdrawal, or both, if use is reduced or discontinued,
14 and impairment of health or disruption of social or economic
15 functioning.

16 (11) "Emergency service patrol" means a patrol established under
17 RCW 70.96A.170.

18 (12) "Gravely disabled by alcohol or other psychoactive chemicals"
19 or "gravely disabled" means that a person, as a result of the use of
20 alcohol or other psychoactive chemicals: (a) Is in danger of serious
21 physical harm resulting from a failure to provide for his or her
22 essential human needs of health or safety; or (b) manifests severe
23 deterioration in routine functioning evidenced by a repeated and
24 escalating loss of cognition or volitional control over his or her
25 actions and is not receiving care as essential for his or her health or
26 safety.

27 (13) "History of one or more violent acts" refers to the period of
28 time ten years prior to the filing of a petition under this chapter,
29 excluding any time spent, but not any violent acts committed, in a
30 mental health facility, or a long-term alcoholism or drug treatment
31 facility, or in confinement.

32 (14) "Incapacitated by alcohol or other psychoactive chemicals"
33 means that a person, as a result of the use of alcohol or other
34 psychoactive chemicals, is gravely disabled or presents a likelihood of
35 serious harm to himself or herself, to any other person, or to
36 property.

37 (15) "Incompetent person" means a person who has been adjudged
38 incompetent by the superior court.

1 (16) "Intoxicated person" means a person whose mental or physical
2 functioning is substantially impaired as a result of the use of alcohol
3 or other psychoactive chemicals.

4 (17) "Licensed physician" means a person licensed to practice
5 medicine or osteopathic medicine and surgery in the state of
6 Washington.

7 (18) "Likelihood of serious harm" means:

8 (a) A substantial risk that: (i) Physical harm will be inflicted
9 by an individual upon his or her own person, as evidenced by threats or
10 attempts to commit suicide or inflict physical harm on one's self; (ii)
11 physical harm will be inflicted by an individual upon another, as
12 evidenced by behavior that has caused the harm or that places another
13 person or persons in reasonable fear of sustaining the harm; or (iii)
14 physical harm will be inflicted by an individual upon the property of
15 others, as evidenced by behavior that has caused substantial loss or
16 damage to the property of others; or

17 (b) The individual has threatened the physical safety of another
18 and has a history of one or more violent acts.

19 (19) "Medical necessity" for inpatient care of a minor means a
20 requested certified inpatient service that is reasonably calculated to:

21 (a) Diagnose, arrest, or alleviate a chemical dependency; or (b)
22 prevent the worsening of chemical dependency conditions that endanger
23 life or cause suffering and pain, or result in illness or infirmity or
24 threaten to cause or aggravate a handicap, or cause physical deformity
25 or malfunction, and there is no adequate less restrictive alternative
26 available.

27 (20) "Minor" means a person less than eighteen years of age.

28 (21) "Parent" means the parent or parents who have the legal right
29 to custody of the child. Parent includes custodian or guardian.

30 (22) "Peace officer" means a law enforcement official of a public
31 agency or governmental unit, and includes persons specifically given
32 peace officer powers by any state law, local ordinance, or judicial
33 order of appointment.

34 (23) "Person" means an individual, including a minor.

35 (24) "Professional person in charge" or "professional person" means
36 a physician or chemical dependency counselor as defined in rule by the
37 department, who is empowered by a certified treatment program with

1 authority to make assessment, admission, continuing care, and discharge
2 decisions on behalf of the certified program.

3 (25) "Secretary" means the secretary of the department of social
4 and health services.

5 (26) "Treatment" means the broad range of emergency,
6 detoxification, residential, and outpatient services and care,
7 including diagnostic evaluation, chemical dependency education and
8 counseling, medical, psychiatric, psychological, and social service
9 care, vocational rehabilitation and career counseling, which may be
10 extended to alcoholics and other drug addicts and their families,
11 persons incapacitated by alcohol or other psychoactive chemicals, and
12 intoxicated persons.

13 (27) "Treatment program" means an organization, institution, or
14 corporation, public or private, engaged in the care, treatment, or
15 rehabilitation of alcoholics or other drug addicts.

16 (28) "Violent act" means behavior that resulted in homicide,
17 attempted suicide, nonfatal injuries, or substantial damage to
18 property.

19 (29) "Behavioral health and recovery organization" means a county
20 authority or group of county authorities or other entity recognized by
21 the secretary in contract in a defined regional service area.

22 (30) "Behavioral health services" means mental health services as
23 described in chapters 71.24 and 71.36 RCW and chemical dependency
24 treatment services as described in this chapter.

25 **Sec. 17.** RCW 70.96A.040 and 1989 c 270 s 5 are each amended to
26 read as follows:

27 The department, in the operation of the chemical dependency program
28 may:

29 (1) Plan, establish, and maintain prevention and treatment programs
30 as necessary or desirable;

31 (2) Make contracts necessary or incidental to the performance of
32 its duties and the execution of its powers, including managed care
33 contracts for behavioral health services, contracts entered into under
34 RCW 74.09.522, and contracts with public and private agencies,
35 organizations, and individuals to pay them for services rendered or
36 furnished to alcoholics or other drug addicts, persons incapacitated by
37 alcohol or other psychoactive chemicals, or intoxicated persons;

1 (3) Enter into agreements for monitoring of verification of
2 qualifications of counselors employed by approved treatment programs;

3 (4) Adopt rules under chapter 34.05 RCW to carry out the provisions
4 and purposes of this chapter and contract, cooperate, and coordinate
5 with other public or private agencies or individuals for those
6 purposes;

7 (5) Solicit and accept for use any gift of money or property made
8 by will or otherwise, and any grant of money, services, or property
9 from the federal government, the state, or any political subdivision
10 thereof or any private source, and do all things necessary to cooperate
11 with the federal government or any of its agencies in making an
12 application for any grant;

13 (6) Administer or supervise the administration of the provisions
14 relating to alcoholics, other drug addicts, and intoxicated persons of
15 any state plan submitted for federal funding pursuant to federal
16 health, welfare, or treatment legislation;

17 (7) Coordinate its activities and cooperate with chemical
18 dependency programs in this and other states, and make contracts and
19 other joint or cooperative arrangements with state, local, or private
20 agencies in this and other states for the treatment of alcoholics and
21 other drug addicts and their families, persons incapacitated by alcohol
22 or other psychoactive chemicals, and intoxicated persons and for the
23 common advancement of chemical dependency programs;

24 (8) Keep records and engage in research and the gathering of
25 relevant statistics;

26 (9) Do other acts and things necessary or convenient to execute the
27 authority expressly granted to it;

28 (10) Acquire, hold, or dispose of real property or any interest
29 therein, and construct, lease, or otherwise provide treatment programs.

30 **Sec. 18.** RCW 70.96A.050 and 2001 c 13 s 2 are each amended to read
31 as follows:

32 The department shall:

33 (1) Develop, encourage, and foster statewide, regional, and local
34 plans and programs for the prevention of alcoholism and other drug
35 addiction, treatment of alcoholics and other drug addicts and their
36 families, persons incapacitated by alcohol or other psychoactive

1 chemicals, and intoxicated persons in cooperation with public and
2 private agencies, organizations, and individuals and provide technical
3 assistance and consultation services for these purposes;

4 (2) Assure that any behavioral health and recovery organization
5 managed care contract or managed care contract under RCW 74.09.522 for
6 behavioral health services or program for the treatment of alcoholics
7 and other drug addicts and their families, persons incapacitated by
8 alcohol or other psychoactive chemicals, and intoxicated persons
9 provides medically necessary services to medicaid recipients. This
10 must include a continuum of mental health and chemical dependency
11 services consistent with the state's medicaid plan or federal waiver
12 authorities, and nonmedicaid services consistent with priorities
13 established by the department;

14 (3) Coordinate the efforts and enlist the assistance of all public
15 and private agencies, organizations, and individuals interested in
16 prevention of alcoholism and drug addiction, and treatment of
17 alcoholics and other drug addicts and their families, persons
18 incapacitated by alcohol or other psychoactive chemicals, and
19 intoxicated persons;

20 ~~((+3))~~ (4) Cooperate with public and private agencies in
21 establishing and conducting programs to provide treatment for
22 alcoholics and other drug addicts and their families, persons
23 incapacitated by alcohol or other psychoactive chemicals, and
24 intoxicated persons who are clients of the correctional system;

25 ~~((+4))~~ (5) Cooperate with the superintendent of public
26 instruction, state board of education, schools, police departments,
27 courts, and other public and private agencies, organizations and
28 individuals in establishing programs for the prevention of alcoholism
29 and other drug addiction, treatment of alcoholics or other drug addicts
30 and their families, persons incapacitated by alcohol or other
31 psychoactive chemicals, and intoxicated persons, and preparing
32 curriculum materials thereon for use at all levels of school education;

33 ~~((+5))~~ (6) Prepare, publish, evaluate, and disseminate educational
34 material dealing with the nature and effects of alcohol and other
35 psychoactive chemicals and the consequences of their use;

36 ~~((+6))~~ (7) Develop and implement, as an integral part of treatment
37 programs, an educational program for use in the treatment of alcoholics
38 or other drug addicts, persons incapacitated by alcohol or other

1 psychoactive chemicals, and intoxicated persons, which program shall
2 include the dissemination of information concerning the nature and
3 effects of alcohol and other psychoactive chemicals, the consequences
4 of their use, the principles of recovery, and HIV and AIDS;

5 ~~((+7))~~ (8) Organize and foster training programs for persons
6 engaged in treatment of alcoholics or other drug addicts, persons
7 incapacitated by alcohol or other psychoactive chemicals, and
8 intoxicated persons;

9 ~~((+8))~~ (9) Sponsor and encourage research into the causes and
10 nature of alcoholism and other drug addiction, treatment of alcoholics
11 and other drug addicts, persons incapacitated by alcohol or other
12 psychoactive chemicals, and intoxicated persons, and serve as a
13 clearinghouse for information relating to alcoholism or other drug
14 addiction;

15 ~~((+9))~~ (10) Specify uniform methods for keeping statistical
16 information by public and private agencies, organizations, and
17 individuals, and collect and make available relevant statistical
18 information, including number of persons treated, frequency of
19 admission and readmission, and frequency and duration of treatment;

20 ~~((+10))~~ (11) Advise the governor in the preparation of a
21 comprehensive plan for treatment of alcoholics and other drug addicts,
22 persons incapacitated by alcohol or other psychoactive chemicals, and
23 intoxicated persons for inclusion in the state's comprehensive health
24 plan;

25 ~~((+11))~~ (12) Review all state health, welfare, and treatment plans
26 to be submitted for federal funding under federal legislation, and
27 advise the governor on provisions to be included relating to alcoholism
28 and other drug addiction, persons incapacitated by alcohol or other
29 psychoactive chemicals, and intoxicated persons;

30 ~~((+12))~~ (13) Assist in the development of, and cooperate with,
31 programs for alcohol and other psychoactive chemical education and
32 treatment for employees of state and local governments and businesses
33 and industries in the state;

34 ~~((+13))~~ (14) Use the support and assistance of interested persons
35 in the community to encourage alcoholics and other drug addicts
36 voluntarily to undergo treatment;

37 ~~((+14))~~ (15) Cooperate with public and private agencies in

1 establishing and conducting programs designed to deal with the problem
2 of persons operating motor vehicles while intoxicated;

3 ~~((+15))~~ (16) Encourage general hospitals and other appropriate
4 health facilities to admit without discrimination alcoholics and other
5 drug addicts, persons incapacitated by alcohol or other psychoactive
6 chemicals, and intoxicated persons and to provide them with adequate
7 and appropriate treatment;

8 ~~((+16))~~ (17) Encourage all health and disability insurance
9 programs to include alcoholism and other drug addiction as a covered
10 illness; and

11 ~~((+17))~~ (18) Organize and sponsor a statewide program to help
12 court personnel, including judges, better understand the disease of
13 alcoholism and other drug addiction and the uses of chemical dependency
14 treatment programs.

15 **Sec. 19.** RCW 70.96A.080 and 1989 c 270 s 18 are each amended to
16 read as follows:

17 (1) In coordination with the health care authority, the department
18 shall establish by ~~((all))~~ appropriate means, ~~((including contracting~~
19 for services,)) a comprehensive and coordinated ~~((discrete))~~ program
20 for the treatment of alcoholics and other drug addicts and their
21 families, persons incapacitated by alcohol or other psychoactive
22 chemicals, and intoxicated persons.

23 (2)(a) The program shall include, but not necessarily be limited
24 to, a continuum of chemical dependency treatment services that
25 includes:

26 ~~((+a))~~ (i) Detoxification services available twenty-four hours a
27 day;

28 ~~((+b))~~ (ii) Residential treatment; ~~((and~~

29 ~~+c))~~ (iii) Outpatient treatment, including medication assisted
30 treatment; and

31 (iv) Contracts with at least one provider directly or through
32 contracts with behavioral health and recovery organizations, for case
33 management and residential treatment services for pregnant and
34 parenting women.

35 (b) The program may include peer support, supported housing,
36 supported employment, crisis diversion, or recovery support services.

1 (3) All appropriate public and private resources shall be
2 coordinated with and used in the program when possible.

3 (4) The department may contract for the use of an approved
4 treatment program or other individual or organization if the secretary
5 considers this to be an effective and economical course to follow.

6 (5) By April 1, 2016, treatment provided under this chapter must be
7 purchased primarily through managed care contracts. Consistent with
8 RCW 70.96A.350, services and funding provided through the criminal
9 justice treatment account are intended to be exempted from managed care
10 contracting.

11 **Sec. 20.** RCW 70.96A.320 and 2013 c 320 s 8 are each amended to
12 read as follows:

13 (1) A county legislative authority, or two or more counties acting
14 jointly, may establish an alcoholism and other drug addiction program.
15 If two or more counties jointly establish the program, they shall
16 designate one county to provide administrative and financial services.

17 (2) To be eligible for funds from the department for the support of
18 the county alcoholism and other drug addiction program, the county
19 legislative authority shall establish a county alcoholism and other
20 drug addiction board under RCW 70.96A.300 and appoint a county
21 alcoholism and other drug addiction program coordinator under RCW
22 70.96A.310.

23 (3) The county legislative authority may apply to the department
24 for financial support for the county program of alcoholism and other
25 drug addiction. To receive financial support, the county legislative
26 authority shall submit a plan that meets the following conditions:

27 (a) It shall describe the prevention, early intervention, or
28 recovery support services and activities to be provided;

29 (b) It shall include anticipated expenditures and revenues;

30 (c) It shall be prepared by the county alcoholism and other drug
31 addiction program board and be adopted by the county legislative
32 authority;

33 (d) It shall reflect maximum effective use of existing services and
34 programs; and

35 (e) It shall meet other conditions that the secretary may require.

36 (4) The county may accept and spend gifts, grants, and fees, from

1 public and private sources, to implement its program of alcoholism and
2 other drug addiction.

3 (5) The department shall require that any agreement to provide
4 financial support to a county that performs the activities of a service
5 coordination organization for alcoholism and other drug addiction
6 services must incorporate the expected outcomes and criteria to measure
7 the performance of service coordination organizations as provided in
8 chapter 70.320 RCW.

9 (6) The county may subcontract for prevention, early intervention,
10 or recovery support services with approved prevention or treatment
11 programs.

12 (7) To continue to be eligible for financial support from the
13 department for the county alcoholism and other drug addiction program,
14 an increase in state financial support shall not be used to supplant
15 local funds from a source that was used to support the county
16 alcoholism and other drug addiction program before the effective date
17 of the increase.

18 **Sec. 21.** RCW 71.24.049 and 2001 c 323 s 13 are each amended to
19 read as follows:

20 By January 1st of each odd-numbered year, the (~~regional support~~
21 ~~network~~) behavioral health and recovery organization shall identify:

22 (1) The number of children in each priority group, as defined by this
23 chapter, who are receiving mental health services funded in part or in
24 whole under this chapter, (2) the amount of funds under this chapter
25 used for children's mental health services, (3) an estimate of the
26 number of unserved children in each priority group, and (4) the
27 estimated cost of serving these additional children and their families.

28 **Sec. 22.** RCW 71.24.061 and 2007 c 359 s 7 are each amended to read
29 as follows:

30 (1) The department shall provide flexibility in provider
31 contracting to (~~regional support networks~~) behavioral health and
32 recovery organizations for children's mental health services.
33 Beginning with 2007-2009 biennium contracts, (~~regional support~~
34 ~~network~~) behavioral health and recovery organization contracts shall
35 authorize (~~regional support networks~~) behavioral health and recovery
36 organizations to allow and encourage licensed community mental health

1 centers to subcontract with individual licensed mental health
2 professionals when necessary to meet the need for an adequate,
3 culturally competent, and qualified children's mental health provider
4 network.

5 (2) To the extent that funds are specifically appropriated for this
6 purpose or that nonstate funds are available, a children's mental
7 health evidence-based practice institute shall be established at the
8 University of Washington division of public behavioral health and
9 justice policy. The institute shall closely collaborate with entities
10 currently engaged in evaluating and promoting the use of evidence-
11 based, research-based, promising, or consensus-based practices in
12 children's mental health treatment, including but not limited to the
13 University of Washington department of psychiatry and behavioral
14 sciences, children's hospital and regional medical center, the
15 University of Washington school of nursing, the University of
16 Washington school of social work, and the Washington state institute
17 for public policy. To ensure that funds appropriated are used to the
18 greatest extent possible for their intended purpose, the University of
19 Washington's indirect costs of administration shall not exceed ten
20 percent of appropriated funding. The institute shall:

21 (a) Improve the implementation of evidence-based and research-based
22 practices by providing sustained and effective training and
23 consultation to licensed children's mental health providers and
24 child-serving agencies who are implementing evidence-based or
25 researched-based practices for treatment of children's emotional or
26 behavioral disorders, or who are interested in adapting these practices
27 to better serve ethnically or culturally diverse children. Efforts
28 under this subsection should include a focus on appropriate oversight
29 of implementation of evidence-based practices to ensure fidelity to
30 these practices and thereby achieve positive outcomes;

31 (b) Continue the successful implementation of the "partnerships for
32 success" model by consulting with communities so they may select,
33 implement, and continually evaluate the success of evidence-based
34 practices that are relevant to the needs of children, youth, and
35 families in their community;

36 (c) Partner with youth, family members, family advocacy, and
37 culturally competent provider organizations to develop a series of

1 information sessions, literature, and online resources for families to
2 become informed and engaged in evidence-based and research-based
3 practices;

4 (d) Participate in the identification of outcome-based performance
5 measures under RCW 71.36.025(2) and partner in a statewide effort to
6 implement statewide outcomes monitoring and quality improvement
7 processes; and

8 (e) Serve as a statewide resource to the department and other
9 entities on child and adolescent evidence-based, research-based,
10 promising, or consensus-based practices for children's mental health
11 treatment, maintaining a working knowledge through ongoing review of
12 academic and professional literature, and knowledge of other evidence-
13 based practice implementation efforts in Washington and other states.

14 (3) To the extent that funds are specifically appropriated for this
15 purpose, the department in collaboration with the evidence-based
16 practice institute shall implement a pilot program to support primary
17 care providers in the assessment and provision of appropriate diagnosis
18 and treatment of children with mental and behavioral health disorders
19 and track outcomes of this program. The program shall be designed to
20 promote more accurate diagnoses and treatment through timely case
21 consultation between primary care providers and child psychiatric
22 specialists, and focused educational learning collaboratives with
23 primary care providers.

24 **Sec. 23.** RCW 71.24.155 and 2001 c 323 s 14 are each amended to
25 read as follows:

26 Grants shall be made by the department to (~~regional support~~
27 ~~networks~~) behavioral health and recovery organizations for community
28 mental health programs totaling not less than ninety-five percent of
29 available resources. The department may use up to forty percent of the
30 remaining five percent to provide community demonstration projects,
31 including early intervention or primary prevention programs for
32 children, and the remainder shall be for emergency needs and technical
33 assistance under this chapter.

34 **Sec. 24.** RCW 71.24.160 and 2011 c 343 s 6 are each amended to read
35 as follows:

36 The (~~regional support networks~~) behavioral health and recovery

1 organizations shall make satisfactory showing to the secretary that
2 state funds shall in no case be used to replace local funds from any
3 source being used to finance mental health services prior to January 1,
4 1990. Maintenance of effort funds devoted to judicial services related
5 to involuntary commitment reimbursed under RCW 71.05.730 must be
6 expended for other purposes that further treatment for mental health
7 and chemical dependency disorders.

8 **Sec. 25.** RCW 71.24.250 and 2001 c 323 s 16 are each amended to
9 read as follows:

10 The (~~regional support network~~) behavioral health and recovery
11 organization may accept and expend gifts and grants received from
12 private, county, state, and federal sources.

13 **Sec. 26.** RCW 71.24.300 and 2008 c 261 s 4 are each amended to read
14 as follows:

15 (1) Upon the request of a tribal authority or authorities within a
16 (~~regional support network~~) behavioral health and recovery
17 organization the joint operating agreement or the county authority
18 shall allow for the inclusion of the tribal authority to be represented
19 as a party to the (~~regional support network~~) behavioral health and
20 recovery organization.

21 (2) The roles and responsibilities of the county and tribal
22 authorities shall be determined by the terms of that agreement
23 including a determination of membership on the governing board and
24 advisory committees, the number of tribal representatives to be party
25 to the agreement, and the provisions of law and shall assure the
26 provision of culturally competent services to the tribes served.

27 (3) The state mental health authority may not determine the roles
28 and responsibilities of county authorities as to each other under
29 (~~regional support networks~~) behavioral health and recovery
30 organizations by rule, except to assure that all duties required of
31 (~~regional support networks~~) behavioral health and recovery
32 organizations are assigned and that counties and the (~~regional support~~
33 ~~network~~) behavioral health and recovery organization do not duplicate
34 functions and that a single authority has final responsibility for all
35 available resources and performance under the (~~regional support~~

1 ~~network's~~) behavioral health and recovery organization's contract with
2 the secretary.

3 (4) If a (~~regional support network~~) behavioral health and
4 recovery organization is a private entity, the department shall allow
5 for the inclusion of the tribal authority to be represented as a party
6 to the (~~regional support network~~) behavioral health and recovery
7 organization.

8 (5) The roles and responsibilities of the private entity and the
9 tribal authorities shall be determined by the department, through
10 negotiation with the tribal authority.

11 (6) (~~Regional support networks~~) Behavioral health and recovery
12 organizations shall submit an overall six-year operating and capital
13 plan, timeline, and budget and submit progress reports and an updated
14 two-year plan biennially thereafter, to assume within available
15 resources all of the following duties:

16 (a) Administer and provide for the availability of all resource
17 management services, residential services, and community support
18 services.

19 (b) Administer and provide for the availability of all
20 investigation, transportation, court-related, and other services
21 provided by the state or counties pursuant to chapter 71.05 RCW.

22 (c) Provide within the boundaries of each (~~regional support~~
23 ~~network~~) behavioral health and recovery organization evaluation and
24 treatment services for at least ninety percent of persons detained or
25 committed for periods up to seventeen days according to chapter 71.05
26 RCW. (~~Regional support networks~~) Behavioral health and recovery
27 organizations may contract to purchase evaluation and treatment
28 services from other (~~networks~~) organizations if they are unable to
29 provide for appropriate resources within their boundaries. Insofar as
30 the original intent of serving persons in the community is maintained,
31 the secretary is authorized to approve exceptions on a case-by-case
32 basis to the requirement to provide evaluation and treatment services
33 within the boundaries of each (~~regional support network~~) behavioral
34 health and recovery organization. Such exceptions are limited to:

- 35 (i) Contracts with neighboring or contiguous regions; or
- 36 (ii) Individuals detained or committed for periods up to seventeen
37 days at the state hospitals at the discretion of the secretary.

1 (d) Administer and provide for the availability of all other mental
2 health services, which shall include patient counseling, day treatment,
3 consultation, education services, employment services as ((defined))
4 described in RCW 71.24.035, and mental health services to children.

5 (e) Establish standards and procedures for reviewing individual
6 service plans and determining when that person may be discharged from
7 resource management services.

8 (7) A ((~~regional support network~~)) behavioral health and recovery
9 organization may request that any state-owned land, building, facility,
10 or other capital asset which was ever purchased, deeded, given, or
11 placed in trust for the care of the persons with mental illness and
12 which is within the boundaries of a ((~~regional support network~~))
13 behavioral health and recovery organization be made available to
14 support the operations of the ((~~regional support network~~)) behavioral
15 health and recovery organization. State agencies managing such capital
16 assets shall give first priority to requests for their use pursuant to
17 this chapter.

18 (8) Each ((~~regional support network~~)) behavioral health and
19 recovery organization shall appoint a mental health advisory board
20 which shall review and provide comments on plans and policies developed
21 under this chapter, provide local oversight regarding the activities of
22 the ((~~regional support network~~)) behavioral health and recovery
23 organization, and work with the ((~~regional support network~~)) behavioral
24 health and recovery organization to resolve significant concerns
25 regarding service delivery and outcomes. The department shall
26 establish statewide procedures for the operation of regional advisory
27 committees including mechanisms for advisory board feedback to the
28 department regarding ((~~regional support network~~)) behavioral health and
29 recovery organization performance. The composition of the board shall
30 be broadly representative of the demographic character of the region
31 and shall include, but not be limited to, representatives of consumers
32 and families, law enforcement, and where the county is not the
33 ((~~regional support network~~)) behavioral health and recovery
34 organization, county elected officials. Composition and length of
35 terms of board members may differ between ((~~regional support networks~~))
36 behavioral health and recovery organizations but shall be included in
37 each ((~~regional support network's~~)) behavioral health and recovery
38 organization's contract and approved by the secretary.

1 (9) (~~Regional support networks~~) Behavioral health and recovery
2 organizations shall assume all duties specified in their plans and
3 joint operating agreements through biennial contractual agreements with
4 the secretary.

5 (10) (~~Regional support networks~~) Behavioral health and recovery
6 organizations may receive technical assistance from the housing trust
7 fund and may identify and submit projects for housing and housing
8 support services to the housing trust fund established under chapter
9 43.185 RCW. Projects identified or submitted under this subsection
10 must be fully integrated with the (~~regional support network~~)
11 behavioral health and recovery organization six-year operating and
12 capital plan, timeline, and budget required by subsection (6) of this
13 section.

14 **Sec. 27.** RCW 71.24.310 and 2013 2nd sp.s. c 4 s 994 are each
15 amended to read as follows:

16 The legislature finds that administration of chapter 71.05 RCW and
17 this chapter can be most efficiently and effectively implemented as
18 part of the (~~regional support network~~) behavioral health and recovery
19 organization defined in RCW 71.24.025. For this reason, the
20 legislature intends that the department and the (~~regional support~~
21 ~~networks~~) behavioral health and recovery organizations shall work
22 together to implement chapter 71.05 RCW as follows:

23 (1) By June 1, 2006, (~~regional support networks~~) behavioral
24 health and recovery organizations shall recommend to the department the
25 number of state hospital beds that should be allocated for use by each
26 (~~regional support network~~) behavioral health and recovery
27 organization. The statewide total allocation shall not exceed the
28 number of state hospital beds offering long-term inpatient care, as
29 defined in this chapter, for which funding is provided in the biennial
30 appropriations act.

31 (2) If there is consensus among the (~~regional support networks~~)
32 behavioral health and recovery organizations regarding the number of
33 state hospital beds that should be allocated for use by each (~~regional~~
34 ~~support network~~) behavioral health and recovery organization, the
35 department shall contract with each (~~regional support network~~)
36 behavioral health and recovery organization accordingly.

1 (3) If there is not consensus among the (~~regional support~~
2 ~~networks~~) behavioral health and recovery organizations regarding the
3 number of beds that should be allocated for use by each (~~regional~~
4 ~~support network~~) behavioral health and recovery organization, the
5 department shall establish by emergency rule the number of state
6 hospital beds that are available for use by each (~~regional support~~
7 ~~network~~) behavioral health and recovery organization. The emergency
8 rule shall be effective September 1, 2006. The primary factor used in
9 the allocation shall be the estimated number of adults with acute and
10 chronic mental illness in each (~~regional support network~~) behavioral
11 health and recovery organization area, based upon population-adjusted
12 incidence and utilization.

13 (4) The allocation formula shall be updated at least every three
14 years to reflect demographic changes, and new evidence regarding the
15 incidence of acute and chronic mental illness and the need for long-
16 term inpatient care. In the updates, the statewide total allocation
17 shall include (a) all state hospital beds offering long-term inpatient
18 care for which funding is provided in the biennial appropriations act;
19 plus (b) the estimated equivalent number of beds or comparable
20 diversion services contracted in accordance with subsection (5) of this
21 section.

22 (5) The department is encouraged to enter performance-based
23 contracts with (~~regional support networks~~) behavioral health and
24 recovery organizations to provide some or all of the (~~regional support~~
25 ~~network's~~) behavioral health and recovery organization's allocated
26 long-term inpatient treatment capacity in the community, rather than in
27 the state hospital. The performance contracts shall specify the number
28 of patient days of care available for use by the (~~regional support~~
29 ~~network~~) behavioral health and recovery organization in the state
30 hospital.

31 (6) If a (~~regional support network~~) behavioral health and
32 recovery organization uses more state hospital patient days of care
33 than it has been allocated under subsection (3) or (4) of this section,
34 or than it has contracted to use under subsection (5) of this section,
35 whichever is less, it shall reimburse the department for that care,
36 except during the period of July 1, 2012, through December 31, 2013,
37 where reimbursements may be temporarily altered per section 204,
38 chapter 4, Laws of 2013 2nd sp. sess. The reimbursement rate per day

1 shall be the hospital's total annual budget for long-term inpatient
2 care, divided by the total patient days of care assumed in development
3 of that budget.

4 (7) One-half of any reimbursements received pursuant to subsection
5 (6) of this section shall be used to support the cost of operating the
6 state hospital and, during the 2007-2009 fiscal biennium, implementing
7 new services that will enable a (~~regional support network~~) behavioral
8 health and recovery organization to reduce its utilization of the state
9 hospital. The department shall distribute the remaining half of such
10 reimbursements among (~~regional support networks~~) behavioral health
11 and recovery organizations that have used less than their allocated or
12 contracted patient days of care at that hospital, proportional to the
13 number of patient days of care not used.

14 **Sec. 28.** RCW 71.24.350 and 2013 c 23 s 189 are each amended to
15 read as follows:

16 The department shall require each (~~regional support network~~)
17 behavioral health and recovery organization to provide for a separately
18 funded mental health ombuds office in each (~~regional support network~~)
19 behavioral health and recovery organization that is independent of the
20 (~~regional support network~~) behavioral health and recovery
21 organization. The ombuds office shall maximize the use of consumer
22 advocates.

23 **Sec. 29.** RCW 71.24.370 and 2006 c 333 s 103 are each amended to
24 read as follows:

25 (1) Except for monetary damage claims which have been reduced to
26 final judgment by a superior court, this section applies to all claims
27 against the state, state agencies, state officials, or state employees
28 that exist on or arise after March 29, 2006.

29 (2) Except as expressly provided in contracts entered into between
30 the department and the (~~regional support networks~~) behavioral health
31 and recovery organizations after March 29, 2006, the entities
32 identified in subsection (3) of this section shall have no claim for
33 declaratory relief, injunctive relief, judicial review under chapter
34 34.05 RCW, or civil liability against the state or state agencies for
35 actions or inactions performed pursuant to the administration of this
36 chapter with regard to the following: (a) The allocation or payment of

1 federal or state funds; (b) the use or allocation of state hospital
2 beds; or (c) financial responsibility for the provision of inpatient
3 mental health care.

4 (3) This section applies to counties, (~~regional support networks~~)
5 behavioral health and recovery organizations, and entities which
6 contract to provide (~~regional support network~~) behavioral health and
7 recovery organization services and their subcontractors, agents, or
8 employees.

9 **Sec. 30.** RCW 71.24.455 and 1997 c 342 s 2 are each amended to read
10 as follows:

11 (1) The secretary shall select and contract with a (~~regional~~
12 ~~support network~~) behavioral health and recovery organization or
13 private provider to provide specialized access and services to
14 (~~mentally ill~~) offenders with mental illness upon release from total
15 confinement within the department of corrections who have been
16 identified by the department of corrections and selected by the
17 (~~regional support network~~) behavioral health and recovery
18 organization or private provider as high-priority clients for services
19 and who meet service program entrance criteria. The program shall
20 enroll no more than twenty-five offenders at any one time, or a number
21 of offenders that can be accommodated within the appropriated funding
22 level, and shall seek to fill any vacancies that occur.

23 (2) Criteria shall include a determination by department of
24 corrections staff that:

25 (a) The offender suffers from a major mental illness and needs
26 continued mental health treatment;

27 (b) The offender's previous crime or crimes have been determined by
28 either the court or department of corrections staff to have been
29 substantially influenced by the offender's mental illness;

30 (c) It is believed the offender will be less likely to commit
31 further criminal acts if provided ongoing mental health care;

32 (d) The offender is unable or unlikely to obtain housing and/or
33 treatment from other sources for any reason; and

34 (e) The offender has at least one year remaining before his or her
35 sentence expires but is within six months of release to community
36 housing and is currently housed within a work release facility or any
37 department of corrections' division of prisons facility.

1 (3) The (~~regional support network~~) behavioral health and recovery
2 organization or private provider shall provide specialized access and
3 services to the selected offenders. The services shall be aimed at
4 lowering the risk of recidivism. An oversight committee composed of a
5 representative of the department, a representative of the selected
6 (~~regional support network~~) behavioral health and recovery
7 organization or private provider, and a representative of the
8 department of corrections shall develop policies to guide the pilot
9 program, provide dispute resolution including making determinations as
10 to when entrance criteria or required services may be waived in
11 individual cases, advise the department of corrections and the
12 (~~regional support network~~) behavioral health and recovery
13 organization or private provider on the selection of eligible
14 offenders, and set minimum requirements for service contracts. The
15 selected (~~regional support network~~) behavioral health and recovery
16 organization or private provider shall implement the policies and
17 service contracts. The following services shall be provided:

18 (a) Intensive case management to include a full range of intensive
19 community support and treatment in client-to-staff ratios of not more
20 than ten offenders per case manager including: (i) A minimum of weekly
21 group and weekly individual counseling; (ii) home visits by the program
22 manager at least two times per month; and (iii) counseling focusing on
23 relapse prevention and past, current, or future behavior of the
24 offender.

25 (b) The case manager shall attempt to locate and procure housing
26 appropriate to the living and clinical needs of the offender and as
27 needed to maintain the psychiatric stability of the offender. The
28 entire range of emergency, transitional, and permanent housing and
29 involuntary hospitalization must be considered as available housing
30 options. A housing subsidy may be provided to offenders to defray
31 housing costs up to a maximum of six thousand six hundred dollars per
32 offender per year and be administered by the case manager. Additional
33 funding sources may be used to offset these costs when available.

34 (c) The case manager shall collaborate with the assigned prison,
35 work release, or community corrections staff during release planning,
36 prior to discharge, and in ongoing supervision of the offender while
37 under the authority of the department of corrections.

1 (d) Medications including the full range of psychotropic
2 medications including atypical antipsychotic medications may be
3 required as a condition of the program. Medication prescription,
4 medication monitoring, and counseling to support offender
5 understanding, acceptance, and compliance with prescribed medication
6 regimens must be included.

7 (e) A systematic effort to engage offenders to continuously involve
8 themselves in current and long-term treatment and appropriate
9 habilitative activities shall be made.

10 (f) Classes appropriate to the clinical and living needs of the
11 offender and appropriate to his or her level of understanding.

12 (g) The case manager shall assist the offender in the application
13 and qualification for entitlement funding, including medicaid, state
14 assistance, and other available government and private assistance at
15 any point that the offender is qualified and resources are available.

16 (h) The offender shall be provided access to daily activities such
17 as drop-in centers, prevocational and vocational training and jobs, and
18 volunteer activities.

19 (4) Once an offender has been selected into the pilot program, the
20 offender shall remain in the program until the end of his or her
21 sentence or unless the offender is released from the pilot program
22 earlier by the department of corrections.

23 (5) Specialized training in the management and supervision of high-
24 crime risk (~~(mentally ill)~~) offenders with mental illness shall be
25 provided to all participating mental health providers by the department
26 and the department of corrections prior to their participation in the
27 program and as requested thereafter.

28 (6) The pilot program provided for in this section must be
29 providing services by July 1, 1998.

30 **Sec. 31.** RCW 71.24.470 and 2009 c 319 s 1 are each amended to read
31 as follows:

32 (1) The secretary shall contract, to the extent that funds are
33 appropriated for this purpose, for case management services and such
34 other services as the secretary deems necessary to assist offenders
35 identified under RCW 72.09.370 for participation in the offender
36 reentry community safety program. The contracts may be with (~~regional~~

1 ~~support networks~~) behavioral health and recovery organizations or any
2 other qualified and appropriate entities.

3 (2) The case manager has the authority to assist these offenders in
4 obtaining the services, as set forth in the plan created under RCW
5 72.09.370(2), for up to five years. The services may include
6 coordination of mental health services, assistance with unfunded
7 medical expenses, obtaining chemical dependency treatment, housing,
8 employment services, educational or vocational training, independent
9 living skills, parenting education, anger management services, and such
10 other services as the case manager deems necessary.

11 (3) The legislature intends that funds appropriated for the
12 purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section
13 and distributed to the (~~regional support networks~~) behavioral health
14 and recovery organizations are to supplement and not to supplant
15 general funding. Funds appropriated to implement RCW 72.09.370,
16 71.05.145, and 71.05.212, and this section are not to be considered
17 available resources as defined in RCW 71.24.025 and are not subject to
18 the priorities, terms, or conditions in the appropriations act
19 established pursuant to RCW 71.24.035.

20 (4) The offender reentry community safety program was formerly
21 known as the community integration assistance program.

22 **Sec. 32.** RCW 71.24.480 and 2009 c 319 s 2 are each amended to read
23 as follows:

24 (1) A licensed service provider or (~~regional support network~~)
25 behavioral health and recovery organization, acting in the course of
26 the provider's or (~~network's~~) organization's duties under this
27 chapter, is not liable for civil damages resulting from the injury or
28 death of another caused by a participant in the offender reentry
29 community safety program who is a client of the provider or (~~network~~)
30 organization, unless the act or omission of the provider or (~~network~~)
31 organization constitutes:

- 32 (a) Gross negligence;
- 33 (b) Willful or wanton misconduct; or
- 34 (c) A breach of the duty to warn of and protect from a client's
35 threatened violent behavior if the client has communicated a serious
36 threat of physical violence against a reasonably ascertainable victim
37 or victims.

1 (2) In addition to any other requirements to report violations, the
2 licensed service provider and (~~regional support network~~) behavioral
3 health and recovery organization shall report an offender's expressions
4 of intent to harm or other predatory behavior, regardless of whether
5 there is an ascertainable victim, in progress reports and other
6 established processes that enable courts and supervising entities to
7 assess and address the progress and appropriateness of treatment.

8 (3) A licensed service provider's or (~~regional support network's~~)
9 behavioral health and recovery organization's mere act of treating a
10 participant in the offender reentry community safety program is not
11 negligence. Nothing in this subsection alters the licensed service
12 provider's or (~~regional support network's~~) behavioral health and
13 recovery organization's normal duty of care with regard to the client.

14 (4) The limited liability provided by this section applies only to
15 the conduct of licensed service providers and (~~regional support~~
16 ~~networks~~) behavioral health and recovery organizations and does not
17 apply to conduct of the state.

18 (5) For purposes of this section, "participant in the offender
19 reentry community safety program" means a person who has been
20 identified under RCW 72.09.370 as an offender who: (a) Is reasonably
21 believed to be dangerous to himself or herself or others; and (b) has
22 a mental disorder.

23 **Sec. 33.** RCW 71.24.845 and 2013 c 230 s 1 are each amended to read
24 as follows:

25 The (~~regional support networks~~) behavioral health and recovery
26 organizations shall jointly develop a uniform transfer agreement to
27 govern the transfer of clients between (~~regional support networks~~)
28 behavioral health and recovery organizations. By September 1, 2013,
29 the (~~regional support networks~~) behavioral health and recovery
30 organizations shall submit the uniform transfer agreement to the
31 department. By December 1, 2013, the department shall establish
32 guidelines to implement the uniform transfer agreement and may modify
33 the uniform transfer agreement as necessary to avoid impacts on state
34 administrative systems.

35 **Sec. 34.** RCW 71.24.055 and 2007 c 359 s 4 are each amended to read
36 as follows:

1 As part of the system transformation initiative, the department of
2 social and health services shall undertake the following activities
3 related specifically to children's mental health services:

4 (1) The development of recommended revisions to the access to care
5 standards for children. The recommended revisions shall reflect the
6 policies and principles set out in RCW 71.36.005, 71.36.010, and
7 71.36.025, and recognize that early identification, intervention and
8 prevention services, and brief intervention services may be provided
9 outside of the (~~regional support network~~) behavioral health and
10 recovery organization system. Revised access to care standards shall
11 assess a child's need for mental health services based upon the child's
12 diagnosis and its negative impact upon his or her persistent impaired
13 functioning in family, school, or the community, and should not solely
14 condition the receipt of services upon a determination that a child is
15 engaged in high risk behavior or is in imminent need of hospitalization
16 or out-of-home placement. Assessment and diagnosis for children under
17 five years of age shall be determined using a nationally accepted
18 assessment tool designed specifically for children of that age. The
19 recommendations shall also address whether amendments to RCW 71.24.025
20 (~~(26) and~~) (27) and (28) and 71.24.035(5) are necessary to implement
21 revised access to care standards;

22 (2) Development of a revised children's mental health benefit
23 package. The department shall ensure that services included in the
24 children's mental health benefit package reflect the policies and
25 principles included in RCW 71.36.005 and 71.36.025, to the extent
26 allowable under medicaid, Title XIX of the federal social security act.
27 Strong consideration shall be given to developmentally appropriate
28 evidence-based and research-based practices, family-based
29 interventions, the use of natural and peer supports, and community
30 support services. This effort shall include a review of other states'
31 efforts to fund family-centered children's mental health services
32 through their medicaid programs;

33 (3) Consistent with the timeline developed for the system
34 transformation initiative, recommendations for revisions to the
35 children's access to care standards and the children's mental health
36 services benefits package shall be presented to the legislature by
37 January 1, 2009.

1 **Sec. 35.** RCW 71.24.065 and 2007 c 359 s 10 are each amended to
2 read as follows:

3 To the extent funds are specifically appropriated for this purpose,
4 the department of social and health services shall contract for
5 implementation of a wraparound model of integrated children's mental
6 health services delivery in up to four (~~regional support network~~)
7 behavioral health and recovery organization regions in Washington state
8 in which wraparound programs are not currently operating, and in up to
9 two (~~regional support network~~) behavioral health and recovery
10 organization regions in which wraparound programs are currently
11 operating. Contracts in regions with existing wraparound programs
12 shall be for the purpose of expanding the number of children served.

13 (1) Funding provided may be expended for: Costs associated with a
14 request for proposal and contracting process; administrative costs
15 associated with successful bidders' operation of the wraparound model;
16 the evaluation under subsection (5) of this section; and funding for
17 services needed by children enrolled in wraparound model sites that are
18 not otherwise covered under existing state programs. The services
19 provided through the wraparound model sites shall include, but not be
20 limited to, services covered under the medicaid program. The
21 department shall maximize the use of medicaid and other existing state-
22 funded programs as a funding source. However, state funds provided may
23 be used to develop a broader service package to meet needs identified
24 in a child's care plan. Amounts provided shall supplement, and not
25 supplant, state, local, or other funding for services that a child
26 being served through a wraparound site would otherwise be eligible to
27 receive.

28 (2) The wraparound model sites shall serve children with serious
29 emotional or behavioral disturbances who are at high risk of
30 residential or correctional placement or psychiatric hospitalization,
31 and who have been referred for services from the department, a county
32 juvenile court, a tribal court, a school, or a licensed mental health
33 provider or agency.

34 (3) Through a request for proposal process, the department shall
35 contract, with (~~regional support networks~~) behavioral health and
36 recovery organizations, alone or in partnership with either educational
37 service districts or entities licensed to provide mental health
38 services to children with serious emotional or behavioral disturbances,

1 to operate the wraparound model sites. The contractor shall provide
2 care coordination and facilitate the delivery of services and other
3 supports to families using a strength-based, highly individualized
4 wraparound process. The request for proposal shall require that:

5 (a) The (~~regional support network~~) behavioral health and recovery
6 organization agree to use its medicaid revenues to fund services
7 included in the existing (~~regional support network's~~) behavioral
8 health and recovery organization's benefit package that a medicaid-
9 eligible child participating in the wraparound model site is determined
10 to need;

11 (b) The contractor provide evidence of commitments from at least
12 the following entities to participate in wraparound care plan
13 development and service provision when appropriate: Community mental
14 health agencies, schools, the department of social and health services
15 children's administration, juvenile courts, the department of social
16 and health services juvenile rehabilitation administration, and managed
17 health care systems contracting with the department under RCW
18 74.09.522; and

19 (c) The contractor will operate the wraparound model site in a
20 manner that maintains fidelity to the wraparound process as defined in
21 RCW 71.36.010.

22 (4) Contracts for operation of the wraparound model sites shall be
23 executed on or before April 1, 2008, with enrollment and service
24 delivery beginning on or before July 1, 2008.

25 (5) The evidence-based practice institute established in RCW
26 71.24.061 shall evaluate the wraparound model sites, measuring outcomes
27 for children served. Outcomes measured shall include, but are not
28 limited to: Decreased out-of-home placement, including residential,
29 group, and foster care, and increased stability of such placements,
30 school attendance, school performance, recidivism, emergency room
31 utilization, involvement with the juvenile justice system, decreased
32 use of psychotropic medication, and decreased hospitalization.

33 (6) The evidence-based practice institute shall provide a report
34 and recommendations to the appropriate committees of the legislature by
35 December 1, 2010.

36 **Sec. 36.** RCW 71.24.240 and 2005 c 503 s 10 are each amended to
37 read as follows:

1 In order to establish eligibility for funding under this chapter,
2 any (~~regional support network~~) behavioral health and recovery
3 organization seeking to obtain federal funds for the support of any
4 aspect of a community mental health program as defined in this chapter
5 shall submit program plans to the secretary for prior review and
6 approval before such plans are submitted to any federal agency.

7 **Sec. 37.** RCW 71.24.320 and 2008 c 261 s 5 are each amended to read
8 as follows:

9 (1) If an existing (~~regional support network~~) behavioral health
10 and recovery organization chooses not to respond to a request for
11 (~~qualifications~~) a detailed plan, or is unable to substantially meet
12 the requirements of a request for (~~qualifications~~) a detailed plan,
13 or notifies the department of social and health services it will no
14 longer serve as a (~~regional support network~~) behavioral health and
15 recovery organization, the department shall utilize a procurement
16 process in which other entities recognized by the secretary may bid to
17 serve as the (~~regional support network~~) behavioral health and
18 recovery organization.

19 (a) The request for proposal shall include a scoring factor for
20 proposals that include additional financial resources beyond that
21 provided by state appropriation or allocation.

22 (b) The department shall provide detailed briefings to all bidders
23 in accordance with department and state procurement policies.

24 (c) The request for proposal shall also include a scoring factor
25 for proposals submitted by nonprofit entities that include a component
26 to maximize the utilization of state provided resources and the
27 leverage of other funds for the support of mental health services to
28 persons with mental illness.

29 (2) A (~~regional support network~~) behavioral health and recovery
30 organization that voluntarily terminates, refuses to renew, or refuses
31 to sign a mandatory amendment to its contract to act as a (~~regional~~
32 ~~support network~~) behavioral health and recovery organization is
33 prohibited from responding to a procurement under this section or
34 serving as a (~~regional support network~~) behavioral health and
35 recovery organization for five years from the date that the department
36 signs a contract with the entity that will serve as the (~~regional~~
37 ~~support network~~) behavioral health and recovery organization.

1 **Sec. 38.** RCW 71.24.330 and 2013 c 320 s 9 are each amended to read
2 as follows:

3 (1)(a) Contracts between a (~~regional support network~~) behavioral
4 health and recovery organization and the department shall include
5 mechanisms for monitoring performance under the contract and remedies
6 for failure to substantially comply with the requirements of the
7 contract including, but not limited to, financial penalties,
8 termination of the contract, and reprocurement of the contract.

9 (b) The department shall incorporate the criteria to measure the
10 performance of service coordination organizations into contracts with
11 (~~regional support networks~~) behavioral health and recovery
12 organizations as provided in chapter 70.320 RCW.

13 (2) The (~~regional support network~~) behavioral health and recovery
14 organization procurement processes shall encourage the preservation of
15 infrastructure previously purchased by the community mental health
16 service delivery system, the maintenance of linkages between other
17 services and delivery systems, and maximization of the use of available
18 funds for services versus profits. However, a (~~regional support~~
19 ~~network~~) behavioral health and recovery organization selected through
20 the procurement process is not required to contract for services with
21 any county-owned or operated facility. The (~~regional support~~
22 ~~network~~) behavioral health and recovery organization procurement
23 process shall provide that public funds appropriated by the legislature
24 shall not be used to promote or deter, encourage, or discourage
25 employees from exercising their rights under Title 29, chapter 7,
26 subchapter II, United States Code or chapter 41.56 RCW.

27 (3) In addition to the requirements of RCW 71.24.035, contracts
28 shall:

29 (a) Define administrative costs and ensure that the (~~regional~~
30 ~~support network~~) behavioral health and recovery organization does not
31 exceed an administrative cost of ten percent of available funds;

32 (b) Require effective collaboration with law enforcement, criminal
33 justice agencies, and the chemical dependency treatment system;

34 (c) Require substantial implementation of department adopted
35 integrated screening and assessment process and matrix of best
36 practices;

37 (d) Maintain the decision-making independence of designated mental
38 health professionals;

1 (e) Except at the discretion of the secretary or as specified in
2 the biennial budget, require (~~(regional support networks)~~) behavioral
3 health and recovery organizations to pay the state for the costs
4 associated with individuals who are being served on the grounds of the
5 state hospitals and who are not receiving long-term inpatient care as
6 defined in RCW 71.24.025;

7 (f) Include a negotiated alternative dispute resolution clause; and

8 (g) Include a provision requiring either party to provide one
9 hundred eighty days' notice of any issue that may cause either party to
10 voluntarily terminate, refuse to renew, or refuse to sign a mandatory
11 amendment to the contract to act as a (~~(regional support network)~~)
12 behavioral health and recovery organization. If either party decides
13 to voluntarily terminate, refuse to renew, or refuse to sign a
14 mandatory amendment to the contract to serve as a (~~(regional support~~
15 ~~network)~~) behavioral health and recovery organization they shall
16 provide ninety days' advance notice in writing to the other party.

17 **Sec. 39.** RCW 71.24.360 and 2012 c 91 s 1 are each amended to read
18 as follows:

19 (1) The department may establish new (~~(regional support network)~~)
20 behavioral health and recovery organization boundaries in any part of
21 the state:

22 (a) Where more than one (~~(network)~~) organization chooses not to
23 respond to, or is unable to substantially meet the requirements of, the
24 request for (~~(qualifications)~~) a detailed plan under RCW 71.24.320;

25 (b) Where a (~~(regional support network)~~) behavioral health and
26 recovery organization is subject to reprocurement under RCW 71.24.330;
27 or

28 (c) Where two or more (~~(regional support networks)~~) behavioral
29 health and recovery organizations propose to reconfigure themselves to
30 achieve consolidation, in which case the procurement process described
31 in RCW 71.24.320 and 71.24.330(2) does not apply.

32 (2) The department may establish no fewer than six and no more than
33 fourteen (~~(regional support networks)~~) behavioral health and recovery
34 organizations under this chapter. No entity shall be responsible for
35 more than three (~~(regional support networks)~~) behavioral health and
36 recovery organizations.

1 **Sec. 40.** RCW 71.24.405 and 2001 c 323 s 19 are each amended to
2 read as follows:

3 The department shall establish a comprehensive and collaborative
4 effort within (~~regional support networks~~) behavioral health and
5 recovery organizations and with local mental health service providers
6 aimed at creating innovative and streamlined community mental health
7 service delivery systems, in order to carry out the purposes set forth
8 in RCW 71.24.400 and to capture the diversity of the community mental
9 health service delivery system.

10 The department must accomplish the following:

11 (1) Identification, review, and cataloging of all rules,
12 regulations, duplicative administrative and monitoring functions, and
13 other requirements that currently lead to inefficiencies in the
14 community mental health service delivery system and, if possible,
15 eliminate the requirements;

16 (2) The systematic and incremental development of a single system
17 of accountability for all federal, state, and local funds provided to
18 the community mental health service delivery system. Systematic
19 efforts should be made to include federal and local funds into the
20 single system of accountability;

21 (3) The elimination of process regulations and related contract and
22 reporting requirements. In place of the regulations and requirements,
23 a set of outcomes for mental health adult and children clients
24 according to chapter 71.24 RCW must be used to measure the performance
25 of mental health service providers and (~~regional support networks~~)
26 behavioral health and recovery organizations. Such outcomes shall
27 focus on stabilizing out-of-home and hospital care, increasing stable
28 community living, increasing age-appropriate activities, achieving
29 family and consumer satisfaction with services, and system
30 efficiencies;

31 (4) Evaluation of the feasibility of contractual agreements between
32 the department of social and health services and (~~regional support~~
33 ~~networks~~) behavioral health and recovery organizations and mental
34 health service providers that link financial incentives to the success
35 or failure of mental health service providers and (~~regional support~~
36 ~~networks~~) behavioral health and recovery organizations to meet
37 outcomes established for mental health service clients;

1 (5) The involvement of mental health consumers and their
2 representatives. Mental health consumers and their representatives
3 will be involved in the development of outcome standards for mental
4 health clients under section 5 of this act; and

5 (6) An independent evaluation component to measure the success of
6 the department in fully implementing the provisions of RCW 71.24.400
7 and this section.

8 **Sec. 41.** RCW 71.24.430 and 2001 c 323 s 3 are each amended to read
9 as follows:

10 (1) The department shall ensure the coordination of allied services
11 for mental health clients. The department shall implement strategies
12 for resolving organizational, regulatory, and funding issues at all
13 levels of the system, including the state, the ((~~regional support~~
14 ~~networks~~)) behavioral health and recovery organizations, and local
15 service providers.

16 (2) The department shall propose, in operating budget requests,
17 transfers of funding among programs to support collaborative service
18 delivery to persons who require services from multiple department
19 programs. The department shall report annually to the appropriate
20 committees of the senate and house of representatives on actions and
21 projects it has taken to promote collaborative service delivery.

22 **Sec. 42.** RCW 74.09.522 and 2013 2nd sp.s. c 17 s 13 are each
23 amended to read as follows:

24 (1) For the purposes of this section:

25 (a) "Managed health care system" means any health care
26 organization, including health care providers, insurers, health care
27 service contractors, health maintenance organizations, health insuring
28 organizations, or any combination thereof, that provides directly or by
29 contract health care services covered under this chapter and rendered
30 by licensed providers, on a prepaid capitated basis and that meets the
31 requirements of section 1903(m)(1)(A) of Title XIX of the federal
32 social security act or federal demonstration waivers granted under
33 section 1115(a) of Title XI of the federal social security act;

34 (b) "Nonparticipating provider" means a person, health care
35 provider, practitioner, facility, or entity, acting within their scope
36 of practice, that does not have a written contract to participate in a

1 managed health care system's provider network, but provides health care
2 services to enrollees of programs authorized under this chapter whose
3 health care services are provided by the managed health care system.

4 (2) The authority shall enter into agreements with managed health
5 care systems to provide health care services to recipients of temporary
6 assistance for needy families under the following conditions:

7 (a) Agreements shall be made for at least thirty thousand
8 recipients statewide;

9 (b) Agreements in at least one county shall include enrollment of
10 all recipients of temporary assistance for needy families;

11 (c) To the extent that this provision is consistent with section
12 1903(m) of Title XIX of the federal social security act or federal
13 demonstration waivers granted under section 1115(a) of Title XI of the
14 federal social security act, recipients shall have a choice of systems
15 in which to enroll and shall have the right to terminate their
16 enrollment in a system: PROVIDED, That the authority may limit
17 recipient termination of enrollment without cause to the first month of
18 a period of enrollment, which period shall not exceed twelve months:
19 AND PROVIDED FURTHER, That the authority shall not restrict a
20 recipient's right to terminate enrollment in a system for good cause as
21 established by the authority by rule;

22 (d) To the extent that this provision is consistent with section
23 1903(m) of Title XIX of the federal social security act, participating
24 managed health care systems shall not enroll a disproportionate number
25 of medical assistance recipients within the total numbers of persons
26 served by the managed health care systems, except as authorized by the
27 authority under federal demonstration waivers granted under section
28 1115(a) of Title XI of the federal social security act;

29 (e)(i) In negotiating with managed health care systems the
30 authority shall adopt a uniform procedure to enter into contractual
31 arrangements, to be included in contracts issued or renewed on or after
32 January 1, 2015, including:

33 (A) Standards regarding the quality of services to be provided;

34 (B) The financial integrity of the responding system;

35 (C) Provider reimbursement methods that incentivize chronic care
36 management within health homes, including comprehensive medication
37 management services for patients with multiple chronic conditions
38 consistent with the findings and goals established in RCW 74.09.5223;

1 (D) Provider reimbursement methods that reward health homes that,
2 by using chronic care management, reduce emergency department and
3 inpatient use;

4 (E) Promoting provider participation in the program of training and
5 technical assistance regarding care of people with chronic conditions
6 described in RCW 43.70.533, including allocation of funds to support
7 provider participation in the training, unless the managed care system
8 is an integrated health delivery system that has programs in place for
9 chronic care management;

10 (F) Provider reimbursement methods within the medical billing
11 processes that incentivize pharmacists or other qualified providers
12 licensed in Washington state to provide comprehensive medication
13 management services consistent with the findings and goals established
14 in RCW 74.09.5223; (~~and~~)

15 (G) Evaluation and reporting on the impact of comprehensive
16 medication management services on patient clinical outcomes and total
17 health care costs, including reductions in emergency department
18 utilization, hospitalization, and drug costs; and

19 (H) Established consistent processes to incentivize integration of
20 behavioral health services in the primary care setting, promoting care
21 that is integrated, collaborative, colocated, and preventive.

22 (ii)(A) Health home services contracted for under this subsection
23 may be prioritized to enrollees with complex, high cost, or multiple
24 chronic conditions.

25 (B) Contracts that include the items in (e)(i)(C) through (G) of
26 this subsection must not exceed the rates that would be paid in the
27 absence of these provisions;

28 (f) The authority shall seek waivers from federal requirements as
29 necessary to implement this chapter;

30 (g) The authority shall, wherever possible, enter into prepaid
31 capitation contracts that include inpatient care. However, if this is
32 not possible or feasible, the authority may enter into prepaid
33 capitation contracts that do not include inpatient care;

34 (h) The authority shall define those circumstances under which a
35 managed health care system is responsible for out-of-plan services and
36 assure that recipients shall not be charged for such services;

37 (i) Nothing in this section prevents the authority from entering

1 into similar agreements for other groups of people eligible to receive
2 services under this chapter; and

3 (j) The authority must consult with the federal center for medicare
4 and medicaid innovation and seek funding opportunities to support
5 health homes.

6 (3) The authority shall ensure that publicly supported community
7 health centers and providers in rural areas, who show serious intent
8 and apparent capability to participate as managed health care systems
9 are seriously considered as contractors. The authority shall
10 coordinate its managed care activities with activities under chapter
11 70.47 RCW.

12 (4) The authority shall work jointly with the state of Oregon and
13 other states in this geographical region in order to develop
14 recommendations to be presented to the appropriate federal agencies and
15 the United States congress for improving health care of the poor, while
16 controlling related costs.

17 (5) The legislature finds that competition in the managed health
18 care marketplace is enhanced, in the long term, by the existence of a
19 large number of managed health care system options for medicaid
20 clients. In a managed care delivery system, whose goal is to focus on
21 prevention, primary care, and improved enrollee health status,
22 continuity in care relationships is of substantial importance, and
23 disruption to clients and health care providers should be minimized.
24 To help ensure these goals are met, the following principles shall
25 guide the authority in its healthy options managed health care
26 purchasing efforts:

27 (a) All managed health care systems should have an opportunity to
28 contract with the authority to the extent that minimum contracting
29 requirements defined by the authority are met, at payment rates that
30 enable the authority to operate as far below appropriated spending
31 levels as possible, consistent with the principles established in this
32 section.

33 (b) Managed health care systems should compete for the award of
34 contracts and assignment of medicaid beneficiaries who do not
35 voluntarily select a contracting system, based upon:

36 (i) Demonstrated commitment to or experience in serving low-income
37 populations;

38 (ii) Quality of services provided to enrollees;

1 (iii) Accessibility, including appropriate utilization, of services
2 offered to enrollees;

3 (iv) Demonstrated capability to perform contracted services,
4 including ability to supply an adequate provider network;

5 (v) Payment rates; and

6 (vi) The ability to meet other specifically defined contract
7 requirements established by the authority, including consideration of
8 past and current performance and participation in other state or
9 federal health programs as a contractor.

10 (c) Consideration should be given to using multiple year
11 contracting periods.

12 (d) Quality, accessibility, and demonstrated commitment to serving
13 low-income populations shall be given significant weight in the
14 contracting, evaluation, and assignment process.

15 (e) All contractors that are regulated health carriers must meet
16 state minimum net worth requirements as defined in applicable state
17 laws. The authority shall adopt rules establishing the minimum net
18 worth requirements for contractors that are not regulated health
19 carriers. This subsection does not limit the authority of the
20 Washington state health care authority to take action under a contract
21 upon finding that a contractor's financial status seriously jeopardizes
22 the contractor's ability to meet its contract obligations.

23 (f) Procedures for resolution of disputes between the authority and
24 contract bidders or the authority and contracting carriers related to
25 the award of, or failure to award, a managed care contract must be
26 clearly set out in the procurement document.

27 (6) The authority may apply the principles set forth in subsection
28 (5) of this section to its managed health care purchasing efforts on
29 behalf of clients receiving supplemental security income benefits to
30 the extent appropriate.

31 (7) By April 1, 2016, any contract with a managed health care
32 system to provide services to medical assistance enrollees shall
33 require that managed health care systems offer contracts to behavioral
34 health and recovery organizations, mental health providers, or chemical
35 dependency treatment providers to provide access to primary care
36 services integrated into behavioral health clinical settings, for
37 individuals with behavioral health and medical comorbidities.

1 (8) Managed health care system contracts effective on or after
2 April 1, 2016, shall serve geographic areas that correspond to the
3 regional service areas established in section 2 of this act.

4 (9) A managed health care system shall pay a nonparticipating
5 provider that provides a service covered under this chapter to the
6 system's enrollee no more than the lowest amount paid for that service
7 under the managed health care system's contracts with similar providers
8 in the state.

9 ~~((+8))~~ (10) For services covered under this chapter to medical
10 assistance or medical care services enrollees and provided on or after
11 August 24, 2011, nonparticipating providers must accept as payment in
12 full the amount paid by the managed health care system under subsection
13 (7) of this section in addition to any deductible, coinsurance, or
14 copayment that is due from the enrollee for the service provided. An
15 enrollee is not liable to any nonparticipating provider for covered
16 services, except for amounts due for any deductible, coinsurance, or
17 copayment under the terms and conditions set forth in the managed
18 health care system contract to provide services under this section.

19 ~~((+9))~~ (11) Pursuant to federal managed care access standards, 42
20 C.F.R. Sec. 438, managed health care systems must maintain a network of
21 appropriate providers that is supported by written agreements
22 sufficient to provide adequate access to all services covered under the
23 contract with the authority, including hospital-based physician
24 services. The authority will monitor and periodically report on the
25 proportion of services provided by contracted providers and
26 nonparticipating providers, by county, for each managed health care
27 system to ensure that managed health care systems are meeting network
28 adequacy requirements. No later than January 1st of each year, the
29 authority will review and report its findings to the appropriate policy
30 and fiscal committees of the legislature for the preceding state fiscal
31 year.

32 ~~((+10))~~ (12) Payments under RCW 74.60.130 are exempt from this
33 section.

34 ~~((+11))~~ (13) Subsections ~~((+7))~~ (9) through ~~((+9))~~ (11) of this
35 section expire July 1, 2016.

36 **Sec. 43.** RCW 9.41.280 and 2009 c 453 s 1 are each amended to read
37 as follows:

1 (1) It is unlawful for a person to carry onto, or to possess on,
2 public or private elementary or secondary school premises, school-
3 provided transportation, or areas of facilities while being used
4 exclusively by public or private schools:

5 (a) Any firearm;

6 (b) Any other dangerous weapon as defined in RCW 9.41.250;

7 (c) Any device commonly known as "nun-chu-ka sticks", consisting of
8 two or more lengths of wood, metal, plastic, or similar substance
9 connected with wire, rope, or other means;

10 (d) Any device, commonly known as "throwing stars", which are
11 multi-pointed, metal objects designed to embed upon impact from any
12 aspect;

13 (e) Any air gun, including any air pistol or air rifle, designed to
14 propel a BB, pellet, or other projectile by the discharge of compressed
15 air, carbon dioxide, or other gas; or

16 (f)(i) Any portable device manufactured to function as a weapon and
17 which is commonly known as a stun gun, including a projectile stun gun
18 which projects wired probes that are attached to the device that emit
19 an electrical charge designed to administer to a person or an animal an
20 electric shock, charge, or impulse; or

21 (ii) Any device, object, or instrument which is used or intended to
22 be used as a weapon with the intent to injure a person by an electric
23 shock, charge, or impulse.

24 (2) Any such person violating subsection (1) of this section is
25 guilty of a gross misdemeanor. If any person is convicted of a
26 violation of subsection (1)(a) of this section, the person shall have
27 his or her concealed pistol license, if any revoked for a period of
28 three years. Anyone convicted under this subsection is prohibited from
29 applying for a concealed pistol license for a period of three years.
30 The court shall send notice of the revocation to the department of
31 licensing, and the city, town, or county which issued the license.

32 Any violation of subsection (1) of this section by elementary or
33 secondary school students constitutes grounds for expulsion from the
34 state's public schools in accordance with RCW 28A.600.010. An
35 appropriate school authority shall promptly notify law enforcement and
36 the student's parent or guardian regarding any allegation or indication
37 of such violation.

1 Upon the arrest of a person at least twelve years of age and not
2 more than twenty-one years of age for violating subsection (1)(a) of
3 this section, the person shall be detained or confined in a juvenile or
4 adult facility for up to seventy-two hours. The person shall not be
5 released within the seventy-two hours until after the person has been
6 examined and evaluated by the designated mental health professional
7 unless the court in its discretion releases the person sooner after a
8 determination regarding probable cause or on probation bond or bail.

9 Within twenty-four hours of the arrest, the arresting law
10 enforcement agency shall refer the person to the designated mental
11 health professional for examination and evaluation under chapter 71.05
12 or 71.34 RCW and inform a parent or guardian of the person of the
13 arrest, detention, and examination. The designated mental health
14 professional shall examine and evaluate the person subject to the
15 provisions of chapter 71.05 or 71.34 RCW. The examination shall occur
16 at the facility in which the person is detained or confined. If the
17 person has been released on probation, bond, or bail, the examination
18 shall occur wherever is appropriate.

19 The designated mental health professional may determine whether to
20 refer the person to the county-designated chemical dependency
21 specialist for examination and evaluation in accordance with chapter
22 70.96A RCW. The county-designated chemical dependency specialist shall
23 examine the person subject to the provisions of chapter 70.96A RCW.
24 The examination shall occur at the facility in which the person is
25 detained or confined. If the person has been released on probation,
26 bond, or bail, the examination shall occur wherever is appropriate.

27 Upon completion of any examination by the designated mental health
28 professional or the county-designated chemical dependency specialist,
29 the results of the examination shall be sent to the court, and the
30 court shall consider those results in making any determination about
31 the person.

32 The designated mental health professional and county-designated
33 chemical dependency specialist shall, to the extent permitted by law,
34 notify a parent or guardian of the person that an examination and
35 evaluation has taken place and the results of the examination. Nothing
36 in this subsection prohibits the delivery of additional, appropriate
37 mental health examinations to the person while the person is detained
38 or confined.

1 If the designated mental health professional determines it is
2 appropriate, the designated mental health professional may refer the
3 person to the local (~~regional support network~~) behavioral and
4 recovery health organization for follow-up services or the department
5 of social and health services or other community providers for other
6 services to the family and individual.

7 (3) Subsection (1) of this section does not apply to:

8 (a) Any student or employee of a private military academy when on
9 the property of the academy;

10 (b) Any person engaged in military, law enforcement, or school
11 district security activities. However, a person who is not a
12 commissioned law enforcement officer and who provides school security
13 services under the direction of a school administrator may not possess
14 a device listed in subsection (1)(f) of this section unless he or she
15 has successfully completed training in the use of such devices that is
16 equivalent to the training received by commissioned law enforcement
17 officers;

18 (c) Any person who is involved in a convention, showing,
19 demonstration, lecture, or firearms safety course authorized by school
20 authorities in which the firearms of collectors or instructors are
21 handled or displayed;

22 (d) Any person while the person is participating in a firearms or
23 air gun competition approved by the school or school district;

24 (e) Any person in possession of a pistol who has been issued a
25 license under RCW 9.41.070, or is exempt from the licensing requirement
26 by RCW 9.41.060, while picking up or dropping off a student;

27 (f) Any nonstudent at least eighteen years of age legally in
28 possession of a firearm or dangerous weapon that is secured within an
29 attended vehicle or concealed from view within a locked unattended
30 vehicle while conducting legitimate business at the school;

31 (g) Any nonstudent at least eighteen years of age who is in lawful
32 possession of an unloaded firearm, secured in a vehicle while
33 conducting legitimate business at the school; or

34 (h) Any law enforcement officer of the federal, state, or local
35 government agency.

36 (4) Subsections (1)(c) and (d) of this section do not apply to any
37 person who possesses nun-chu-ka sticks, throwing stars, or other

1 dangerous weapons to be used in martial arts classes authorized to be
2 conducted on the school premises.

3 (5) Subsection (1)(f)(i) of this section does not apply to any
4 person who possesses a device listed in subsection (1)(f)(i) of this
5 section, if the device is possessed and used solely for the purpose
6 approved by a school for use in a school authorized event, lecture, or
7 activity conducted on the school premises.

8 (6) Except as provided in subsection (3)(b), (c), (f), and (h) of
9 this section, firearms are not permitted in a public or private school
10 building.

11 (7) "GUN-FREE ZONE" signs shall be posted around school facilities
12 giving warning of the prohibition of the possession of firearms on
13 school grounds.

14 **Sec. 44.** RCW 10.31.110 and 2011 c 305 s 7 and 2011 c 148 s 3 are
15 each reenacted and amended to read as follows:

16 (1) When a police officer has reasonable cause to believe that the
17 individual has committed acts constituting a nonfelony crime that is
18 not a serious offense as identified in RCW 10.77.092 and the individual
19 is known by history or consultation with the (~~regional support~~
20 ~~network~~) behavioral health and recovery organization to suffer from a
21 mental disorder, the arresting officer may:

22 (a) Take the individual to a crisis stabilization unit as defined
23 in RCW 71.05.020(6). Individuals delivered to a crisis stabilization
24 unit pursuant to this section may be held by the facility for a period
25 of up to twelve hours. The individual must be examined by a mental
26 health professional within three hours of arrival;

27 (b) Take the individual to a triage facility as defined in RCW
28 71.05.020. An individual delivered to a triage facility which has
29 elected to operate as an involuntary facility may be held up to a
30 period of twelve hours. The individual must be examined by a mental
31 health professional within three hours of arrival;

32 (c) Refer the individual to a mental health professional for
33 evaluation for initial detention and proceeding under chapter 71.05
34 RCW; or

35 (d) Release the individual upon agreement to voluntary
36 participation in outpatient treatment.

1 (2) If the individual is released to the community, the mental
2 health provider shall inform the arresting officer of the release
3 within a reasonable period of time after the release if the arresting
4 officer has specifically requested notification and provided contact
5 information to the provider.

6 (3) In deciding whether to refer the individual to treatment under
7 this section, the police officer shall be guided by standards mutually
8 agreed upon with the prosecuting authority, which address, at a
9 minimum, the length, seriousness, and recency of the known criminal
10 history of the individual, the mental health history of the individual,
11 where available, and the circumstances surrounding the commission of
12 the alleged offense.

13 (4) Any agreement to participate in treatment shall not require
14 individuals to stipulate to any of the alleged facts regarding the
15 criminal activity as a prerequisite to participation in a mental health
16 treatment alternative. The agreement is inadmissible in any criminal
17 or civil proceeding. The agreement does not create immunity from
18 prosecution for the alleged criminal activity.

19 (5) If an individual violates such agreement and the mental health
20 treatment alternative is no longer appropriate:

21 (a) The mental health provider shall inform the referring law
22 enforcement agency of the violation; and

23 (b) The original charges may be filed or referred to the
24 prosecutor, as appropriate, and the matter may proceed accordingly.

25 (6) The police officer is immune from liability for any good faith
26 conduct under this section.

27 **Sec. 45.** RCW 10.77.010 and 2011 c 89 s 4 are each amended to read
28 as follows:

29 As used in this chapter:

30 (1) "Admission" means acceptance based on medical necessity, of a
31 person as a patient.

32 (2) "Commitment" means the determination by a court that a person
33 should be detained for a period of either evaluation or treatment, or
34 both, in an inpatient or a less-restrictive setting.

35 (3) "Conditional release" means modification of a court-ordered
36 commitment, which may be revoked upon violation of any of its terms.

1 (4) A "criminally insane" person means any person who has been
2 acquitted of a crime charged by reason of insanity, and thereupon found
3 to be a substantial danger to other persons or to present a substantial
4 likelihood of committing criminal acts jeopardizing public safety or
5 security unless kept under further control by the court or other
6 persons or institutions.

7 (5) "Department" means the state department of social and health
8 services.

9 (6) "Designated mental health professional" has the same meaning as
10 provided in RCW 71.05.020.

11 (7) "Detention" or "detain" means the lawful confinement of a
12 person, under the provisions of this chapter, pending evaluation.

13 (8) "Developmental disabilities professional" means a person who
14 has specialized training and three years of experience in directly
15 treating or working with persons with developmental disabilities and is
16 a psychiatrist or psychologist, or a social worker, and such other
17 developmental disabilities professionals as may be defined by rules
18 adopted by the secretary.

19 (9) "Developmental disability" means the condition as defined in
20 RCW 71A.10.020(~~(+3)~~)(4).

21 (10) "Discharge" means the termination of hospital medical
22 authority. The commitment may remain in place, be terminated, or be
23 amended by court order.

24 (11) "Furlough" means an authorized leave of absence for a resident
25 of a state institution operated by the department designated for the
26 custody, care, and treatment of the criminally insane, consistent with
27 an order of conditional release from the court under this chapter,
28 without any requirement that the resident be accompanied by, or be in
29 the custody of, any law enforcement or institutional staff, while on
30 such unescorted leave.

31 (12) "Habilitative services" means those services provided by
32 program personnel to assist persons in acquiring and maintaining life
33 skills and in raising their levels of physical, mental, social, and
34 vocational functioning. Habilitative services include education,
35 training for employment, and therapy. The habilitative process shall
36 be undertaken with recognition of the risk to the public safety
37 presented by the person being assisted as manifested by prior charged
38 criminal conduct.

1 (13) "History of one or more violent acts" means violent acts
2 committed during: (a) The ten-year period of time prior to the filing
3 of criminal charges; plus (b) the amount of time equal to time spent
4 during the ten-year period in a mental health facility or in
5 confinement as a result of a criminal conviction.

6 (14) "Immediate family member" means a spouse, child, stepchild,
7 parent, stepparent, grandparent, sibling, or domestic partner.

8 (15) "Incompetency" means a person lacks the capacity to understand
9 the nature of the proceedings against him or her or to assist in his or
10 her own defense as a result of mental disease or defect.

11 (16) "Indigent" means any person who is financially unable to
12 obtain counsel or other necessary expert or professional services
13 without causing substantial hardship to the person or his or her
14 family.

15 (17) "Individualized service plan" means a plan prepared by a
16 developmental disabilities professional with other professionals as a
17 team, for an individual with developmental disabilities, which shall
18 state:

19 (a) The nature of the person's specific problems, prior charged
20 criminal behavior, and habilitation needs;

21 (b) The conditions and strategies necessary to achieve the purposes
22 of habilitation;

23 (c) The intermediate and long-range goals of the habilitation
24 program, with a projected timetable for the attainment;

25 (d) The rationale for using this plan of habilitation to achieve
26 those intermediate and long-range goals;

27 (e) The staff responsible for carrying out the plan;

28 (f) Where relevant in light of past criminal behavior and due
29 consideration for public safety, the criteria for proposed movement to
30 less-restrictive settings, criteria for proposed eventual release, and
31 a projected possible date for release; and

32 (g) The type of residence immediately anticipated for the person
33 and possible future types of residences.

34 (18) "Professional person" means:

35 (a) A psychiatrist licensed as a physician and surgeon in this
36 state who has, in addition, completed three years of graduate training
37 in psychiatry in a program approved by the American medical association

1 or the American osteopathic association and is certified or eligible to
2 be certified by the American board of psychiatry and neurology or the
3 American osteopathic board of neurology and psychiatry;

4 (b) A psychologist licensed as a psychologist pursuant to chapter
5 18.83 RCW; or

6 (c) A social worker with a master's or further advanced degree from
7 a social work educational program accredited and approved as provided
8 in RCW 18.320.010.

9 (19) "Registration records" include all the records of the
10 department, (~~regional support networks~~) behavioral health and
11 recovery organizations, treatment facilities, and other persons
12 providing services to the department, county departments, or facilities
13 which identify persons who are receiving or who at any time have
14 received services for mental illness.

15 (20) "Release" means legal termination of the court-ordered
16 commitment under the provisions of this chapter.

17 (21) "Secretary" means the secretary of the department of social
18 and health services or his or her designee.

19 (22) "Treatment" means any currently standardized medical or mental
20 health procedure including medication.

21 (23) "Treatment records" include registration and all other records
22 concerning persons who are receiving or who at any time have received
23 services for mental illness, which are maintained by the department, by
24 (~~regional support networks~~) behavioral health and recovery
25 organizations and their staffs, and by treatment facilities. Treatment
26 records do not include notes or records maintained for personal use by
27 a person providing treatment services for the department, (~~regional~~
28 ~~support networks~~) behavioral health and recovery organizations, or a
29 treatment facility if the notes or records are not available to others.

30 (24) "Violent act" means behavior that: (a)(i) Resulted in; (ii)
31 if completed as intended would have resulted in; or (iii) was
32 threatened to be carried out by a person who had the intent and
33 opportunity to carry out the threat and would have resulted in,
34 homicide, nonfatal injuries, or substantial damage to property; or (b)
35 recklessly creates an immediate risk of serious physical injury to
36 another person. As used in this subsection, "nonfatal injuries" means
37 physical pain or injury, illness, or an impairment of physical

1 condition. "Nonfatal injuries" shall be construed to be consistent
2 with the definition of "bodily injury," as defined in RCW 9A.04.110.

3 **Sec. 46.** RCW 10.77.065 and 2013 c 214 s 1 are each amended to read
4 as follows:

5 (1)(a)(i) The expert conducting the evaluation shall provide his or
6 her report and recommendation to the court in which the criminal
7 proceeding is pending. For a competency evaluation of a defendant who
8 is released from custody, if the evaluation cannot be completed within
9 twenty-one days due to a lack of cooperation by the defendant, the
10 evaluator shall notify the court that he or she is unable to complete
11 the evaluation because of such lack of cooperation.

12 (ii) A copy of the report and recommendation shall be provided to
13 the designated mental health professional, the prosecuting attorney,
14 the defense attorney, and the professional person at the local
15 correctional facility where the defendant is being held, or if there is
16 no professional person, to the person designated under (a)(iv) of this
17 subsection. Upon request, the evaluator shall also provide copies of
18 any source documents relevant to the evaluation to the designated
19 mental health professional.

20 (iii) Any facility providing inpatient services related to
21 competency shall discharge the defendant as soon as the facility
22 determines that the defendant is competent to stand trial. Discharge
23 shall not be postponed during the writing and distribution of the
24 evaluation report. Distribution of an evaluation report by a facility
25 providing inpatient services shall ordinarily be accomplished within
26 two working days or less following the final evaluation of the
27 defendant. If the defendant is discharged to the custody of a local
28 correctional facility, the local correctional facility must continue
29 the medication regimen prescribed by the facility, when clinically
30 appropriate, unless the defendant refuses to cooperate with medication.

31 (iv) If there is no professional person at the local correctional
32 facility, the local correctional facility shall designate a
33 professional person as defined in RCW 71.05.020 or, in cooperation with
34 the ((~~regional support network~~)) behavioral health and recovery
35 organization, a professional person at the ((~~regional support network~~))
36 behavioral health and recovery organization to receive the report and
37 recommendation.

1 (v) Upon commencement of a defendant's evaluation in the local
2 correctional facility, the local correctional facility must notify the
3 evaluator of the name of the professional person, or person designated
4 under (a)(iv) of this subsection, to receive the report and
5 recommendation.

6 (b) If the evaluator concludes, under RCW 10.77.060(3)(f), the
7 person should be evaluated by a designated mental health professional
8 under chapter 71.05 RCW, the court shall order such evaluation be
9 conducted prior to release from confinement when the person is
10 acquitted or convicted and sentenced to confinement for twenty-four
11 months or less, or when charges are dismissed pursuant to a finding of
12 incompetent to stand trial.

13 (2) The designated mental health professional shall provide written
14 notification within twenty-four hours of the results of the
15 determination whether to commence proceedings under chapter 71.05 RCW.
16 The notification shall be provided to the persons identified in
17 subsection (1)(a) of this section.

18 (3) The prosecuting attorney shall provide a copy of the results of
19 any proceedings commenced by the designated mental health professional
20 under subsection (2) of this section to the secretary.

21 (4) A facility conducting a civil commitment evaluation under RCW
22 10.77.086(4) or 10.77.088(1)(b)(ii) that makes a determination to
23 release the person instead of filing a civil commitment petition must
24 provide written notice to the prosecutor and defense attorney at least
25 twenty-four hours prior to release. The notice may be given by
26 electronic mail, facsimile, or other means reasonably likely to
27 communicate the information immediately.

28 (5) The fact of admission and all information and records compiled,
29 obtained, or maintained in the course of providing services under this
30 chapter may also be disclosed to the courts solely to prevent the entry
31 of any evaluation or treatment order that is inconsistent with any
32 order entered under chapter 71.05 RCW.

33 **Sec. 47.** RCW 28A.310.202 and 2007 c 359 s 9 are each amended to
34 read as follows:

35 Educational service district boards may partner with (~~regional~~
36 ~~support networks~~)) behavioral health and recovery organizations to
37 respond to a request for proposal for operation of a wraparound model

1 site under chapter 359, Laws of 2007 and, if selected, may contract for
2 the provision of services to coordinate care and facilitate the
3 delivery of services and other supports under a wraparound model.

4 **Sec. 48.** RCW 43.185.060 and 1994 c 160 s 2 are each amended to
5 read as follows:

6 Organizations that may receive assistance from the department under
7 this chapter are local governments, local housing authorities,
8 (~~regional support networks~~) behavioral health and recovery
9 organizations established under chapter 71.24 RCW, nonprofit community
10 or neighborhood-based organizations, federally recognized Indian tribes
11 in the state of Washington, and regional or statewide nonprofit housing
12 assistance organizations.

13 Eligibility for assistance from the department under this chapter
14 also requires compliance with the revenue and taxation laws, as
15 applicable to the recipient, at the time the grant is made.

16 **Sec. 49.** RCW 43.185.070 and 2013 c 145 s 3 are each amended to
17 read as follows:

18 (1) During each calendar year in which funds from the housing trust
19 fund or other legislative appropriations are available for use by the
20 department for the housing assistance program, the department must
21 announce to all known interested parties, and through major media
22 throughout the state, a grant and loan application period of at least
23 ninety days' duration. This announcement must be made as often as the
24 director deems appropriate for proper utilization of resources. The
25 department must then promptly grant as many applications as will
26 utilize available funds less appropriate administrative costs of the
27 department as provided in RCW 43.185.050.

28 (2) In awarding funds under this chapter, the department must:

29 (a) Provide for a geographic distribution on a statewide basis; and

30 (b) Until June 30, 2013, consider the total cost and per-unit cost
31 of each project for which an application is submitted for funding under
32 RCW 43.185.050(2) (a) and (j), as compared to similar housing projects
33 constructed or renovated within the same geographic area.

34 (3) The department, with advice and input from the affordable
35 housing advisory board established in RCW 43.185B.020, or a
36 subcommittee of the affordable housing advisory board, must report

1 recommendations for awarding funds in a cost-effective manner. The
2 report must include an implementation plan, timeline, and any other
3 items the department identifies as important to consider to the
4 legislature by December 1, 2012.

5 (4) The department must give first priority to applications for
6 projects and activities which utilize existing privately owned housing
7 stock including privately owned housing stock purchased by nonprofit
8 public development authorities and public housing authorities as
9 created in chapter 35.82 RCW. As used in this subsection, privately
10 owned housing stock includes housing that is acquired by a federal
11 agency through a default on the mortgage by the private owner. Such
12 projects and activities must be evaluated under subsection (5) of this
13 section. Second priority must be given to activities and projects
14 which utilize existing publicly owned housing stock. All projects and
15 activities must be evaluated by some or all of the criteria under
16 subsection (5) of this section, and similar projects and activities
17 shall be evaluated under the same criteria.

18 (5) The department must give preference for applications based on
19 some or all of the criteria under this subsection, and similar projects
20 and activities must be evaluated under the same criteria:

21 (a) The degree of leveraging of other funds that will occur;

22 (b) The degree of commitment from programs to provide necessary
23 habilitation and support services for projects focusing on special
24 needs populations;

25 (c) Recipient contributions to total project costs, including
26 allied contributions from other sources such as professional, craft and
27 trade services, and lender interest rate subsidies;

28 (d) Local government project contributions in the form of
29 infrastructure improvements, and others;

30 (e) Projects that encourage ownership, management, and other
31 project-related responsibility opportunities;

32 (f) Projects that demonstrate a strong probability of serving the
33 original target group or income level for a period of at least twenty-
34 five years;

35 (g) The applicant has the demonstrated ability, stability and
36 resources to implement the project;

37 (h) Projects which demonstrate serving the greatest need;

1 (i) Projects that provide housing for persons and families with the
2 lowest incomes;

3 (j) Projects serving special needs populations which are under
4 statutory mandate to develop community housing;

5 (k) Project location and access to employment centers in the region
6 or area;

7 (l) Projects that provide employment and training opportunities for
8 disadvantaged youth under a youthbuild or youthbuild-type program as
9 defined in RCW 50.72.020; and

10 (m) Project location and access to available public transportation
11 services.

12 (6) The department may only approve applications for projects for
13 persons with mental illness that are consistent with a (~~regional~~
14 ~~support network~~) behavioral health and recovery organization six-year
15 capital and operating plan.

16 **Sec. 50.** RCW 43.185.110 and 1993 c 478 s 15 are each amended to
17 read as follows:

18 The affordable housing advisory board established in RCW
19 43.185B.020 shall advise the director on housing needs in this state,
20 including housing needs for persons (~~who are mentally ill or~~
21 ~~developmentally disabled~~) with mental illness or developmental
22 disabilities or youth who are blind or deaf or otherwise disabled,
23 operational aspects of the grant and loan program or revenue collection
24 programs established by this chapter, and implementation of the policy
25 and goals of this chapter. Such advice shall be consistent with
26 policies and plans developed by (~~regional support networks~~)
27 behavioral health and recovery organizations according to chapter 71.24
28 RCW for (~~the mentally ill~~) individuals with mental illness and the
29 developmental disabilities planning council for (~~the developmentally~~
30 ~~disabled~~) individuals with developmental disabilities.

31 **Sec. 51.** RCW 43.20A.895 and 2013 c 338 s 2 are each amended to
32 read as follows:

33 (1) The systems responsible for financing, administration, and
34 delivery of publicly funded mental health and chemical dependency
35 services to adults must be designed and administered to achieve
36 improved outcomes for adult clients served by those systems through

1 increased use and development of evidence-based, research-based, and
2 promising practices, as defined in RCW 71.24.025. For purposes of this
3 section, client outcomes include: Improved health status; increased
4 participation in employment and education; reduced involvement with the
5 criminal justice system; enhanced safety and access to treatment for
6 forensic patients; reduction in avoidable utilization of and costs
7 associated with hospital, emergency room, and crisis services;
8 increased housing stability; improved quality of life, including
9 measures of recovery and resilience; and decreased population level
10 disparities in access to treatment and treatment outcomes.

11 (2) The department and the health care authority must implement a
12 strategy for the improvement of the adult behavioral health system.

13 (a) The department must establish a steering committee that
14 includes at least the following members: Behavioral health service
15 recipients and their families; local government; representatives of
16 (~~regional support networks~~) behavioral health and recovery
17 organizations; representatives of county coordinators; law enforcement;
18 city and county jails; tribal representatives; behavioral health
19 service providers, including at least one chemical dependency provider
20 and at least one psychiatric advanced registered nurse practitioner;
21 housing providers; medicaid managed care plan representatives; long-
22 term care service providers; organizations representing health care
23 professionals providing services in mental health settings; the
24 Washington state hospital association; the Washington state medical
25 association; individuals with expertise in evidence-based and research-
26 based behavioral health service practices; and the health care
27 authority.

28 (b) The adult behavioral health system improvement strategy must
29 include:

30 (i) An assessment of the capacity of the current publicly funded
31 behavioral health services system to provide evidence-based, research-
32 based, and promising practices;

33 (ii) Identification, development, and increased use of evidence-
34 based, research-based, and promising practices;

35 (iii) Design and implementation of a transparent quality management
36 system, including analysis of current system capacity to implement
37 outcomes reporting and development of baseline and improvement targets
38 for each outcome measure provided in this section;

1 (iv) Identification and phased implementation of service delivery,
2 financing, or other strategies that will promote improvement of the
3 behavioral health system as described in this section and incentivize
4 the medical care, behavioral health, and long-term care service
5 delivery systems to achieve the improvements described in this section
6 and collaborate across systems. The strategies must include phased
7 implementation of public reporting of outcome and performance measures
8 in a form that allows for comparison of performance and levels of
9 improvement between geographic regions of Washington; and

10 (v) Identification of effective methods for promoting workforce
11 capacity, efficiency, stability, diversity, and safety.

12 (c) The department must seek private foundation and federal grant
13 funding to support the adult behavioral health system improvement
14 strategy.

15 (d) By May 15, 2014, the Washington state institute for public
16 policy, in consultation with the department, the University of
17 Washington evidence-based practice institute, the University of
18 Washington alcohol and drug abuse institute, and the Washington
19 institute for mental health research and training, shall prepare an
20 inventory of evidence-based, research-based, and promising practices
21 for prevention and intervention services pursuant to subsection (1) of
22 this section. The department shall use the inventory in preparing the
23 behavioral health improvement strategy. The department shall provide
24 the institute with data necessary to complete the inventory.

25 (e) By August 1, 2014, the department must report to the governor
26 and the relevant fiscal and policy committees of the legislature on the
27 status of implementation of the behavioral health improvement strategy,
28 including strategies developed or implemented to date, timelines, and
29 costs to accomplish phased implementation of the adult behavioral
30 health system improvement strategy.

31 (3) The department must contract for the services of an independent
32 consultant to review the provision of forensic mental health services
33 in Washington state and provide recommendations as to whether and how
34 the state's forensic mental health system should be modified to provide
35 an appropriate treatment environment for individuals with mental
36 disorders who have been charged with a crime while enhancing the safety
37 and security of the public and other patients and staff at forensic
38 treatment facilities. By August 1, 2014, the department must submit a

1 report regarding the recommendations of the independent consultant to
2 the governor and the relevant fiscal and policy committees of the
3 legislature.

4 **Sec. 52.** RCW 43.20A.897 and 2013 c 338 s 7 are each amended to
5 read as follows:

6 (1) By November 30, 2013, the department and the health care
7 authority must report to the governor and the relevant fiscal and
8 policy committees of the legislature, consistent with RCW 43.01.036, a
9 plan that establishes a tribal-centric behavioral health system
10 incorporating both mental health and chemical dependency services. The
11 plan must assure that child, adult, and older adult American Indians
12 and Alaskan Natives eligible for medicaid have increased access to
13 culturally appropriate mental health and chemical dependency services.
14 The plan must:

15 (a) Include implementation dates, major milestones, and fiscal
16 estimates as needed;

17 (b) Emphasize the use of culturally appropriate evidence-based and
18 promising practices;

19 (c) Address equitable access to crisis services, outpatient care,
20 voluntary and involuntary hospitalization, and behavioral health care
21 coordination;

22 (d) Identify statutory changes necessary to implement the tribal-
23 centric behavioral health system; and

24 (e) Be developed with the department's Indian policy advisory
25 committee and the American Indian health commission, in consultation
26 with Washington's federally recognized tribes.

27 (2) The department shall enter into agreements with the tribes and
28 urban Indian health programs and modify (~~regional support network~~)
29 behavioral health and recovery organization contracts as necessary to
30 develop a tribal-centric behavioral health system that better serves
31 the needs of the tribes.

32 **Sec. 53.** RCW 43.20C.020 and 2012 c 232 s 3 are each amended to
33 read as follows:

34 The department of social and health services shall accomplish the
35 following in consultation and collaboration with the Washington state
36 institute for public policy, the evidence-based practice institute at

1 the University of Washington, a university-based child welfare
2 partnership and research entity, other national experts in the delivery
3 of evidence-based services, and organizations representing Washington
4 practitioners:

5 (1) By September 30, 2012, the Washington state institute for
6 public policy, the University of Washington evidence-based practice
7 institute, in consultation with the department shall publish
8 descriptive definitions of evidence-based, research-based, and
9 promising practices in the areas of child welfare, juvenile
10 rehabilitation, and children's mental health services.

11 (a) In addition to descriptive definitions, the Washington state
12 institute for public policy and the University of Washington evidence-
13 based practice institute must prepare an inventory of evidence-based,
14 research-based, and promising practices for prevention and intervention
15 services that will be used for the purpose of completing the baseline
16 assessment described in subsection (2) of this section. The inventory
17 shall be periodically updated as more practices are identified.

18 (b) In identifying evidence-based and research-based services, the
19 Washington state institute for public policy and the University of
20 Washington evidence-based practice institute must:

21 (i) Consider any available systemic evidence-based assessment of a
22 program's efficacy and cost-effectiveness; and

23 (ii) Attempt to identify assessments that use valid and reliable
24 evidence.

25 (c) Using state, federal, or private funds, the department shall
26 prioritize the assessment of promising practices identified in (a) of
27 this subsection with the goal of increasing the number of such
28 practices that meet the standards for evidence-based and research-based
29 practices.

30 (2) By June 30, 2013, the department and the health care authority
31 shall complete a baseline assessment of utilization of evidence-based
32 and research-based practices in the areas of child welfare, juvenile
33 rehabilitation, and children's mental health services. The assessment
34 must include prevention and intervention services provided through
35 medicaid fee-for-service and healthy options managed care contracts.
36 The assessment shall include estimates of:

37 (a) The number of children receiving each service;

1 (b) For juvenile rehabilitation and child welfare services, the
2 total amount of state and federal funds expended on the service;

3 (c) For children's mental health services, the number and
4 percentage of encounters using these services that are provided to
5 children served by (~~regional support networks~~) behavioral health and
6 recovery organizations and children receiving mental health services
7 through medicaid fee-for-service or healthy options;

8 (d) The relative availability of the service in the various regions
9 of the state; and

10 (e) To the extent possible, the unmet need for each service.

11 (3)(a) By December 30, 2013, the department and the health care
12 authority shall report to the governor and to the appropriate fiscal
13 and policy committees of the legislature on recommended strategies,
14 timelines, and costs for increasing the use of evidence-based and
15 research-based practices. The report must distinguish between a
16 reallocation of existing funding to support the recommended strategies
17 and new funding needed to increase the use of the practices.

18 (b) The department shall provide updated recommendations to the
19 governor and the legislature by December 30, 2014, and by December 30,
20 2015.

21 (4)(a) The report required under subsection (3) of this section
22 must include recommendations for the reallocation of resources for
23 evidence-based and research-based practices and substantial increases
24 above the baseline assessment of the use of evidence-based and
25 research-based practices for the 2015-2017 and the 2017-2019 biennia.
26 The recommendations for increases shall be consistent with subsection
27 (2) of this section.

28 (b) If the department or health care authority anticipates that it
29 will not meet its recommended levels for an upcoming biennium as set
30 forth in its report, it must report to the legislature by November 1st
31 of the year preceding the biennium. The report shall include:

32 (i) The identified impediments to meeting the recommended levels;

33 (ii) The current and anticipated performance level; and

34 (iii) Strategies that will be undertaken to improve performance.

35 (5) Recommendations made pursuant to subsections (3) and (4) of
36 this section must include strategies to identify programs that are
37 effective with ethnically diverse clients and to consult with tribal

1 governments, experts within ethnically diverse communities, and
2 community organizations that serve diverse communities.

3 **Sec. 54.** RCW 43.20C.030 and 2012 c 232 s 4 are each amended to
4 read as follows:

5 The department of social and health services, in consultation with
6 a university-based evidence-based practice institute entity in
7 Washington, the Washington partnership council on juvenile justice, the
8 child mental health systems of care planning committee, the children,
9 youth, and family advisory committee, the Washington state racial
10 disproportionality advisory committee, a university-based child welfare
11 research entity in Washington state, (~~regional support networks~~)
12 behavioral health and recovery organizations, the Washington
13 association of juvenile court administrators, and the Washington state
14 institute for public policy, shall:

15 (1) Develop strategies to use unified and coordinated case plans
16 for children, youth, and their families who are or are likely to be
17 involved in multiple systems within the department;

18 (2) Use monitoring and quality control procedures designed to
19 measure fidelity with evidence-based and research-based prevention and
20 treatment programs; and

21 (3) Utilize any existing data reporting and system of quality
22 management processes at the state and local level for monitoring the
23 quality control and fidelity of the implementation of evidence-based
24 and research-based practices.

25 **Sec. 55.** RCW 44.28.800 and 1998 c 297 s 61 are each amended to
26 read as follows:

27 The joint legislative audit and review committee shall conduct an
28 evaluation of the efficiency and effectiveness of chapter 297, Laws of
29 1998 in meeting its stated goals. Such an evaluation shall include the
30 operation of the state mental hospitals and the (~~regional support
31 networks~~) behavioral health and recovery organizations, as well as any
32 other appropriate entity. The joint legislative audit and review
33 committee shall prepare an interim report of its findings which shall
34 be delivered to the appropriate legislative committees of the house of
35 representatives and the senate no later than September 1, 2000. In
36 addition, the joint legislative audit and review committee shall

1 prepare a final report of its findings which shall be delivered to the
2 appropriate legislative committees of the house of representatives and
3 the senate no later than January 1, 2001.

4 **Sec. 56.** RCW 48.01.220 and 1993 c 462 s 104 are each amended to
5 read as follows:

6 The activities and operations of mental health (~~(regional support~~
7 ~~networks)) behavioral health and recovery organizations, to the extent
8 they pertain to the operation of a medical assistance managed care
9 system in accordance with chapters 71.24 and 74.09 RCW, are exempt from
10 the requirements of this title.~~

11 **Sec. 57.** RCW 70.02.010 and 2013 c 200 s 1 are each amended to read
12 as follows:

13 The definitions in this section apply throughout this chapter
14 unless the context clearly requires otherwise.

15 (1) "Admission" has the same meaning as in RCW 71.05.020.

16 (2) "Audit" means an assessment, evaluation, determination, or
17 investigation of a health care provider by a person not employed by or
18 affiliated with the provider to determine compliance with:

19 (a) Statutory, regulatory, fiscal, medical, or scientific
20 standards;

21 (b) A private or public program of payments to a health care
22 provider; or

23 (c) Requirements for licensing, accreditation, or certification.

24 (3) "Commitment" has the same meaning as in RCW 71.05.020.

25 (4) "Custody" has the same meaning as in RCW 71.05.020.

26 (5) "Deidentified" means health information that does not identify
27 an individual and with respect to which there is no reasonable basis to
28 believe that the information can be used to identify an individual.

29 (6) "Department" means the department of social and health
30 services.

31 (7) "Designated mental health professional" has the same meaning as
32 in RCW 71.05.020 or 71.34.020, as applicable.

33 (8) "Detention" or "detain" has the same meaning as in RCW
34 71.05.020.

35 (9) "Directory information" means information disclosing the
36 presence, and for the purpose of identification, the name, location

1 within a health care facility, and the general health condition of a
2 particular patient who is a patient in a health care facility or who is
3 currently receiving emergency health care in a health care facility.

4 (10) "Discharge" has the same meaning as in RCW 71.05.020.

5 (11) "Evaluation and treatment facility" has the same meaning as in
6 RCW 71.05.020 or 71.34.020, as applicable.

7 (12) "Federal, state, or local law enforcement authorities" means
8 an officer of any agency or authority in the United States, a state, a
9 tribe, a territory, or a political subdivision of a state, a tribe, or
10 a territory who is empowered by law to: (a) Investigate or conduct an
11 official inquiry into a potential criminal violation of law; or (b)
12 prosecute or otherwise conduct a criminal proceeding arising from an
13 alleged violation of law.

14 (13) "General health condition" means the patient's health status
15 described in terms of "critical," "poor," "fair," "good," "excellent,"
16 or terms denoting similar conditions.

17 (14) "Health care" means any care, service, or procedure provided
18 by a health care provider:

19 (a) To diagnose, treat, or maintain a patient's physical or mental
20 condition; or

21 (b) That affects the structure or any function of the human body.

22 (15) "Health care facility" means a hospital, clinic, nursing home,
23 laboratory, office, or similar place where a health care provider
24 provides health care to patients.

25 (16) "Health care information" means any information, whether oral
26 or recorded in any form or medium, that identifies or can readily be
27 associated with the identity of a patient and directly relates to the
28 patient's health care, including a patient's deoxyribonucleic acid and
29 identified sequence of chemical base pairs. The term includes any
30 required accounting of disclosures of health care information.

31 (17) "Health care operations" means any of the following activities
32 of a health care provider, health care facility, or third-party payor
33 to the extent that the activities are related to functions that make an
34 entity a health care provider, a health care facility, or a third-party
35 payor:

36 (a) Conducting: Quality assessment and improvement activities,
37 including outcomes evaluation and development of clinical guidelines,
38 if the obtaining of generalizable knowledge is not the primary purpose

1 of any studies resulting from such activities; population-based
2 activities relating to improving health or reducing health care costs,
3 protocol development, case management and care coordination, contacting
4 of health care providers and patients with information about treatment
5 alternatives; and related functions that do not include treatment;

6 (b) Reviewing the competence or qualifications of health care
7 professionals, evaluating practitioner and provider performance and
8 third-party payor performance, conducting training programs in which
9 students, trainees, or practitioners in areas of health care learn
10 under supervision to practice or improve their skills as health care
11 providers, training of nonhealth care professionals, accreditation,
12 certification, licensing, or credentialing activities;

13 (c) Underwriting, premium rating, and other activities relating to
14 the creation, renewal, or replacement of a contract of health insurance
15 or health benefits, and ceding, securing, or placing a contract for
16 reinsurance of risk relating to claims for health care, including stop-
17 loss insurance and excess of loss insurance, if any applicable legal
18 requirements are met;

19 (d) Conducting or arranging for medical review, legal services, and
20 auditing functions, including fraud and abuse detection and compliance
21 programs;

22 (e) Business planning and development, such as conducting cost-
23 management and planning-related analyses related to managing and
24 operating the health care facility or third-party payor, including
25 formulary development and administration, development, or improvement
26 of methods of payment or coverage policies; and

27 (f) Business management and general administrative activities of
28 the health care facility, health care provider, or third-party payor
29 including, but not limited to:

30 (i) Management activities relating to implementation of and
31 compliance with the requirements of this chapter;

32 (ii) Customer service, including the provision of data analyses for
33 policy holders, plan sponsors, or other customers, provided that health
34 care information is not disclosed to such policy holder, plan sponsor,
35 or customer;

36 (iii) Resolution of internal grievances;

37 (iv) The sale, transfer, merger, or consolidation of all or part of
38 a health care provider, health care facility, or third-party payor with

1 another health care provider, health care facility, or third-party
2 payor or an entity that following such activity will become a health
3 care provider, health care facility, or third-party payor, and due
4 diligence related to such activity; and

5 (v) Consistent with applicable legal requirements, creating
6 deidentified health care information or a limited dataset for the
7 benefit of the health care provider, health care facility, or third-
8 party payor.

9 (18) "Health care provider" means a person who is licensed,
10 certified, registered, or otherwise authorized by the law of this state
11 to provide health care in the ordinary course of business or practice
12 of a profession.

13 (19) "Human immunodeficiency virus" or "HIV" has the same meaning
14 as in RCW 70.24.017.

15 (20) "Imminent" has the same meaning as in RCW 71.05.020.

16 (21) "Information and records related to mental health services"
17 means a type of health care information that relates to all information
18 and records, including mental health treatment records, compiled,
19 obtained, or maintained in the course of providing services by a mental
20 health service agency, as defined in this section. This may include
21 documents of legal proceedings under chapter 71.05, 71.34, or 10.77
22 RCW, or somatic health care information. For health care information
23 maintained by a hospital as defined in RCW 70.41.020 or a health care
24 facility or health care provider that participates with a hospital in
25 an organized health care arrangement defined under federal law,
26 "information and records related to mental health services" is limited
27 to information and records of services provided by a mental health
28 professional or information and records of services created by a
29 hospital-operated community mental health program as defined in RCW
30 71.24.025(6).

31 (22) "Information and records related to sexually transmitted
32 diseases" means a type of health care information that relates to the
33 identity of any person upon whom an HIV antibody test or other sexually
34 transmitted infection test is performed, the results of such tests, and
35 any information relating to diagnosis of or treatment for any confirmed
36 sexually transmitted infections.

37 (23) "Institutional review board" means any board, committee, or
38 other group formally designated by an institution, or authorized under

1 federal or state law, to review, approve the initiation of, or conduct
2 periodic review of research programs to assure the protection of the
3 rights and welfare of human research subjects.

4 (24) "Legal counsel" has the same meaning as in RCW 71.05.020.

5 (25) "Local public health officer" has the same meaning as in RCW
6 70.24.017.

7 (26) "Maintain," as related to health care information, means to
8 hold, possess, preserve, retain, store, or control that information.

9 (27) "Mental health professional" has the same meaning as in RCW
10 71.05.020.

11 (28) "Mental health service agency" means a public or private
12 agency that provides services to persons with mental disorders as
13 defined under RCW 71.05.020 or 71.34.020 and receives funding from
14 public sources. This includes evaluation and treatment facilities as
15 defined in RCW 71.34.020, community mental health service delivery
16 systems, or community mental health programs, as defined in RCW
17 71.24.025, and facilities conducting competency evaluations and
18 restoration under chapter 10.77 RCW.

19 (29) "Mental health treatment records" include registration
20 records, as defined in RCW 71.05.020, and all other records concerning
21 persons who are receiving or who at any time have received services for
22 mental illness, which are maintained by the department, by (~~regional~~
23 ~~support networks~~)) behavioral health and recovery organizations and
24 their staffs, and by treatment facilities. "Mental health treatment
25 records" include mental health information contained in a medical bill
26 including, but not limited to, mental health drugs, a mental health
27 diagnosis, provider name, and dates of service stemming from a medical
28 service. "Mental health treatment records" do not include notes or
29 records maintained for personal use by a person providing treatment
30 services for the department, (~~regional support networks~~)) behavioral
31 health and recovery organizations, or a treatment facility if the notes
32 or records are not available to others.

33 (30) "Minor" has the same meaning as in RCW 71.34.020.

34 (31) "Parent" has the same meaning as in RCW 71.34.020.

35 (32) "Patient" means an individual who receives or has received
36 health care. The term includes a deceased individual who has received
37 health care.

38 (33) "Payment" means:

1 (a) The activities undertaken by:
2 (i) A third-party payor to obtain premiums or to determine or
3 fulfill its responsibility for coverage and provision of benefits by
4 the third-party payor; or
5 (ii) A health care provider, health care facility, or third-party
6 payor, to obtain or provide reimbursement for the provision of health
7 care; and
8 (b) The activities in (a) of this subsection that relate to the
9 patient to whom health care is provided and that include, but are not
10 limited to:
11 (i) Determinations of eligibility or coverage, including
12 coordination of benefits or the determination of cost-sharing amounts,
13 and adjudication or subrogation of health benefit claims;
14 (ii) Risk adjusting amounts due based on enrollee health status and
15 demographic characteristics;
16 (iii) Billing, claims management, collection activities, obtaining
17 payment under a contract for reinsurance, including stop-loss insurance
18 and excess of loss insurance, and related health care data processing;
19 (iv) Review of health care services with respect to medical
20 necessity, coverage under a health plan, appropriateness of care, or
21 justification of charges;
22 (v) Utilization review activities, including precertification and
23 preauthorization of services, and concurrent and retrospective review
24 of services; and
25 (vi) Disclosure to consumer reporting agencies of any of the
26 following health care information relating to collection of premiums or
27 reimbursement:
28 (A) Name and address;
29 (B) Date of birth;
30 (C) Social security number;
31 (D) Payment history;
32 (E) Account number; and
33 (F) Name and address of the health care provider, health care
34 facility, and/or third-party payor.
35 (34) "Person" means an individual, corporation, business trust,
36 estate, trust, partnership, association, joint venture, government,
37 governmental subdivision or agency, or any other legal or commercial
38 entity.

1 (35) "Professional person" has the same meaning as in RCW
2 71.05.020.

3 (36) "Psychiatric advanced registered nurse practitioner" has the
4 same meaning as in RCW 71.05.020.

5 (37) "Reasonable fee" means the charges for duplicating or
6 searching the record, but shall not exceed sixty-five cents per page
7 for the first thirty pages and fifty cents per page for all other
8 pages. In addition, a clerical fee for searching and handling may be
9 charged not to exceed fifteen dollars. These amounts shall be adjusted
10 biennially in accordance with changes in the consumer price index, all
11 consumers, for Seattle-Tacoma metropolitan statistical area as
12 determined by the secretary of health. However, where editing of
13 records by a health care provider is required by statute and is done by
14 the provider personally, the fee may be the usual and customary charge
15 for a basic office visit.

16 (38) "Release" has the same meaning as in RCW 71.05.020.

17 (39) "Resource management services" has the same meaning as in RCW
18 71.05.020.

19 (40) "Serious violent offense" has the same meaning as in RCW
20 71.05.020.

21 (41) "Sexually transmitted infection" or "sexually transmitted
22 disease" has the same meaning as "sexually transmitted disease" in RCW
23 70.24.017.

24 (42) "Test for a sexually transmitted disease" has the same meaning
25 as in RCW 70.24.017.

26 (43) "Third-party payor" means an insurer regulated under Title 48
27 RCW authorized to transact business in this state or other
28 jurisdiction, including a health care service contractor, and health
29 maintenance organization; or an employee welfare benefit plan,
30 excluding fitness or wellness plans; or a state or federal health
31 benefit program.

32 (44) "Treatment" means the provision, coordination, or management
33 of health care and related services by one or more health care
34 providers or health care facilities, including the coordination or
35 management of health care by a health care provider or health care
36 facility with a third party; consultation between health care providers
37 or health care facilities relating to a patient; or the referral of a

1 patient for health care from one health care provider or health care
2 facility to another.

3 **Sec. 58.** RCW 70.02.230 and 2013 c 200 s 7 are each amended to read
4 as follows:

5 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
6 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260,
7 or pursuant to a valid authorization under RCW 70.02.030, the fact of
8 admission to a provider for mental health services and all information
9 and records compiled, obtained, or maintained in the course of
10 providing mental health services to either voluntary or involuntary
11 recipients of services at public or private agencies must be
12 confidential.

13 (2) Information and records related to mental health services,
14 other than those obtained through treatment under chapter 71.34 RCW,
15 may be disclosed only:

16 (a) In communications between qualified professional persons to
17 meet the requirements of chapter 71.05 RCW, in the provision of
18 services or appropriate referrals, or in the course of guardianship
19 proceedings if provided to a professional person:

- 20 (i) Employed by the facility;
21 (ii) Who has medical responsibility for the patient's care;
22 (iii) Who is a designated mental health professional;
23 (iv) Who is providing services under chapter 71.24 RCW;
24 (v) Who is employed by a state or local correctional facility where
25 the person is confined or supervised; or
26 (vi) Who is providing evaluation, treatment, or follow-up services
27 under chapter 10.77 RCW;

28 (b) When the communications regard the special needs of a patient
29 and the necessary circumstances giving rise to such needs and the
30 disclosure is made by a facility providing services to the operator of
31 a facility in which the patient resides or will reside;

32 (c)(i) When the person receiving services, or his or her guardian,
33 designates persons to whom information or records may be released, or
34 if the person is a minor, when his or her parents make such a
35 designation;

36 (ii) A public or private agency shall release to a person's next of

1 kin, attorney, personal representative, guardian, or conservator, if
2 any:

3 (A) The information that the person is presently a patient in the
4 facility or that the person is seriously physically ill;

5 (B) A statement evaluating the mental and physical condition of the
6 patient, and a statement of the probable duration of the patient's
7 confinement, if such information is requested by the next of kin,
8 attorney, personal representative, guardian, or conservator; and

9 (iii) Other information requested by the next of kin or attorney as
10 may be necessary to decide whether or not proceedings should be
11 instituted to appoint a guardian or conservator;

12 (d)(i) To the courts as necessary to the administration of chapter
13 71.05 RCW or to a court ordering an evaluation or treatment under
14 chapter 10.77 RCW solely for the purpose of preventing the entry of any
15 evaluation or treatment order that is inconsistent with any order
16 entered under chapter 71.05 RCW.

17 (ii) To a court or its designee in which a motion under chapter
18 10.77 RCW has been made for involuntary medication of a defendant for
19 the purpose of competency restoration.

20 (iii) Disclosure under this subsection is mandatory for the purpose
21 of the federal health insurance portability and accountability act;

22 (e)(i) When a mental health professional is requested by a
23 representative of a law enforcement or corrections agency, including a
24 police officer, sheriff, community corrections officer, a municipal
25 attorney, or prosecuting attorney to undertake an investigation or
26 provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the
27 mental health professional shall, if requested to do so, advise the
28 representative in writing of the results of the investigation including
29 a statement of reasons for the decision to detain or release the person
30 investigated. The written report must be submitted within seventy-two
31 hours of the completion of the investigation or the request from the
32 law enforcement or corrections representative, whichever occurs later.

33 (ii) Disclosure under this subsection is mandatory for the purposes
34 of the federal health insurance portability and accountability act;

35 (f) To the attorney of the detained person;

36 (g) To the prosecuting attorney as necessary to carry out the
37 responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b),
38 and 71.05.335. The prosecutor must be provided access to records

1 regarding the committed person's treatment and prognosis, medication,
2 behavior problems, and other records relevant to the issue of whether
3 treatment less restrictive than inpatient treatment is in the best
4 interest of the committed person or others. Information must be
5 disclosed only after giving notice to the committed person and the
6 person's counsel;

7 (h)(i) To appropriate law enforcement agencies and to a person,
8 when the identity of the person is known to the public or private
9 agency, whose health and safety has been threatened, or who is known to
10 have been repeatedly harassed, by the patient. The person may
11 designate a representative to receive the disclosure. The disclosure
12 must be made by the professional person in charge of the public or
13 private agency or his or her designee and must include the dates of
14 commitment, admission, discharge, or release, authorized or
15 unauthorized absence from the agency's facility, and only any other
16 information that is pertinent to the threat or harassment. The agency
17 or its employees are not civilly liable for the decision to disclose or
18 not, so long as the decision was reached in good faith and without
19 gross negligence.

20 (ii) Disclosure under this subsection is mandatory for the purposes
21 of the federal health insurance portability and accountability act;

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

28 (ii) Disclosure under this subsection is mandatory for the purposes
29 of the health insurance portability and accountability act;

30 (j) To the persons designated in RCW 71.05.425 for the purposes
31 described in those sections;

32 (k) Upon the death of a person. The person's next of kin, personal
33 representative, guardian, or conservator, if any, must be notified.
34 Next of kin who are of legal age and competent must be notified under
35 this section in the following order: Spouse, parents, children,
36 brothers and sisters, and other relatives according to the degree of
37 relation. Access to all records and information compiled, obtained, or

1 maintained in the course of providing services to a deceased patient
2 are governed by RCW 70.02.140;

3 (l) To mark headstones or otherwise memorialize patients interred
4 at state hospital cemeteries. The department of social and health
5 services shall make available the name, date of birth, and date of
6 death of patients buried in state hospital cemeteries fifty years after
7 the death of a patient;

8 (m) To law enforcement officers and to prosecuting attorneys as are
9 necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of information
10 that may be released is limited as follows:

11 (i) Only the fact, place, and date of involuntary commitment, an
12 official copy of any order or orders of commitment, and an official
13 copy of any written or oral notice of ineligibility to possess a
14 firearm that was provided to the person pursuant to RCW 9.41.047(1),
15 must be disclosed upon request;

16 (ii) The law enforcement and prosecuting attorneys may only release
17 the information obtained to the person's attorney as required by court
18 rule and to a jury or judge, if a jury is waived, that presides over
19 any trial at which the person is charged with violating RCW
20 9.41.040(2)(a)(ii);

21 (iii) Disclosure under this subsection is mandatory for the
22 purposes of the federal health insurance portability and accountability
23 act;

24 (n) When a patient would otherwise be subject to the provisions of
25 this section and disclosure is necessary for the protection of the
26 patient or others due to his or her unauthorized disappearance from the
27 facility, and his or her whereabouts is unknown, notice of the
28 disappearance, along with relevant information, may be made to
29 relatives, the department of corrections when the person is under the
30 supervision of the department, and governmental law enforcement
31 agencies designated by the physician or psychiatric advanced registered
32 nurse practitioner in charge of the patient or the professional person
33 in charge of the facility, or his or her professional designee;

34 (o) Pursuant to lawful order of a court;

35 (p) To qualified staff members of the department, to the director
36 of (~~regional support networks~~) behavioral health and recovery
37 organizations, to resource management services responsible for serving
38 a patient, or to service providers designated by resource management

1 services as necessary to determine the progress and adequacy of
2 treatment and to determine whether the person should be transferred to
3 a less restrictive or more appropriate treatment modality or facility;

4 (q) Within the treatment facility where the patient is receiving
5 treatment, confidential information may be disclosed to persons
6 employed, serving in bona fide training programs, or participating in
7 supervised volunteer programs, at the facility when it is necessary to
8 perform their duties;

9 (r) Within the department as necessary to coordinate treatment for
10 mental illness, developmental disabilities, alcoholism, or drug abuse
11 of persons who are under the supervision of the department;

12 (s) To a licensed physician or psychiatric advanced registered
13 nurse practitioner who has determined that the life or health of the
14 person is in danger and that treatment without the information
15 contained in the mental health treatment records could be injurious to
16 the patient's health. Disclosure must be limited to the portions of
17 the records necessary to meet the medical emergency;

18 (t) Consistent with the requirements of the federal health
19 information portability and accountability act, to a licensed mental
20 health professional or a health care professional licensed under
21 chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is
22 providing care to a person, or to whom a person has been referred for
23 evaluation or treatment, to assure coordinated care and treatment of
24 that person. Psychotherapy notes, as defined in 45 C.F.R. Sec.
25 164.501, may not be released without authorization of the person who is
26 the subject of the request for release of information;

27 (u) To administrative and office support staff designated to obtain
28 medical records for those licensed professionals listed in (t) of this
29 subsection;

30 (v) To a facility that is to receive a person who is involuntarily
31 committed under chapter 71.05 RCW, or upon transfer of the person from
32 one treatment facility to another. The release of records under this
33 subsection is limited to the mental health treatment records required
34 by law, a record or summary of all somatic treatments, and a discharge
35 summary. The discharge summary may include a statement of the
36 patient's problem, the treatment goals, the type of treatment which has
37 been provided, and recommendation for future treatment, but may not
38 include the patient's complete treatment record;

1 (w) To the person's counsel or guardian ad litem, without
2 modification, at any time in order to prepare for involuntary
3 commitment or recommitment proceedings, reexaminations, appeals, or
4 other actions relating to detention, admission, commitment, or
5 patient's rights under chapter 71.05 RCW;

6 (x) To staff members of the protection and advocacy agency or to
7 staff members of a private, nonprofit corporation for the purpose of
8 protecting and advocating the rights of persons with mental disorders
9 or developmental disabilities. Resource management services may limit
10 the release of information to the name, birthdate, and county of
11 residence of the patient, information regarding whether the patient was
12 voluntarily admitted, or involuntarily committed, the date and place of
13 admission, placement, or commitment, the name and address of a guardian
14 of the patient, and the date and place of the guardian's appointment.
15 Any staff member who wishes to obtain additional information must
16 notify the patient's resource management services in writing of the
17 request and of the resource management services' right to object. The
18 staff member shall send the notice by mail to the guardian's address.
19 If the guardian does not object in writing within fifteen days after
20 the notice is mailed, the staff member may obtain the additional
21 information. If the guardian objects in writing within fifteen days
22 after the notice is mailed, the staff member may not obtain the
23 additional information;

24 (y) To all current treating providers of the patient with
25 prescriptive authority who have written a prescription for the patient
26 within the last twelve months. For purposes of coordinating health
27 care, the department may release without written authorization of the
28 patient, information acquired for billing and collection purposes as
29 described in RCW 70.02.050(1)(e). The department shall notify the
30 patient that billing and collection information has been released to
31 named providers, and provide the substance of the information released
32 and the dates of such release. The department may not release
33 counseling, inpatient psychiatric hospitalization, or drug and alcohol
34 treatment information without a signed written release from the client;

35 (z)(i) To the secretary of social and health services for either
36 program evaluation or research, or both so long as the secretary adopts
37 rules for the conduct of the evaluation or research, or both. Such

1 rules must include, but need not be limited to, the requirement that
2 all evaluators and researchers sign an oath of confidentiality
3 substantially as follows:

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

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

13 /s/"

14 (ii) Nothing in this chapter may be construed to prohibit the
15 compilation and publication of statistical data for use by government
16 or researchers under standards, including standards to assure
17 maintenance of confidentiality, set forth by the secretary.

18 (3) Whenever federal law or federal regulations restrict the
19 release of information contained in the treatment records of any
20 patient who receives treatment for chemical dependency, the department
21 may restrict the release of the information as necessary to comply with
22 federal law and regulations.

23 (4) Civil liability and immunity for the release of information
24 about a particular person who is committed to the department of social
25 and health services under RCW 71.05.280(3) and 71.05.320(3)(c) after
26 dismissal of a sex offense as defined in RCW 9.94A.030, is governed by
27 RCW 4.24.550.

28 (5) The fact of admission to a provider of mental health services,
29 as well as all records, files, evidence, findings, or orders made,
30 prepared, collected, or maintained pursuant to chapter 71.05 RCW are
31 not admissible as evidence in any legal proceeding outside that chapter
32 without the written authorization of the person who was the subject of
33 the proceeding except as provided in RCW 70.02.260, in a subsequent
34 criminal prosecution of a person committed pursuant to RCW 71.05.280(3)
35 or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter
36 10.77 RCW due to incompetency to stand trial, in a civil commitment
37 proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor,
38 a guardianship or dependency proceeding. The records and files

1 maintained in any court proceeding pursuant to chapter 71.05 RCW must
2 be confidential and available subsequent to such proceedings only to
3 the person who was the subject of the proceeding or his or her
4 attorney. In addition, the court may order the subsequent release or
5 use of such records or files only upon good cause shown if the court
6 finds that appropriate safeguards for strict confidentiality are and
7 will be maintained.

8 (6)(a) Except as provided in RCW 4.24.550, any person may bring an
9 action against an individual who has willfully released confidential
10 information or records concerning him or her in violation of the
11 provisions of this section, for the greater of the following amounts:

12 (i) One thousand dollars; or

13 (ii) Three times the amount of actual damages sustained, if any.

14 (b) It is not a prerequisite to recovery under this subsection that
15 the plaintiff suffered or was threatened with special, as contrasted
16 with general, damages.

17 (c) Any person may bring an action to enjoin the release of
18 confidential information or records concerning him or her or his or her
19 ward, in violation of the provisions of this section, and may in the
20 same action seek damages as provided in this subsection.

21 (d) The court may award to the plaintiff, should he or she prevail
22 in any action authorized by this subsection, reasonable attorney fees
23 in addition to those otherwise provided by law.

24 (e) If an action is brought under this subsection, no action may be
25 brought under RCW 70.02.170.

26 **Sec. 59.** RCW 70.02.250 and 2013 c 200 s 9 are each amended to read
27 as follows:

28 (1) Information and records related to mental health services
29 delivered to a person subject to chapter 9.94A or 9.95 RCW must be
30 released, upon request, by a mental health service agency to department
31 of corrections personnel for whom the information is necessary to carry
32 out the responsibilities of their office. The information must be
33 provided only for the purpose of completing presentence investigations,
34 supervision of an incarcerated person, planning for and provision of
35 supervision of a person, or assessment of a person's risk to the
36 community. The request must be in writing and may not require the
37 consent of the subject of the records.

1 (2) The information to be released to the department of corrections
2 must include all relevant records and reports, as defined by rule,
3 necessary for the department of corrections to carry out its duties,
4 including those records and reports identified in subsection (1) of
5 this section.

6 (3) The department shall, subject to available resources,
7 electronically, or by the most cost-effective means available, provide
8 the department of corrections with the names, last dates of services,
9 and addresses of specific (~~regional support networks~~) behavioral
10 health and recovery organizations and mental health service agencies
11 that delivered mental health services to a person subject to chapter
12 9.94A or 9.95 RCW pursuant to an agreement between the departments.

13 (4) The department and the department of corrections, in
14 consultation with (~~regional support networks~~) behavioral health and
15 recovery organizations, mental health service agencies as defined in
16 RCW 70.02.010, mental health consumers, and advocates for persons with
17 mental illness, shall adopt rules to implement the provisions of this
18 section related to the type and scope of information to be released.
19 These rules must:

20 (a) Enhance and facilitate the ability of the department of
21 corrections to carry out its responsibility of planning and ensuring
22 community protection with respect to persons subject to sentencing
23 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
24 disclosing information of persons who received mental health services
25 as a minor; and

26 (b) Establish requirements for the notification of persons under
27 the supervision of the department of corrections regarding the
28 provisions of this section.

29 (5) The information received by the department of corrections under
30 this section must remain confidential and subject to the limitations on
31 disclosure outlined in chapter 71.34 RCW, except as provided in RCW
32 72.09.585.

33 (6) No mental health service agency or individual employed by a
34 mental health service agency may be held responsible for information
35 released to or used by the department of corrections under the
36 provisions of this section or rules adopted under this section.

37 (7) Whenever federal law or federal regulations restrict the
38 release of information contained in the treatment records of any

1 patient who receives treatment for alcoholism or drug dependency, the
2 release of the information may be restricted as necessary to comply
3 with federal law and regulations.

4 (8) This section does not modify the terms and conditions of
5 disclosure of information related to sexually transmitted diseases
6 under this chapter.

7 **Sec. 60.** RCW 70.320.010 and 2013 c 320 s 1 are each amended to
8 read as follows:

9 The definitions in this section apply throughout this chapter
10 unless the context clearly requires otherwise.

11 (1) "Authority" means the health care authority.

12 (2) "Department" means the department of social and health
13 services.

14 (3) "Emerging best practice" or "promising practice" means a
15 program or practice that, based on statistical analyses or a well-
16 established theory of change, shows potential for meeting the evidence-
17 based or research-based criteria, which may include the use of a
18 program that is evidence-based for outcomes other than those listed in
19 this section.

20 (4) "Evidence-based" means a program or practice that has been
21 tested in heterogeneous or intended populations with multiple
22 randomized, or statistically controlled evaluations, or both; or one
23 large multiple site randomized, or statistically controlled evaluation,
24 or both, where the weight of the evidence from a systemic review
25 demonstrates sustained improvements in at least one outcome.
26 "Evidence-based" also means a program or practice that can be
27 implemented with a set of procedures to allow successful replication in
28 Washington and, when possible, is determined to be cost-beneficial.

29 (5) "Research-based" means a program or practice that has been
30 tested with a single randomized, or statistically controlled
31 evaluation, or both, demonstrating sustained desirable outcomes; or
32 where the weight of the evidence from a systemic review supports
33 sustained outcomes as described in this subsection but does not meet
34 the full criteria for evidence-based.

35 (6) "Service coordination organization" or "service contracting
36 entity" means the authority and department, or an entity that may
37 contract with the state to provide, directly or through subcontracts,

1 a comprehensive delivery system of medical, behavioral, long-term care,
2 or social support services, including entities such as (~~regional~~
3 ~~support networks~~) behavioral health and recovery organizations as
4 defined in RCW 71.24.025, managed care organizations that provide
5 medical services to clients under chapter 74.09 RCW, counties providing
6 chemical dependency services under chapters 74.50 and 70.96A RCW, and
7 area agencies on aging providing case management services under chapter
8 74.39A RCW.

9 **Sec. 61.** RCW 70.96B.010 and 2011 c 89 s 10 are each amended to
10 read as follows:

11 The definitions in this section apply throughout this chapter
12 unless the context clearly requires otherwise.

13 (1) "Admission" or "admit" means a decision by a physician that a
14 person should be examined or treated as a patient in a hospital, an
15 evaluation and treatment facility, or other inpatient facility, or a
16 decision by a professional person in charge or his or her designee that
17 a person should be detained as a patient for evaluation and treatment
18 in a secure detoxification facility or other certified chemical
19 dependency provider.

20 (2) "Antipsychotic medications" means that class of drugs primarily
21 used to treat serious manifestations of mental illness associated with
22 thought disorders, which includes but is not limited to atypical
23 antipsychotic medications.

24 (3) "Approved treatment program" means a discrete program of
25 chemical dependency treatment provided by a treatment program certified
26 by the department as meeting standards adopted under chapter 70.96A
27 RCW.

28 (4) "Attending staff" means any person on the staff of a public or
29 private agency having responsibility for the care and treatment of a
30 patient.

31 (5) "Chemical dependency" means:

32 (a) Alcoholism;

33 (b) Drug addiction; or

34 (c) Dependence on alcohol and one or more other psychoactive
35 chemicals, as the context requires.

36 (6) "Chemical dependency professional" means a person certified as

1 a chemical dependency professional by the department of health under
2 chapter 18.205 RCW.

3 (7) "Commitment" means the determination by a court that a person
4 should be detained for a period of either evaluation or treatment, or
5 both, in an inpatient or a less restrictive setting.

6 (8) "Conditional release" means a revocable modification of a
7 commitment that may be revoked upon violation of any of its terms.

8 (9) "Custody" means involuntary detention under either chapter
9 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of
10 unconditional release from commitment from a facility providing
11 involuntary care and treatment.

12 (10) "Department" means the department of social and health
13 services.

14 (11) "Designated chemical dependency specialist" or "specialist"
15 means a person designated by the county alcoholism and other drug
16 addiction program coordinator designated under RCW 70.96A.310 to
17 perform the commitment duties described in RCW 70.96A.140 and this
18 chapter, and qualified to do so by meeting standards adopted by the
19 department.

20 (12) "Designated crisis responder" means a person designated by the
21 county or (~~regional support network~~) behavioral health and recovery
22 organization to perform the duties specified in this chapter.

23 (13) "Designated mental health professional" means a mental health
24 professional designated by the county or other authority authorized in
25 rule to perform the duties specified in this chapter.

26 (14) "Detention" or "detain" means the lawful confinement of a
27 person under this chapter, or chapter 70.96A or 71.05 RCW.

28 (15) "Developmental disabilities professional" means a person who
29 has specialized training and three years of experience in directly
30 treating or working with individuals with developmental disabilities
31 and is a psychiatrist, psychologist, or social worker, and such other
32 developmental disabilities professionals as may be defined by rules
33 adopted by the secretary.

34 (16) "Developmental disability" means that condition defined in RCW
35 71A.10.020.

36 (17) "Discharge" means the termination of facility authority. The
37 commitment may remain in place, be terminated, or be amended by court
38 order.

1 (18) "Evaluation and treatment facility" means any facility that
2 can provide directly, or by direct arrangement with other public or
3 private agencies, emergency evaluation and treatment, outpatient care,
4 and timely and appropriate inpatient care to persons suffering from a
5 mental disorder, and that is certified as such by the department. A
6 physically separate and separately operated portion of a state hospital
7 may be designated as an evaluation and treatment facility. A facility
8 that is part of, or operated by, the department or any federal agency
9 does not require certification. No correctional institution or
10 facility, or jail, may be an evaluation and treatment facility within
11 the meaning of this chapter.

12 (19) "Facility" means either an evaluation and treatment facility
13 or a secure detoxification facility.

14 (20) "Gravely disabled" means a condition in which a person, as a
15 result of a mental disorder, or as a result of the use of alcohol or
16 other psychoactive chemicals:

17 (a) Is in danger of serious physical harm resulting from a failure
18 to provide for his or her essential human needs of health or safety; or

19 (b) Manifests severe deterioration in routine functioning evidenced
20 by repeated and escalating loss of cognitive or volitional control over
21 his or her actions and is not receiving such care as is essential for
22 his or her health or safety.

23 (21) "History of one or more violent acts" refers to the period of
24 time ten years before the filing of a petition under this chapter, or
25 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any
26 violent acts committed, in a mental health facility or a long-term
27 alcoholism or drug treatment facility, or in confinement as a result of
28 a criminal conviction.

29 (22) "Imminent" means the state or condition of being likely to
30 occur at any moment or near at hand, rather than distant or remote.

31 (23) "Intoxicated person" means a person whose mental or physical
32 functioning is substantially impaired as a result of the use of alcohol
33 or other psychoactive chemicals.

34 (24) "Judicial commitment" means a commitment by a court under this
35 chapter.

36 (25) "Licensed physician" means a person licensed to practice
37 medicine or osteopathic medicine and surgery in the state of
38 Washington.

1 (26) "Likelihood of serious harm" means:
2 (a) A substantial risk that:
3 (i) Physical harm will be inflicted by a person upon his or her own
4 person, as evidenced by threats or attempts to commit suicide or
5 inflict physical harm on oneself;
6 (ii) Physical harm will be inflicted by a person upon another, as
7 evidenced by behavior that has caused such harm or that places another
8 person or persons in reasonable fear of sustaining such harm; or
9 (iii) Physical harm will be inflicted by a person upon the property
10 of others, as evidenced by behavior that has caused substantial loss or
11 damage to the property of others; or
12 (b) The person has threatened the physical safety of another and
13 has a history of one or more violent acts.
14 (27) "Mental disorder" means any organic, mental, or emotional
15 impairment that has substantial adverse effects on a person's cognitive
16 or volitional functions.
17 (28) "Mental health professional" means a psychiatrist,
18 psychologist, psychiatric nurse, or social worker, and such other
19 mental health professionals as may be defined by rules adopted by the
20 secretary under the authority of chapter 71.05 RCW.
21 (29) "Peace officer" means a law enforcement official of a public
22 agency or governmental unit, and includes persons specifically given
23 peace officer powers by any state law, local ordinance, or judicial
24 order of appointment.
25 (30) "Person in charge" means a physician or chemical dependency
26 counselor as defined in rule by the department, who is empowered by a
27 certified treatment program with authority to make assessment,
28 admission, continuing care, and discharge decisions on behalf of the
29 certified program.
30 (31) "Private agency" means any person, partnership, corporation,
31 or association that is not a public agency, whether or not financed in
32 whole or in part by public funds, that constitutes an evaluation and
33 treatment facility or private institution, or hospital, or approved
34 treatment program, that is conducted for, or includes a department or
35 ward conducted for, the care and treatment of persons who are mentally
36 ill and/or chemically dependent.
37 (32) "Professional person" means a mental health professional or

1 chemical dependency professional and shall also mean a physician,
2 registered nurse, and such others as may be defined by rules adopted by
3 the secretary pursuant to the provisions of this chapter.

4 (33) "Psychiatrist" means a person having a license as a physician
5 and surgeon in this state who has in addition completed three years of
6 graduate training in psychiatry in a program approved by the American
7 medical association or the American osteopathic association and is
8 certified or eligible to be certified by the American board of
9 psychiatry and neurology.

10 (34) "Psychologist" means a person who has been licensed as a
11 psychologist under chapter 18.83 RCW.

12 (35) "Public agency" means any evaluation and treatment facility or
13 institution, or hospital, or approved treatment program that is
14 conducted for, or includes a department or ward conducted for, the care
15 and treatment of persons who are mentally ill and/or chemically
16 dependent, if the agency is operated directly by federal, state,
17 county, or municipal government, or a combination of such governments.

18 (36) "Registration records" means all the records of the
19 department, (~~regional support networks~~) behavioral health and
20 recovery organizations, treatment facilities, and other persons
21 providing services to the department, county departments, or facilities
22 which identify persons who are receiving or who at any time have
23 received services for mental illness.

24 (37) "Release" means legal termination of the commitment under
25 chapter 70.96A or 71.05 RCW or this chapter.

26 (38) "Secretary" means the secretary of the department or the
27 secretary's designee.

28 (39) "Secure detoxification facility" means a facility operated by
29 either a public or private agency or by the program of an agency that
30 serves the purpose of providing evaluation and assessment, and acute
31 and/or subacute detoxification services for intoxicated persons and
32 includes security measures sufficient to protect the patients, staff,
33 and community.

34 (40) "Social worker" means a person with a master's or further
35 advanced degree from a social work educational program accredited and
36 approved as provided in RCW 18.320.010.

37 (41) "Treatment records" means registration records and all other
38 records concerning persons who are receiving or who at any time have

1 received services for mental illness, which are maintained by the
2 department, by ((~~regional support networks~~)) behavioral health and
3 recovery organizations and their staffs, and by treatment facilities.
4 Treatment records do not include notes or records maintained for
5 personal use by a person providing treatment services for the
6 department, ((~~regional support networks~~)) behavioral health and
7 recovery organizations, or a treatment facility if the notes or records
8 are not available to others.

9 (42) "Violent act" means behavior that resulted in homicide,
10 attempted suicide, nonfatal injuries, or substantial damage to
11 property.

12 **Sec. 62.** RCW 70.96B.020 and 2005 c 504 s 203 are each amended to
13 read as follows:

14 (1) The secretary, after consulting with the Washington state
15 association of counties, shall select and contract with ((~~regional~~
16 ~~support networks~~)) behavioral health and recovery organizations or
17 counties to provide two integrated crisis response and involuntary
18 treatment pilot programs for adults and shall allocate resources for
19 both integrated services and secure detoxification services in the
20 pilot areas. In selecting the two ((~~regional support networks~~))
21 behavioral health and recovery organizations or counties, the secretary
22 shall endeavor to site one in an urban and one in a rural ((~~regional~~
23 ~~support network~~)) behavioral health and recovery organization or
24 county; and to site them in counties other than those selected pursuant
25 to RCW 70.96A.800, to the extent necessary to facilitate evaluation of
26 pilot project results.

27 (2) The ((~~regional support networks~~)) behavioral health and
28 recovery organizations or counties shall implement the pilot programs
29 by providing integrated crisis response and involuntary treatment to
30 persons with a chemical dependency, a mental disorder, or both,
31 consistent with this chapter. The pilot programs shall:

32 (a) Combine the crisis responder functions of a designated mental
33 health professional under chapter 71.05 RCW and a designated chemical
34 dependency specialist under chapter 70.96A RCW by establishing a new
35 designated crisis responder who is authorized to conduct investigations
36 and detain persons up to seventy-two hours to the proper facility;

1 (b) Provide training to the crisis responders as required by the
2 department;

3 (c) Provide sufficient staff and resources to ensure availability
4 of an adequate number of crisis responders twenty-four hours a day,
5 seven days a week;

6 (d) Provide the administrative and court-related staff, resources,
7 and processes necessary to facilitate the legal requirements of the
8 initial detention and the commitment hearings for persons with a
9 chemical dependency;

10 (e) Participate in the evaluation and report to assess the outcomes
11 of the pilot programs including providing data and information as
12 requested;

13 (f) Provide the other services necessary to the implementation of
14 the pilot programs, consistent with this chapter as determined by the
15 secretary in contract; and

16 (g) Collaborate with the department of corrections where persons
17 detained or committed are also subject to supervision by the department
18 of corrections.

19 (3) The pilot programs established by this section shall begin
20 providing services by March 1, 2006.

21 **Sec. 63.** RCW 70.96B.030 and 2005 c 504 s 204 are each amended to
22 read as follows:

23 To qualify as a designated crisis responder, a person must have
24 received chemical dependency training as determined by the department
25 and be a:

26 (1) Psychiatrist, psychologist, psychiatric nurse, or social
27 worker;

28 (2) Person with a master's degree or further advanced degree in
29 counseling or one of the social sciences from an accredited college or
30 university and who have, in addition, at least two years of experience
31 in direct treatment of persons with mental illness or emotional
32 disturbance, such experience gained under the direction of a mental
33 health professional;

34 (3) Person who meets the waiver criteria of RCW 71.24.260, which
35 waiver was granted before 1986;

36 (4) Person who had an approved waiver to perform the duties of a

1 mental health professional that was requested by the (~~regional support~~
2 ~~network~~) behavioral health and recovery organization and granted by
3 the department before July 1, 2001; or

4 (5) Person who has been granted a time-limited exception of the
5 minimum requirements of a mental health professional by the department
6 consistent with rules adopted by the secretary.

7 **Sec. 64.** RCW 70.96C.010 and 2005 c 504 s 601 are each amended to
8 read as follows:

9 (1) The department of social and health services, in consultation
10 with the members of the team charged with developing the state plan for
11 co-occurring mental and substance abuse disorders, shall adopt, not
12 later than January 1, 2006, an integrated and comprehensive screening
13 and assessment process for chemical dependency and mental disorders and
14 co-occurring chemical dependency and mental disorders.

15 (a) The process adopted shall include, at a minimum:

16 (i) An initial screening tool that can be used by intake personnel
17 system-wide and which will identify the most common types of co-
18 occurring disorders;

19 (ii) An assessment process for those cases in which assessment is
20 indicated that provides an appropriate degree of assessment for most
21 situations, which can be expanded for complex situations;

22 (iii) Identification of triggers in the screening that indicate the
23 need to begin an assessment;

24 (iv) Identification of triggers after or outside the screening that
25 indicate a need to begin or resume an assessment;

26 (v) The components of an assessment process and a protocol for
27 determining whether part or all of the assessment is necessary, and at
28 what point; and

29 (vi) Emphasis that the process adopted under this section is to
30 replace and not to duplicate existing intake, screening, and assessment
31 tools and processes.

32 (b) The department shall consider existing models, including those
33 already adopted by other states, and to the extent possible, adopt an
34 established, proven model.

35 (c) The integrated, comprehensive screening and assessment process
36 shall be implemented statewide by all chemical dependency and mental

1 health treatment providers as well as all designated mental health
2 professionals, designated chemical dependency specialists, and
3 designated crisis responders not later than January 1, 2007.

4 (2) The department shall provide adequate training to effect
5 statewide implementation by the dates designated in this section and
6 shall report the rates of co-occurring disorders and the stage of
7 screening or assessment at which the co-occurring disorder was
8 identified to the appropriate committees of the legislature.

9 (3) The department shall establish contractual penalties to
10 contracted treatment providers, the ((~~regional support networks~~))
11 behavioral health and recovery organizations, and their contracted
12 providers for failure to implement the integrated screening and
13 assessment process by July 1, 2007.

14 **Sec. 65.** RCW 70.97.010 and 2011 c 89 s 11 are each amended to read
15 as follows:

16 The definitions in this section apply throughout this chapter
17 unless the context clearly requires otherwise.

18 (1) "Antipsychotic medications" means that class of drugs primarily
19 used to treat serious manifestations of mental illness associated with
20 thought disorders, which includes but is not limited to atypical
21 antipsychotic medications.

22 (2) "Attending staff" means any person on the staff of a public or
23 private agency having responsibility for the care and treatment of a
24 patient.

25 (3) "Chemical dependency" means alcoholism, drug addiction, or
26 dependence on alcohol and one or more other psychoactive chemicals, as
27 the context requires and as those terms are defined in chapter 70.96A
28 RCW.

29 (4) "Chemical dependency professional" means a person certified as
30 a chemical dependency professional by the department of health under
31 chapter 18.205 RCW.

32 (5) "Commitment" means the determination by a court that an
33 individual should be detained for a period of either evaluation or
34 treatment, or both, in an inpatient or a less restrictive setting.

35 (6) "Conditional release" means a modification of a commitment that
36 may be revoked upon violation of any of its terms.

1 (7) "Custody" means involuntary detention under chapter 71.05 or
2 70.96A RCW, uninterrupted by any period of unconditional release from
3 commitment from a facility providing involuntary care and treatment.

4 (8) "Department" means the department of social and health
5 services.

6 (9) "Designated responder" means a designated mental health
7 professional, a designated chemical dependency specialist, or a
8 designated crisis responder as those terms are defined in chapter
9 70.96A, 71.05, or 70.96B RCW.

10 (10) "Detention" or "detain" means the lawful confinement of an
11 individual under chapter 70.96A or 71.05 RCW.

12 (11) "Discharge" means the termination of facility authority. The
13 commitment may remain in place, be terminated, or be amended by court
14 order.

15 (12) "Enhanced services facility" means a facility that provides
16 treatment and services to persons for whom acute inpatient treatment is
17 not medically necessary and who have been determined by the department
18 to be inappropriate for placement in other licensed facilities due to
19 the complex needs that result in behavioral and security issues.

20 (13) "Expanded community services program" means a nonsecure
21 program of enhanced behavioral and residential support provided to
22 long-term and residential care providers serving specifically eligible
23 clients who would otherwise be at risk for hospitalization at state
24 hospital geriatric units.

25 (14) "Facility" means an enhanced services facility.

26 (15) "Gravely disabled" means a condition in which an individual,
27 as a result of a mental disorder, as a result of the use of alcohol or
28 other psychoactive chemicals, or both:

29 (a) Is in danger of serious physical harm resulting from a failure
30 to provide for his or her essential human needs of health or safety; or

31 (b) Manifests severe deterioration in routine functioning evidenced
32 by repeated and escalating loss of cognitive or volitional control over
33 his or her actions and is not receiving such care as is essential for
34 his or her health or safety.

35 (16) "History of one or more violent acts" refers to the period of
36 time ten years before the filing of a petition under this chapter, or
37 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any

1 violent acts committed, in a mental health facility or a long-term
2 alcoholism or drug treatment facility, or in confinement as a result of
3 a criminal conviction.

4 (17) "Licensed physician" means a person licensed to practice
5 medicine or osteopathic medicine and surgery in the state of
6 Washington.

7 (18) "Likelihood of serious harm" means:

8 (a) A substantial risk that:

9 (i) Physical harm will be inflicted by an individual upon his or
10 her own person, as evidenced by threats or attempts to commit suicide
11 or inflict physical harm on oneself;

12 (ii) Physical harm will be inflicted by an individual upon another,
13 as evidenced by behavior that has caused such harm or that places
14 another person or persons in reasonable fear of sustaining such harm;
15 or

16 (iii) Physical harm will be inflicted by an individual upon the
17 property of others, as evidenced by behavior that has caused
18 substantial loss or damage to the property of others; or

19 (b) The individual has threatened the physical safety of another
20 and has a history of one or more violent acts.

21 (19) "Mental disorder" means any organic, mental, or emotional
22 impairment that has substantial adverse effects on an individual's
23 cognitive or volitional functions.

24 (20) "Mental health professional" means a psychiatrist,
25 psychologist, psychiatric nurse, or social worker, and such other
26 mental health professionals as may be defined by rules adopted by the
27 secretary under the authority of chapter 71.05 RCW.

28 (21) "Professional person" means a mental health professional and
29 also means a physician, registered nurse, and such others as may be
30 defined in rules adopted by the secretary pursuant to the provisions of
31 this chapter.

32 (22) "Psychiatrist" means a person having a license as a physician
33 and surgeon in this state who has in addition completed three years of
34 graduate training in psychiatry in a program approved by the American
35 medical association or the American osteopathic association and is
36 certified or eligible to be certified by the American board of
37 psychiatry and neurology.

1 (23) "Psychologist" means a person who has been licensed as a
2 psychologist under chapter 18.83 RCW.

3 (24) "Registration records" include all the records of the
4 department, (~~regional support networks~~) behavioral health and
5 recovery organizations, treatment facilities, and other persons
6 providing services to the department, county departments, or facilities
7 which identify individuals who are receiving or who at any time have
8 received services for mental illness.

9 (25) "Release" means legal termination of the commitment under
10 chapter 70.96A or 71.05 RCW.

11 (26) "Resident" means a person admitted to an enhanced services
12 facility.

13 (27) "Secretary" means the secretary of the department or the
14 secretary's designee.

15 (28) "Significant change" means:

16 (a) A deterioration in a resident's physical, mental, or
17 psychosocial condition that has caused or is likely to cause clinical
18 complications or life-threatening conditions; or

19 (b) An improvement in the resident's physical, mental, or
20 psychosocial condition that may make the resident eligible for release
21 or for treatment in a less intensive or less secure setting.

22 (29) "Social worker" means a person with a master's or further
23 advanced degree from a social work educational program accredited and
24 approved as provided in RCW 18.320.010.

25 (30) "Treatment" means the broad range of emergency,
26 detoxification, residential, inpatient, and outpatient services and
27 care, including diagnostic evaluation, mental health or chemical
28 dependency education and counseling, medical, psychiatric,
29 psychological, and social service care, vocational rehabilitation, and
30 career counseling, which may be extended to persons with mental
31 disorders, chemical dependency disorders, or both, and their families.

32 (31) "Treatment records" include registration and all other records
33 concerning individuals who are receiving or who at any time have
34 received services for mental illness, which are maintained by the
35 department, by (~~regional support networks~~) behavioral health and
36 recovery organizations and their staffs, and by treatment facilities.

37 "Treatment records" do not include notes or records maintained for
38 personal use by an individual providing treatment services for the

1 department, (~~regional support networks~~) behavioral health and
2 recovery organizations, or a treatment facility if the notes or records
3 are not available to others.

4 (32) "Violent act" means behavior that resulted in homicide,
5 attempted suicide, nonfatal injuries, or substantial damage to
6 property.

7 **Sec. 66.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are
8 each reenacted and amended to read as follows:

9 The definitions in this section apply throughout this chapter
10 unless the context clearly requires otherwise.

11 (1) "Admission" or "admit" means a decision by a physician or
12 psychiatric advanced registered nurse practitioner that a person should
13 be examined or treated as a patient in a hospital;

14 (2) "Antipsychotic medications" means that class of drugs primarily
15 used to treat serious manifestations of mental illness associated with
16 thought disorders, which includes, but is not limited to atypical
17 antipsychotic medications;

18 (3) "Attending staff" means any person on the staff of a public or
19 private agency having responsibility for the care and treatment of a
20 patient;

21 (4) "Commitment" means the determination by a court that a person
22 should be detained for a period of either evaluation or treatment, or
23 both, in an inpatient or a less restrictive setting;

24 (5) "Conditional release" means a revocable modification of a
25 commitment, which may be revoked upon violation of any of its terms;

26 (6) "Crisis stabilization unit" means a short-term facility or a
27 portion of a facility licensed by the department of health and
28 certified by the department of social and health services under RCW
29 71.24.035, such as an evaluation and treatment facility or a hospital,
30 which has been designed to assess, diagnose, and treat individuals
31 experiencing an acute crisis without the use of long-term
32 hospitalization;

33 (7) "Custody" means involuntary detention under the provisions of
34 this chapter or chapter 10.77 RCW, uninterrupted by any period of
35 unconditional release from commitment from a facility providing
36 involuntary care and treatment;

1 (8) "Department" means the department of social and health
2 services;

3 (9) "Designated chemical dependency specialist" means a person
4 designated by the county alcoholism and other drug addiction program
5 coordinator designated under RCW 70.96A.310 to perform the commitment
6 duties described in chapters 70.96A and 70.96B RCW;

7 (10) "Designated crisis responder" means a mental health
8 professional appointed by the county or the (~~regional support~~
9 ~~network~~) behavioral health and recovery organization to perform the
10 duties specified in this chapter;

11 (11) "Designated mental health professional" means a mental health
12 professional designated by the county or other authority authorized in
13 rule to perform the duties specified in this chapter;

14 (12) "Detention" or "detain" means the lawful confinement of a
15 person, under the provisions of this chapter;

16 (13) "Developmental disabilities professional" means a person who
17 has specialized training and three years of experience in directly
18 treating or working with persons with developmental disabilities and is
19 a psychiatrist, psychologist, psychiatric advanced registered nurse
20 practitioner, or social worker, and such other developmental
21 disabilities professionals as may be defined by rules adopted by the
22 secretary;

23 (14) "Developmental disability" means that condition defined in RCW
24 71A.10.020(~~(+3)~~)(4);

25 (15) "Discharge" means the termination of hospital medical
26 authority. The commitment may remain in place, be terminated, or be
27 amended by court order;

28 (16) "Evaluation and treatment facility" means any facility which
29 can provide directly, or by direct arrangement with other public or
30 private agencies, emergency evaluation and treatment, outpatient care,
31 and timely and appropriate inpatient care to persons suffering from a
32 mental disorder, and which is certified as such by the department. A
33 physically separate and separately operated portion of a state hospital
34 may be designated as an evaluation and treatment facility. A facility
35 which is part of, or operated by, the department or any federal agency
36 will not require certification. No correctional institution or
37 facility, or jail, shall be an evaluation and treatment facility within
38 the meaning of this chapter;

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

8 (18) "Habilitative services" means those services provided by
9 program personnel to assist persons in acquiring and maintaining life
10 skills and in raising their levels of physical, mental, social, and
11 vocational functioning. Habilitative services include education,
12 training for employment, and therapy. The habilitative process shall
13 be undertaken with recognition of the risk to the public safety
14 presented by the person being assisted as manifested by prior charged
15 criminal conduct;

16 (19) "History of one or more violent acts" refers to the period of
17 time ten years prior to the filing of a petition under this chapter,
18 excluding any time spent, but not any violent acts committed, in a
19 mental health facility or in confinement as a result of a criminal
20 conviction;

21 (20) "Imminent" means the state or condition of being likely to
22 occur at any moment or near at hand, rather than distant or remote;

23 (21) "Individualized service plan" means a plan prepared by a
24 developmental disabilities professional with other professionals as a
25 team, for a person with developmental disabilities, which shall state:

26 (a) The nature of the person's specific problems, prior charged
27 criminal behavior, and habilitation needs;

28 (b) The conditions and strategies necessary to achieve the purposes
29 of habilitation;

30 (c) The intermediate and long-range goals of the habilitation
31 program, with a projected timetable for the attainment;

32 (d) The rationale for using this plan of habilitation to achieve
33 those intermediate and long-range goals;

34 (e) The staff responsible for carrying out the plan;

35 (f) Where relevant in light of past criminal behavior and due
36 consideration for public safety, the criteria for proposed movement to
37 less-restrictive settings, criteria for proposed eventual discharge or
38 release, and a projected possible date for discharge or release; and

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

3 (22) "Information related to mental health services" means all
4 information and records compiled, obtained, or maintained in the course
5 of providing services to either voluntary or involuntary recipients of
6 services by a mental health service provider. This may include
7 documents of legal proceedings under this chapter or chapter 71.34 or
8 10.77 RCW, or somatic health care information;

9 (23) "Judicial commitment" means a commitment by a court pursuant
10 to the provisions of this chapter;

11 (24) "Legal counsel" means attorneys and staff employed by county
12 prosecutor offices or the state attorney general acting in their
13 capacity as legal representatives of public mental health service
14 providers under RCW 71.05.130;

15 (25) "Likelihood of serious harm" means:

16 (a) A substantial risk that: (i) Physical harm will be inflicted
17 by a person upon his or her own person, as evidenced by threats or
18 attempts to commit suicide or inflict physical harm on oneself; (ii)
19 physical harm will be inflicted by a person upon another, as evidenced
20 by behavior which has caused such harm or which places another person
21 or persons in reasonable fear of sustaining such harm; or (iii)
22 physical harm will be inflicted by a person upon the property of
23 others, as evidenced by behavior which has caused substantial loss or
24 damage to the property of others; or

25 (b) The person has threatened the physical safety of another and
26 has a history of one or more violent acts;

27 (26) "Mental disorder" means any organic, mental, or emotional
28 impairment which has substantial adverse effects on a person's
29 cognitive or volitional functions;

30 (27) "Mental health professional" means a psychiatrist,
31 psychologist, psychiatric advanced registered nurse practitioner,
32 psychiatric nurse, or social worker, and such other mental health
33 professionals as may be defined by rules adopted by the secretary
34 pursuant to the provisions of this chapter;

35 (28) "Mental health service provider" means a public or private
36 agency that provides mental health services to persons with mental
37 disorders as defined under this section and receives funding from
38 public sources. This includes, but is not limited to, hospitals

1 licensed under chapter 70.41 RCW, evaluation and treatment facilities
2 as defined in this section, community mental health service delivery
3 systems or community mental health programs as defined in RCW
4 71.24.025, facilities conducting competency evaluations and restoration
5 under chapter 10.77 RCW, and correctional facilities operated by state
6 and local governments;

7 (29) "Peace officer" means a law enforcement official of a public
8 agency or governmental unit, and includes persons specifically given
9 peace officer powers by any state law, local ordinance, or judicial
10 order of appointment;

11 (30) "Private agency" means any person, partnership, corporation,
12 or association that is not a public agency, whether or not financed in
13 whole or in part by public funds, which constitutes an evaluation and
14 treatment facility or private institution, or hospital, which is
15 conducted for, or includes a department or ward conducted for, the care
16 and treatment of persons who are mentally ill;

17 (31) "Professional person" means a mental health professional and
18 shall also mean a physician, psychiatric advanced registered nurse
19 practitioner, registered nurse, and such others as may be defined by
20 rules adopted by the secretary pursuant to the provisions of this
21 chapter;

22 (32) "Psychiatric advanced registered nurse practitioner" means a
23 person who is licensed as an advanced registered nurse practitioner
24 pursuant to chapter 18.79 RCW; and who is board certified in advanced
25 practice psychiatric and mental health nursing;

26 (33) "Psychiatrist" means a person having a license as a physician
27 and surgeon in this state who has in addition completed three years of
28 graduate training in psychiatry in a program approved by the American
29 medical association or the American osteopathic association and is
30 certified or eligible to be certified by the American board of
31 psychiatry and neurology;

32 (34) "Psychologist" means a person who has been licensed as a
33 psychologist pursuant to chapter 18.83 RCW;

34 (35) "Public agency" means any evaluation and treatment facility or
35 institution, or hospital which is conducted for, or includes a
36 department or ward conducted for, the care and treatment of persons
37 with mental illness, if the agency is operated directly by, federal,

1 state, county, or municipal government, or a combination of such
2 governments;

3 (36) "Registration records" include all the records of the
4 department, (~~regional support networks~~) behavioral health and
5 recovery organizations, treatment facilities, and other persons
6 providing services to the department, county departments, or facilities
7 which identify persons who are receiving or who at any time have
8 received services for mental illness;

9 (37) "Release" means legal termination of the commitment under the
10 provisions of this chapter;

11 (38) "Resource management services" has the meaning given in
12 chapter 71.24 RCW;

13 (39) "Secretary" means the secretary of the department of social
14 and health services, or his or her designee;

15 (40) "Serious violent offense" has the same meaning as provided in
16 RCW 9.94A.030;

17 (41) "Social worker" means a person with a master's or further
18 advanced degree from a social work educational program accredited and
19 approved as provided in RCW 18.320.010;

20 (42) "Therapeutic court personnel" means the staff of a mental
21 health court or other therapeutic court which has jurisdiction over
22 defendants who are dually diagnosed with mental disorders, including
23 court personnel, probation officers, a court monitor, prosecuting
24 attorney, or defense counsel acting within the scope of therapeutic
25 court duties;

26 (43) "Triage facility" means a short-term facility or a portion of
27 a facility licensed by the department of health and certified by the
28 department of social and health services under RCW 71.24.035, which is
29 designed as a facility to assess and stabilize an individual or
30 determine the need for involuntary commitment of an individual, and
31 must meet department of health residential treatment facility
32 standards. A triage facility may be structured as a voluntary or
33 involuntary placement facility;

34 (44) "Treatment records" include registration and all other records
35 concerning persons who are receiving or who at any time have received
36 services for mental illness, which are maintained by the department, by
37 (~~regional support networks~~) behavioral health and recovery
38 organizations and their staffs, and by treatment facilities. Treatment

1 records include mental health information contained in a medical bill
2 including but not limited to mental health drugs, a mental health
3 diagnosis, provider name, and dates of service stemming from a medical
4 service. Treatment records do not include notes or records maintained
5 for personal use by a person providing treatment services for the
6 department, (~~regional support networks~~) behavioral health and
7 recovery organizations, or a treatment facility if the notes or records
8 are not available to others;

9 (45) "Violent act" means behavior that resulted in homicide,
10 attempted suicide, nonfatal injuries, or substantial damage to
11 property.

12 **Sec. 67.** RCW 71.05.025 and 2000 c 94 s 2 are each amended to read
13 as follows:

14 The legislature intends that the procedures and services authorized
15 in this chapter be integrated with those in chapter 71.24 RCW to the
16 maximum extent necessary to assure a continuum of care to persons (~~who~~
17 ~~are mentally ill~~) with mental illness or who have mental disorders, as
18 defined in either or both this chapter and chapter 71.24 RCW. To this
19 end, (~~regional support networks~~) behavioral health and recovery
20 organizations established in accordance with chapter 71.24 RCW shall
21 institute procedures which require timely consultation with resource
22 management services by (~~county~~) designated mental health
23 professionals and evaluation and treatment facilities to assure that
24 determinations to admit, detain, commit, treat, discharge, or release
25 persons with mental disorders under this chapter are made only after
26 appropriate information regarding such person's treatment history and
27 current treatment plan has been sought from resource management
28 services.

29 **Sec. 68.** RCW 71.05.026 and 2006 c 333 s 301 are each amended to
30 read as follows:

31 (1) Except for monetary damage claims which have been reduced to
32 final judgment by a superior court, this section applies to all claims
33 against the state, state agencies, state officials, or state employees
34 that exist on or arise after March 29, 2006.

35 (2) Except as expressly provided in contracts entered into between
36 the department and the (~~regional support networks~~) behavioral health

1 and recovery organizations after March 29, 2006, the entities
2 identified in subsection (3) of this section shall have no claim for
3 declaratory relief, injunctive relief, judicial review under chapter
4 34.05 RCW, or civil liability against the state or state agencies for
5 actions or inactions performed pursuant to the administration of this
6 chapter with regard to the following: (a) The allocation or payment of
7 federal or state funds; (b) the use or allocation of state hospital
8 beds; or (c) financial responsibility for the provision of inpatient
9 mental health care.

10 (3) This section applies to counties, (~~regional support networks~~)
11 behavioral health and recovery organizations, and entities which
12 contract to provide (~~regional support network~~) behavioral health and
13 recovery organization services and their subcontractors, agents, or
14 employees.

15 **Sec. 69.** RCW 71.05.027 and 2005 c 504 s 103 are each amended to
16 read as follows:

17 (1) Not later than January 1, 2007, all persons providing treatment
18 under this chapter shall also implement the integrated comprehensive
19 screening and assessment process for chemical dependency and mental
20 disorders adopted pursuant to RCW 70.96C.010 and shall document the
21 numbers of clients with co-occurring mental and substance abuse
22 disorders based on a quadrant system of low and high needs.

23 (2) Treatment providers and (~~regional support networks~~)
24 behavioral health and recovery organizations who fail to implement the
25 integrated comprehensive screening and assessment process for chemical
26 dependency and mental disorders by July 1, 2007, shall be subject to
27 contractual penalties established under RCW 70.96C.010.

28 **Sec. 70.** RCW 71.05.110 and 2011 c 343 s 5 are each amended to read
29 as follows:

30 Attorneys appointed for persons pursuant to this chapter shall be
31 compensated for their services as follows: (1) The person for whom an
32 attorney is appointed shall, if he or she is financially able pursuant
33 to standards as to financial capability and indigency set by the
34 superior court of the county in which the proceeding is held, bear the
35 costs of such legal services; (2) if such person is indigent pursuant
36 to such standards, the (~~regional support network~~) behavioral health

1 and recovery organization shall reimburse the county in which the
2 proceeding is held for the direct costs of such legal services, as
3 provided in RCW 71.05.730.

4 **Sec. 71.** RCW 71.05.300 and 2009 c 293 s 5 and 2009 c 217 s 4 are
5 each reenacted and amended to read as follows:

6 (1) The petition for ninety day treatment shall be filed with the
7 clerk of the superior court at least three days before expiration of
8 the fourteen-day period of intensive treatment. At the time of filing
9 such petition, the clerk shall set a time for the person to come before
10 the court on the next judicial day after the day of filing unless such
11 appearance is waived by the person's attorney, and the clerk shall
12 notify the designated mental health professional. The designated
13 mental health professional shall immediately notify the person
14 detained, his or her attorney, if any, and his or her guardian or
15 conservator, if any, the prosecuting attorney, and the ((~~regional~~
16 ~~support network~~)) behavioral health and recovery organization
17 administrator, and provide a copy of the petition to such persons as
18 soon as possible. The ((~~regional support network~~)) behavioral health
19 and recovery organization administrator or designee may review the
20 petition and may appear and testify at the full hearing on the
21 petition.

22 (2) At the time set for appearance the detained person shall be
23 brought before the court, unless such appearance has been waived and
24 the court shall advise him or her of his or her right to be represented
25 by an attorney, his or her right to a jury trial, and his or her loss
26 of firearm rights if involuntarily committed. If the detained person
27 is not represented by an attorney, or is indigent or is unwilling to
28 retain an attorney, the court shall immediately appoint an attorney to
29 represent him or her. The court shall, if requested, appoint a
30 reasonably available licensed physician, psychiatric advanced
31 registered nurse practitioner, psychologist, or psychiatrist,
32 designated by the detained person to examine and testify on behalf of
33 the detained person.

34 (3) The court may, if requested, also appoint a professional person
35 as defined in RCW 71.05.020 to seek less restrictive alternative
36 courses of treatment and to testify on behalf of the detained person.
37 In the case of a person with a developmental disability who has been

1 determined to be incompetent pursuant to RCW 10.77.086(4), then the
2 appointed professional person under this section shall be a
3 developmental disabilities professional.

4 (4) The court shall also set a date for a full hearing on the
5 petition as provided in RCW 71.05.310.

6 **Sec. 72.** RCW 71.05.365 and 2013 c 338 s 4 are each amended to read
7 as follows:

8 When a person has been involuntarily committed for treatment to a
9 hospital for a period of ninety or one hundred eighty days, and the
10 superintendent or professional person in charge of the hospital
11 determines that the person no longer requires active psychiatric
12 treatment at an inpatient level of care, the (~~regional support~~
13 ~~network~~) behavioral health and recovery organization responsible for
14 resource management services for the person must work with the hospital
15 to develop an individualized discharge plan and arrange for a
16 transition to the community in accordance with the person's
17 individualized discharge plan within twenty-one days of the
18 determination.

19 **Sec. 73.** RCW 71.05.445 and 2013 c 200 s 31 are each amended to
20 read as follows:

21 (1)(a) When a mental health service provider conducts its initial
22 assessment for a person receiving court-ordered treatment, the service
23 provider shall inquire and shall be told by the offender whether he or
24 she is subject to supervision by the department of corrections.

25 (b) When a person receiving court-ordered treatment or treatment
26 ordered by the department of corrections discloses to his or her mental
27 health service provider that he or she is subject to supervision by the
28 department of corrections, the mental health service provider shall
29 notify the department of corrections that he or she is treating the
30 offender and shall notify the offender that his or her community
31 corrections officer will be notified of the treatment, provided that if
32 the offender has received relief from disclosure pursuant to RCW
33 9.94A.562, 70.96A.155, or 71.05.132 and the offender has provided the
34 mental health service provider with a copy of the order granting relief
35 from disclosure pursuant to RCW 9.94A.562, 70.96A.155, or 71.05.132,
36 the mental health service provider is not required to notify the

1 department of corrections that the mental health service provider is
2 treating the offender. The notification may be written or oral and
3 shall not require the consent of the offender. If an oral notification
4 is made, it must be confirmed by a written notification. For purposes
5 of this section, a written notification includes notification by e-mail
6 or facsimile, so long as the notifying mental health service provider
7 is clearly identified.

8 (2) The information to be released to the department of corrections
9 shall include all relevant records and reports, as defined by rule,
10 necessary for the department of corrections to carry out its duties.

11 (3) The department and the department of corrections, in
12 consultation with (~~regional support networks~~) behavioral health and
13 recovery organizations, mental health service providers as defined in
14 RCW 71.05.020, mental health consumers, and advocates for persons with
15 mental illness, shall adopt rules to implement the provisions of this
16 section related to the type and scope of information to be released.
17 These rules shall:

18 (a) Enhance and facilitate the ability of the department of
19 corrections to carry out its responsibility of planning and ensuring
20 community protection with respect to persons subject to sentencing
21 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
22 disclosing information of persons who received mental health services
23 as a minor; and

24 (b) Establish requirements for the notification of persons under
25 the supervision of the department of corrections regarding the
26 provisions of this section.

27 (4) The information received by the department of corrections under
28 this section shall remain confidential and subject to the limitations
29 on disclosure outlined in chapter 71.05 RCW, except as provided in RCW
30 72.09.585.

31 (5) No mental health service provider or individual employed by a
32 mental health service provider shall be held responsible for
33 information released to or used by the department of corrections under
34 the provisions of this section or rules adopted under this section.

35 (6) Whenever federal law or federal regulations restrict the
36 release of information contained in the treatment records of any
37 patient who receives treatment for alcoholism or drug dependency, the

1 release of the information may be restricted as necessary to comply
2 with federal law and regulations.

3 (7) This section does not modify the terms and conditions of
4 disclosure of information related to sexually transmitted diseases
5 under chapter 70.24 RCW.

6 (8) The department shall, subject to available resources,
7 electronically, or by the most cost-effective means available, provide
8 the department of corrections with the names, last dates of services,
9 and addresses of specific (~~regional support networks~~) behavioral
10 health and recovery organizations and mental health service providers
11 that delivered mental health services to a person subject to chapter
12 9.94A or 9.95 RCW pursuant to an agreement between the departments.

13 **Sec. 74.** RCW 71.05.730 and 2011 c 343 s 2 are each amended to read
14 as follows:

15 (1) A county may apply to its (~~regional support network~~)
16 behavioral health and recovery organization on a quarterly basis for
17 reimbursement of its direct costs in providing judicial services for
18 civil commitment cases under this chapter and chapter 71.34 RCW. The
19 (~~regional support network~~) behavioral health and recovery
20 organization shall in turn be entitled to reimbursement from the
21 (~~regional support network~~) behavioral health and recovery
22 organization that serves the county of residence of the individual who
23 is the subject of the civil commitment case. Reimbursements under this
24 section shall be paid out of the (~~regional support network's~~)
25 behavioral health and recovery organization's nonmedicaid
26 appropriation.

27 (2) Reimbursement for judicial services shall be provided per civil
28 commitment case at a rate to be determined based on an independent
29 assessment of the county's actual direct costs. This assessment must
30 be based on an average of the expenditures for judicial services within
31 the county over the past three years. In the event that a baseline
32 cannot be established because there is no significant history of
33 similar cases within the county, the reimbursement rate shall be equal
34 to eighty percent of the median reimbursement rate of counties included
35 in the independent assessment.

36 (3) For the purposes of this section:

1 (a) "Civil commitment case" includes all judicial hearings related
2 to a single episode of hospitalization, or less restrictive alternative
3 detention in lieu of hospitalization, except that the filing of a
4 petition for a one hundred eighty-day commitment under this chapter or
5 a petition for a successive one hundred eighty-day commitment under
6 chapter 71.34 RCW shall be considered to be a new case regardless of
7 whether there has been a break in detention. "Civil commitment case"
8 does not include the filing of a petition for a one hundred eighty-day
9 commitment under this chapter on behalf of a patient at a state
10 psychiatric hospital.

11 (b) "Judicial services" means a county's reasonable direct costs in
12 providing prosecutor services, assigned counsel and defense services,
13 court services, and court clerk services for civil commitment cases
14 under this chapter and chapter 71.34 RCW.

15 (4) To the extent that resources have shared purpose, the
16 (~~regional support network~~) behavioral health and recovery
17 organization may only reimburse counties to the extent such resources
18 are necessary for and devoted to judicial services as described in this
19 section.

20 (5) No filing fee may be charged or collected for any civil
21 commitment case subject to reimbursement under this section.

22 **Sec. 75.** RCW 71.05.740 and 2013 c 216 s 2 are each amended to read
23 as follows:

24 By August 1, 2013, all (~~regional support networks~~) behavioral
25 health and recovery organizations in the state of Washington must
26 forward historical mental health involuntary commitment information
27 retained by the organization including identifying information and
28 dates of commitment to the department. As soon as feasible, the
29 (~~regional support networks~~) behavioral health and recovery
30 organizations must arrange to report new commitment data to the
31 department within twenty-four hours. Commitment information under this
32 section does not need to be resent if it is already in the possession
33 of the department. (~~Regional support networks~~) Behavioral health and
34 recovery organizations and the department shall be immune from
35 liability related to the sharing of commitment information under this
36 section.

1 **Sec. 76.** RCW 71.34.330 and 2011 c 343 s 8 are each amended to read
2 as follows:

3 Attorneys appointed for minors under this chapter shall be
4 compensated for their services as follows:

5 (1) Responsible others shall bear the costs of such legal services
6 if financially able according to standards set by the court of the
7 county in which the proceeding is held.

8 (2) If all responsible others are indigent as determined by these
9 standards, the ((~~regional support network~~)) behavioral health and
10 recovery organization shall reimburse the county in which the
11 proceeding is held for the direct costs of such legal services, as
12 provided in RCW 71.05.730.

13 **Sec. 77.** RCW 71.34.415 and 2011 c 343 s 4 are each amended to read
14 as follows:

15 A county may apply to its ((~~regional support network~~)) behavioral
16 health and recovery organization for reimbursement of its direct costs
17 in providing judicial services for civil commitment cases under this
18 chapter, as provided in RCW 71.05.730.

19 **Sec. 78.** RCW 71.36.010 and 2007 c 359 s 2 are each amended to read
20 as follows:

21 Unless the context clearly requires otherwise, the definitions in
22 this section apply throughout this chapter.

23 (1) "Agency" means a state, tribal, or local governmental entity or
24 a private not-for-profit organization.

25 (2) "Child" means a person under eighteen years of age, except as
26 expressly provided otherwise in state or federal law.

27 (3) "Consensus-based" means a program or practice that has general
28 support among treatment providers and experts, based on experience or
29 professional literature, and may have anecdotal or case study support,
30 or that is agreed but not possible to perform studies with random
31 assignment and controlled groups.

32 (4) "County authority" means the board of county commissioners or
33 county executive.

34 (5) "Department" means the department of social and health
35 services.

1 (6) "Early periodic screening, diagnosis, and treatment" means the
2 component of the federal medicaid program established pursuant to 42
3 U.S.C. Sec. 1396d(r), as amended.

4 (7) "Evidence-based" means a program or practice that has had
5 multiple site random controlled trials across heterogeneous populations
6 demonstrating that the program or practice is effective for the
7 population.

8 (8) "Family" means a child's biological parents, adoptive parents,
9 foster parents, guardian, legal custodian authorized pursuant to Title
10 26 RCW, a relative with whom a child has been placed by the department
11 of social and health services, or a tribe.

12 (9) "Promising practice" or "emerging best practice" means a
13 practice that presents, based upon preliminary information, potential
14 for becoming a research-based or consensus-based practice.

15 (10) "~~(Regional support network)~~ Behavioral health and recovery
16 organization" means a county authority or group of county authorities
17 or other nonprofit entity that has entered into contracts with the
18 secretary pursuant to chapter 71.24 RCW.

19 (11) "Research-based" means a program or practice that has some
20 research demonstrating effectiveness, but that does not yet meet the
21 standard of evidence-based practices.

22 (12) "Secretary" means the secretary of social and health services.

23 (13) "Wraparound process" means a family driven planning process
24 designed to address the needs of children and youth by the formation of
25 a team that empowers families to make key decisions regarding the care
26 of the child or youth in partnership with professionals and the
27 family's natural community supports. The team produces a community-
28 based and culturally competent intervention plan which identifies the
29 strengths and needs of the child or youth and family and defines goals
30 that the team collaborates on achieving with respect for the unique
31 cultural values of the family. The "wraparound process" shall
32 emphasize principles of persistence and outcome-based measurements of
33 success.

34 **Sec. 79.** RCW 71.36.025 and 2007 c 359 s 3 are each amended to read
35 as follows:

36 (1) It is the goal of the legislature that, by 2012, the children's

1 mental health system in Washington state include the following
2 elements:

3 (a) A continuum of services from early identification,
4 intervention, and prevention through crisis intervention and inpatient
5 treatment, including peer support and parent mentoring services;

6 (b) Equity in access to services for similarly situated children,
7 including children with co-occurring disorders;

8 (c) Developmentally appropriate, high quality, and culturally
9 competent services available statewide;

10 (d) Treatment of each child in the context of his or her family and
11 other persons that are a source of support and stability in his or her
12 life;

13 (e) A sufficient supply of qualified and culturally competent
14 children's mental health providers;

15 (f) Use of developmentally appropriate evidence-based and
16 research-based practices;

17 (g) Integrated and flexible services to meet the needs of children
18 who, due to mental illness or emotional or behavioral disturbance, are
19 at risk of out-of-home placement or involved with multiple child-
20 serving systems.

21 (2) The effectiveness of the children's mental health system shall
22 be determined through the use of outcome-based performance measures.
23 The department and the evidence-based practice institute established in
24 RCW 71.24.061, in consultation with parents, caregivers, youth,
25 (~~regional support networks~~) behavioral health and recovery
26 organizations, mental health services providers, health plans, primary
27 care providers, tribes, and others, shall develop outcome-based
28 performance measures such as:

29 (a) Decreased emergency room utilization;

30 (b) Decreased psychiatric hospitalization;

31 (c) Lessening of symptoms, as measured by commonly used assessment
32 tools;

33 (d) Decreased out-of-home placement, including residential, group,
34 and foster care, and increased stability of such placements, when
35 necessary;

36 (e) Decreased runaways from home or residential placements;

37 (f) Decreased rates of chemical dependency;

38 (g) Decreased involvement with the juvenile justice system;

- 1 (h) Improved school attendance and performance;
2 (i) Reductions in school or child care suspensions or expulsions;
3 (j) Reductions in use of prescribed medication where cognitive
4 behavioral therapies are indicated;
5 (k) Improved rates of high school graduation and employment; and
6 (l) Decreased use of mental health services upon reaching adulthood
7 for mental disorders other than those that require ongoing treatment to
8 maintain stability.

9 Performance measure reporting for children's mental health services
10 should be integrated into existing performance measurement and
11 reporting systems developed and implemented under chapter 71.24 RCW.

12 **Sec. 80.** RCW 71.36.040 and 2003 c 281 s 2 are each amended to read
13 as follows:

14 (1) The legislature supports recommendations made in the August
15 2002 study of the public mental health system for children conducted by
16 the joint legislative audit and review committee.

17 (2) The department shall, within available funds:

18 (a) Identify internal business operation issues that limit the
19 agency's ability to meet legislative intent to coordinate existing
20 categorical children's mental health programs and funding;

21 (b) Collect reliable mental health cost, service, and outcome data
22 specific to children. This information must be used to identify best
23 practices and methods of improving fiscal management;

24 (c) Revise the early periodic screening diagnosis and treatment
25 plan to reflect the mental health system structure in place on July 27,
26 2003, and thereafter revise the plan as necessary to conform to
27 subsequent changes in the structure.

28 (3) The department and the office of the superintendent of public
29 instruction shall jointly identify school districts where mental health
30 and education systems coordinate services and resources to provide
31 public mental health care for children. The department and the office
32 of the superintendent of public instruction shall work together to
33 share information about these approaches with other school districts,
34 (~~regional support networks~~) behavioral health and recovery
35 organizations, and state agencies.

1 **Sec. 81.** RCW 72.09.350 and 1993 c 459 s 1 are each amended to read
2 as follows:

3 (1) The department of corrections and the University of Washington
4 may enter into a collaborative arrangement to provide improved services
5 for (~~mentally ill~~) offenders with mental illness with a focus on
6 prevention, treatment, and reintegration into society. The
7 participants in the collaborative arrangement may develop a strategic
8 plan within sixty days after May 17, 1993, to address the management of
9 (~~mentally ill~~) offenders with mental illness within the correctional
10 system, facilitating their reentry into the community and the mental
11 health system, and preventing the inappropriate incarceration of
12 (~~mentally ill~~) individuals with mental illness. The collaborative
13 arrangement may also specify the establishment and maintenance of a
14 corrections mental health center located at McNeil Island corrections
15 center. The collaborative arrangement shall require that an advisory
16 panel of key stakeholders be established and consulted throughout the
17 development and implementation of the center. The stakeholders
18 advisory panel shall include a broad array of interest groups drawn
19 from representatives of mental health, criminal justice, and
20 correctional systems. The stakeholders advisory panel shall include,
21 but is not limited to, membership from: The department of corrections,
22 the department of social and health services mental health division and
23 division of juvenile rehabilitation, (~~regional support networks~~)
24 behavioral health and recovery organizations, local and regional law
25 enforcement agencies, the sentencing guidelines commission, county and
26 city jails, mental health advocacy groups for (~~the mentally ill,~~
27 ~~developmentally disabled~~) individuals with mental illness or
28 developmental disabilities, and the traumatically brain-injured, and
29 the general public. The center established by the department of
30 corrections and University of Washington, in consultation with the
31 stakeholder advisory groups, shall have the authority to:

32 (a) Develop new and innovative treatment approaches for corrections
33 mental health clients;

34 (b) Improve the quality of mental health services within the
35 department and throughout the corrections system;

36 (c) Facilitate mental health staff recruitment and training to meet
37 departmental, county, and municipal needs;

1 (d) Expand research activities within the department in the area of
2 treatment services, the design of delivery systems, the development of
3 organizational models, and training for corrections mental health care
4 professionals;

5 (e) Improve the work environment for correctional employees by
6 developing the skills, knowledge, and understanding of how to work with
7 offenders with special chronic mental health challenges;

8 (f) Establish a more positive rehabilitative environment for
9 offenders;

10 (g) Strengthen multidisciplinary mental health collaboration
11 between the University of Washington, other groups committed to the
12 intent of this section, and the department of corrections;

13 (h) Strengthen department linkages between institutions of higher
14 education, public sector mental health systems, and county and
15 municipal corrections;

16 (i) Assist in the continued formulation of corrections mental
17 health policies;

18 (j) Develop innovative and effective recruitment and training
19 programs for correctional personnel working with (~~mentally ill~~)
20 offenders with mental illness;

21 (k) Assist in the development of a coordinated continuum of mental
22 health care capable of providing services from corrections entry to
23 community return; and

24 (l) Evaluate all current and innovative approaches developed within
25 this center in terms of their effective and efficient achievement of
26 improved mental health of inmates, development and utilization of
27 personnel, the impact of these approaches on the functioning of
28 correctional institutions, and the relationship of the corrections
29 system to mental health and criminal justice systems. Specific
30 attention should be paid to evaluating the effects of programs on the
31 reintegration of (~~mentally ill~~) offenders with mental illness into
32 the community and the prevention of inappropriate incarceration of
33 (~~mentally ill~~) persons with mental illness.

34 (2) The corrections mental health center may conduct research,
35 training, and treatment activities for the (~~mentally ill~~) offender
36 with mental illness within selected sites operated by the department.
37 The department shall provide support services for the center such as
38 food services, maintenance, perimeter security, classification,

1 offender supervision, and living unit functions. The University of
2 Washington may develop, implement, and evaluate the clinical,
3 treatment, research, and evaluation components of the mentally ill
4 offender center. The institute of (~~for~~) for public policy and
5 management may be consulted regarding the development of the center and
6 in the recommendations regarding public policy. As resources permit,
7 training within the center shall be available to state, county, and
8 municipal agencies requiring the services. Other state colleges, state
9 universities, and mental health providers may be involved in activities
10 as required on a subcontract basis. Community mental health
11 organizations, research groups, and community advocacy groups may be
12 critical components of the center's operations and involved as
13 appropriate to annual objectives. (~~Mentally ill~~) Clients with mental
14 illness may be drawn from throughout the department's population and
15 transferred to the center as clinical need, available services, and
16 department jurisdiction permits.

17 (3) The department shall prepare a report of the center's progress
18 toward the attainment of stated goals and provide the report to the
19 legislature annually.

20 **Sec. 82.** RCW 72.09.370 and 2009 c 319 s 3 and 2009 c 28 s 36 are
21 each reenacted and amended to read as follows:

22 (1) The offender reentry community safety program is established to
23 provide intensive services to offenders identified under this
24 subsection and to thereby promote public safety. The secretary shall
25 identify offenders in confinement or partial confinement who: (a) Are
26 reasonably believed to be dangerous to themselves or others; and (b)
27 have a mental disorder. In determining an offender's dangerousness,
28 the secretary shall consider behavior known to the department and
29 factors, based on research, that are linked to an increased risk for
30 dangerousness of offenders with mental illnesses and shall include
31 consideration of an offender's chemical dependency or abuse.

32 (2) Prior to release of an offender identified under this section,
33 a team consisting of representatives of the department of corrections,
34 the division of mental health, and, as necessary, the indeterminate
35 sentence review board, other divisions or administrations within the
36 department of social and health services, specifically including the
37 division of alcohol and substance abuse and the division of

1 developmental disabilities, the appropriate (~~regional support~~
2 ~~network~~) behavioral health and recovery organization, and the
3 providers, as appropriate, shall develop a plan, as determined
4 necessary by the team, for delivery of treatment and support services
5 to the offender upon release. In developing the plan, the offender
6 shall be offered assistance in executing a mental health directive
7 under chapter 71.32 RCW, after being fully informed of the benefits,
8 scope, and purposes of such directive. The team may include a school
9 district representative for offenders under the age of twenty-one. The
10 team shall consult with the offender's counsel, if any, and, as
11 appropriate, the offender's family and community. The team shall
12 notify the crime victim/witness program, which shall provide notice to
13 all people registered to receive notice under RCW 72.09.712 of the
14 proposed release plan developed by the team. Victims, witnesses, and
15 other interested people notified by the department may provide
16 information and comments to the department on potential safety risk to
17 specific individuals or classes of individuals posed by the specific
18 offender. The team may recommend: (a) That the offender be evaluated
19 by the designated mental health professional, as defined in chapter
20 71.05 RCW; (b) department-supervised community treatment; or (c)
21 voluntary community mental health or chemical dependency or abuse
22 treatment.

23 (3) Prior to release of an offender identified under this section,
24 the team shall determine whether or not an evaluation by a designated
25 mental health professional is needed. If an evaluation is recommended,
26 the supporting documentation shall be immediately forwarded to the
27 appropriate designated mental health professional. The supporting
28 documentation shall include the offender's criminal history, history of
29 judicially required or administratively ordered involuntary
30 antipsychotic medication while in confinement, and any known history of
31 involuntary civil commitment.

32 (4) If an evaluation by a designated mental health professional is
33 recommended by the team, such evaluation shall occur not more than ten
34 days, nor less than five days, prior to release.

35 (5) A second evaluation by a designated mental health professional
36 shall occur on the day of release if requested by the team, based upon
37 new information or a change in the offender's mental condition, and the

1 initial evaluation did not result in an emergency detention or a
2 summons under chapter 71.05 RCW.

3 (6) If the designated mental health professional determines an
4 emergency detention under chapter 71.05 RCW is necessary, the
5 department shall release the offender only to a state hospital or to a
6 consenting evaluation and treatment facility. The department shall
7 arrange transportation of the offender to the hospital or facility.

8 (7) If the designated mental health professional believes that a
9 less restrictive alternative treatment is appropriate, he or she shall
10 seek a summons, pursuant to the provisions of chapter 71.05 RCW, to
11 require the offender to appear at an evaluation and treatment facility.
12 If a summons is issued, the offender shall remain within the
13 corrections facility until completion of his or her term of confinement
14 and be transported, by corrections personnel on the day of completion,
15 directly to the identified evaluation and treatment facility.

16 (8) The secretary shall adopt rules to implement this section.

17 **Sec. 83.** RCW 72.09.381 and 1999 c 214 s 11 are each amended to
18 read as follows:

19 The secretary of the department of corrections and the secretary of
20 the department of social and health services shall, in consultation
21 with the (~~regional support networks~~) behavioral health and recovery
22 organizations and provider representatives, each adopt rules as
23 necessary to implement chapter 214, Laws of 1999.

24 **Sec. 84.** RCW 72.10.060 and 1998 c 297 s 48 are each amended to
25 read as follows:

26 The secretary shall, for any person committed to a state
27 correctional facility after July 1, 1998, inquire at the time of
28 commitment whether the person had received outpatient mental health
29 treatment within the two years preceding confinement and the name of
30 the person providing the treatment.

31 The secretary shall inquire of the treatment provider if he or she
32 wishes to be notified of the release of the person from confinement,
33 for purposes of offering treatment upon the inmate's release. If the
34 treatment provider wishes to be notified of the inmate's release, the
35 secretary shall attempt to provide such notice at least seven days
36 prior to release.

1 At the time of an inmate's release if the secretary is unable to
2 locate the treatment provider, the secretary shall notify the
3 (~~regional support network~~) behavioral health and recovery
4 organization in the county the inmate will most likely reside following
5 release.

6 If the secretary has, prior to the release from the facility,
7 evaluated the inmate and determined he or she requires postrelease
8 mental health treatment, a copy of relevant records and reports
9 relating to the inmate's mental health treatment or status shall be
10 promptly made available to the offender's present or future treatment
11 provider. The secretary shall determine which records and reports are
12 relevant and may provide a summary in lieu of copies of the records.

13 **Sec. 85.** RCW 72.23.025 and 2011 1st sp.s. c 21 s 1 are each
14 amended to read as follows:

15 (1) It is the intent of the legislature to improve the quality of
16 service at state hospitals, eliminate overcrowding, and more
17 specifically define the role of the state hospitals. The legislature
18 intends that eastern and western state hospitals shall become clinical
19 centers for handling the most complicated long-term care needs of
20 patients with a primary diagnosis of mental disorder. To this end, the
21 legislature intends that funds appropriated for mental health programs,
22 including funds for (~~regional support networks~~) behavioral health and
23 recovery organizations and the state hospitals be used for persons with
24 primary diagnosis of mental disorder. The legislature finds that
25 establishment of institutes for the study and treatment of mental
26 disorders at both eastern state hospital and western state hospital
27 will be instrumental in implementing the legislative intent.

28 (2)(a) There is established at eastern state hospital and western
29 state hospital, institutes for the study and treatment of mental
30 disorders. The institutes shall be operated by joint operating
31 agreements between state colleges and universities and the department
32 of social and health services. The institutes are intended to conduct
33 training, research, and clinical program development activities that
34 will directly benefit persons with mental illness who are receiving
35 treatment in Washington state by performing the following activities:

36 (i) Promote recruitment and retention of highly qualified

1 professionals at the state hospitals and community mental health
2 programs;

3 (ii) Improve clinical care by exploring new, innovative, and
4 scientifically based treatment models for persons presenting
5 particularly difficult and complicated clinical syndromes;

6 (iii) Provide expanded training opportunities for existing staff at
7 the state hospitals and community mental health programs;

8 (iv) Promote bilateral understanding of treatment orientation,
9 possibilities, and challenges between state hospital professionals and
10 community mental health professionals.

11 (b) To accomplish these purposes the institutes may, within funds
12 appropriated for this purpose:

13 (i) Enter joint operating agreements with state universities or
14 other institutions of higher education to accomplish the placement and
15 training of students and faculty in psychiatry, psychology, social
16 work, occupational therapy, nursing, and other relevant professions at
17 the state hospitals and community mental health programs;

18 (ii) Design and implement clinical research projects to improve the
19 quality and effectiveness of state hospital services and operations;

20 (iii) Enter into agreements with community mental health service
21 providers to accomplish the exchange of professional staff between the
22 state hospitals and community mental health service providers;

23 (iv) Establish a student loan forgiveness and conditional
24 scholarship program to retain qualified professionals at the state
25 hospitals and community mental health providers when the secretary has
26 determined a shortage of such professionals exists.

27 (c) Notwithstanding any other provisions of law to the contrary,
28 the institutes may enter into agreements with the department or the
29 state hospitals which may involve changes in staffing necessary to
30 implement improved patient care programs contemplated by this section.

31 (d) The institutes are authorized to seek and accept public or
32 private gifts, grants, contracts, or donations to accomplish their
33 purposes under this section.

34 **Sec. 86.** RCW 74.09.515 and 2011 1st sp.s. c 15 s 26 are each
35 amended to read as follows:

36 (1) The authority shall adopt rules and policies providing that
37 when youth who were enrolled in a medical assistance program

1 immediately prior to confinement are released from confinement, their
2 medical assistance coverage will be fully reinstated on the day of
3 their release, subject to any expedited review of their continued
4 eligibility for medical assistance coverage that is required under
5 federal or state law.

6 (2) The authority, in collaboration with the department, county
7 juvenile court administrators, and (~~regional support networks~~)
8 behavioral health and recovery organizations, shall establish
9 procedures for coordination between department field offices, juvenile
10 rehabilitation administration institutions, and county juvenile courts
11 that result in prompt reinstatement of eligibility and speedy
12 eligibility determinations for youth who are likely to be eligible for
13 medical assistance services upon release from confinement. Procedures
14 developed under this subsection must address:

15 (a) Mechanisms for receiving medical assistance services'
16 applications on behalf of confined youth in anticipation of their
17 release from confinement;

18 (b) Expeditious review of applications filed by or on behalf of
19 confined youth and, to the extent practicable, completion of the review
20 before the youth is released; and

21 (c) Mechanisms for providing medical assistance services' identity
22 cards to youth eligible for medical assistance services immediately
23 upon their release from confinement.

24 (3) For purposes of this section, "confined" or "confinement" means
25 detained in a facility operated by or under contract with the
26 department of social and health services, juvenile rehabilitation
27 administration, or detained in a juvenile detention facility operated
28 under chapter 13.04 RCW.

29 (4) The authority shall adopt standardized statewide screening and
30 application practices and forms designed to facilitate the application
31 of a confined youth who is likely to be eligible for a medical
32 assistance program.

33 **Sec. 87.** RCW 74.09.521 and 2011 1st sp.s. c 15 s 28 are each
34 amended to read as follows:

35 (1) To the extent that funds are specifically appropriated for this
36 purpose the authority shall revise its medicaid healthy options managed
37 care and fee-for-service program standards under medicaid, Title XIX of

1 the federal social security act to improve access to mental health
2 services for children who do not meet the (~~regional support network~~)
3 behavioral health and recovery organization access to care standards.
4 The program standards shall be revised to allow outpatient therapy
5 services to be provided by licensed mental health professionals, as
6 defined in RCW 71.34.020, or by a mental health professional regulated
7 under Title 18 RCW who is under the direct supervision of a licensed
8 mental health professional, and up to twenty outpatient therapy hours
9 per calendar year, including family therapy visits integral to a
10 child's treatment. This section shall be administered in a manner
11 consistent with federal early and periodic screening, diagnosis, and
12 treatment requirements related to the receipt of medically necessary
13 services when a child's need for such services is identified through
14 developmental screening.

15 (2) The authority and the children's mental health evidence-based
16 practice institute established in RCW 71.24.061 shall collaborate to
17 encourage and develop incentives for the use of prescribing practices
18 and evidence-based and research-based treatment practices developed
19 under RCW 74.09.490 by mental health professionals serving children
20 under this section.

21 **Sec. 88.** RCW 74.09.555 and 2011 1st sp.s. c 36 s 32 and 2011 1st
22 sp.s c 15 s 34 are each reenacted and amended to read as follows:

23 (1) The authority shall adopt rules and policies providing that
24 when persons with a mental disorder, who were enrolled in medical
25 assistance immediately prior to confinement, are released from
26 confinement, their medical assistance coverage will be fully reinstated
27 on the day of their release, subject to any expedited review of their
28 continued eligibility for medical assistance coverage that is required
29 under federal or state law.

30 (2) The authority, in collaboration with the Washington association
31 of sheriffs and police chiefs, the department of corrections, and the
32 (~~regional support networks~~) behavioral health and recovery
33 organizations, shall establish procedures for coordination between the
34 authority and department field offices, institutions for mental
35 disease, and correctional institutions, as defined in RCW 9.94.049,
36 that result in prompt reinstatement of eligibility and speedy

1 eligibility determinations for persons who are likely to be eligible
2 for medical assistance services upon release from confinement.
3 Procedures developed under this subsection must address:

4 (a) Mechanisms for receiving medical assistance services
5 applications on behalf of confined persons in anticipation of their
6 release from confinement;

7 (b) Expeditious review of applications filed by or on behalf of
8 confined persons and, to the extent practicable, completion of the
9 review before the person is released;

10 (c) Mechanisms for providing medical assistance services identity
11 cards to persons eligible for medical assistance services immediately
12 upon their release from confinement; and

13 (d) Coordination with the federal social security administration,
14 through interagency agreements or otherwise, to expedite processing of
15 applications for federal supplemental security income or social
16 security disability benefits, including federal acceptance of
17 applications on behalf of confined persons.

18 (3) Where medical or psychiatric examinations during a person's
19 confinement indicate that the person is disabled, the correctional
20 institution or institution for mental diseases shall provide the
21 authority with that information for purposes of making medical
22 assistance eligibility and enrollment determinations prior to the
23 person's release from confinement. The authority shall, to the maximum
24 extent permitted by federal law, use the examination in making its
25 determination whether the person is disabled and eligible for medical
26 assistance.

27 (4) For purposes of this section, "confined" or "confinement" means
28 incarcerated in a correctional institution, as defined in RCW 9.94.049,
29 or admitted to an institute for mental disease, as defined in 42 C.F.R.
30 part 435, Sec. 1009 on July 24, 2005.

31 (5) For purposes of this section, "likely to be eligible" means
32 that a person:

33 (a) Was enrolled in medicaid or supplemental security income or the
34 medical care services program immediately before he or she was confined
35 and his or her enrollment was terminated during his or her confinement;
36 or

37 (b) Was enrolled in medicaid or supplemental security income or the
38 medical care services program at any time during the five years before

1 his or her confinement, and medical or psychiatric examinations during
2 the person's confinement indicate that the person continues to be
3 disabled and the disability is likely to last at least twelve months
4 following release.

5 (6) The economic services administration within the department
6 shall adopt standardized statewide screening and application practices
7 and forms designed to facilitate the application of a confined person
8 who is likely to be eligible for medicaid.

9 **Sec. 89.** RCW 74.34.068 and 2001 c 233 s 2 are each amended to read
10 as follows:

11 (1) After the investigation is complete, the department may provide
12 a written report of the outcome of the investigation to an agency or
13 program described in this subsection when the department determines
14 from its investigation that an incident of abuse, abandonment,
15 financial exploitation, or neglect occurred. Agencies or programs that
16 may be provided this report are home health, hospice, or home care
17 agencies, or after January 1, 2002, any in-home services agency
18 licensed under chapter 70.127 RCW, a program authorized under chapter
19 71A.12 RCW, an adult day care or day health program, (~~regional support~~
20 ~~networks~~) behavioral health and recovery organizations authorized
21 under chapter 71.24 RCW, or other agencies. The report may contain the
22 name of the vulnerable adult and the alleged perpetrator. The report
23 shall not disclose the identity of the person who made the report or
24 any witness without the written permission of the reporter or witness.
25 The department shall notify the alleged perpetrator regarding the
26 outcome of the investigation. The name of the vulnerable adult must
27 not be disclosed during this notification.

28 (2) The department may also refer a report or outcome of an
29 investigation to appropriate state or local governmental authorities
30 responsible for licensing or certification of the agencies or programs
31 listed in subsection (1) of this section.

32 (3) The department shall adopt rules necessary to implement this
33 section.

34 **Sec. 90.** RCW 82.04.4277 and 2011 1st sp.s. c 19 s 1 are each
35 amended to read as follows:

1 (1) A health or social welfare organization may deduct from the
2 measure of tax amounts received as compensation for providing mental
3 health services under a government-funded program.

4 (2) A (~~regional support network~~) behavioral health and recovery
5 organization may deduct from the measure of tax amounts received from
6 the state of Washington for distribution to a health or social welfare
7 organization that is eligible to deduct the distribution under
8 subsection (1) of this section.

9 (3) A person claiming a deduction under this section must file a
10 complete annual report with the department under RCW 82.32.534.

11 (4) The definitions in this subsection apply to this section.

12 (a) "Health or social welfare organization" has the meaning
13 provided in RCW 82.04.431.

14 (b) "Mental health services" and "~~regional support network~~)
15 behavioral health and recovery organization" have the meanings provided
16 in RCW 71.24.025.

17 (5) This section expires August 1, 2016.

18 **Sec. 91.** RCW 70.38.111 and 2012 c 10 s 48 are each amended to read
19 as follows:

20 (1) The department shall not require a certificate of need for the
21 offering of an inpatient tertiary health service by:

22 (a) A health maintenance organization or a combination of health
23 maintenance organizations if (i) the organization or combination of
24 organizations has, in the service area of the organization or the
25 service areas of the organizations in the combination, an enrollment of
26 at least fifty thousand individuals, (ii) the facility in which the
27 service will be provided is or will be geographically located so that
28 the service will be reasonably accessible to such enrolled individuals,
29 and (iii) at least seventy-five percent of the patients who can
30 reasonably be expected to receive the tertiary health service will be
31 individuals enrolled with such organization or organizations in the
32 combination;

33 (b) A health care facility if (i) the facility primarily provides
34 or will provide inpatient health services, (ii) the facility is or will
35 be controlled, directly or indirectly, by a health maintenance
36 organization or a combination of health maintenance organizations which
37 has, in the service area of the organization or service areas of the

1 organizations in the combination, an enrollment of at least fifty
2 thousand individuals, (iii) the facility is or will be geographically
3 located so that the service will be reasonably accessible to such
4 enrolled individuals, and (iv) at least seventy-five percent of the
5 patients who can reasonably be expected to receive the tertiary health
6 service will be individuals enrolled with such organization or
7 organizations in the combination; or

8 (c) A health care facility (or portion thereof) if (i) the facility
9 is or will be leased by a health maintenance organization or
10 combination of health maintenance organizations which has, in the
11 service area of the organization or the service areas of the
12 organizations in the combination, an enrollment of at least fifty
13 thousand individuals and, on the date the application is submitted
14 under subsection (2) of this section, at least fifteen years remain in
15 the term of the lease, (ii) the facility is or will be geographically
16 located so that the service will be reasonably accessible to such
17 enrolled individuals, and (iii) at least seventy-five percent of the
18 patients who can reasonably be expected to receive the tertiary health
19 service will be individuals enrolled with such organization;
20 if, with respect to such offering or obligation by a nursing home, the
21 department has, upon application under subsection (2) of this section,
22 granted an exemption from such requirement to the organization,
23 combination of organizations, or facility.

24 (2) A health maintenance organization, combination of health
25 maintenance organizations, or health care facility shall not be exempt
26 under subsection (1) of this section from obtaining a certificate of
27 need before offering a tertiary health service unless:

28 (a) It has submitted at least thirty days prior to the offering of
29 services reviewable under RCW 70.38.105(4)(d) an application for such
30 exemption; and

31 (b) The application contains such information respecting the
32 organization, combination, or facility and the proposed offering or
33 obligation by a nursing home as the department may require to determine
34 if the organization or combination meets the requirements of subsection
35 (1) of this section or the facility meets or will meet such
36 requirements; and

37 (c) The department approves such application. The department shall
38 approve or disapprove an application for exemption within thirty days

1 of receipt of a completed application. In the case of a proposed
2 health care facility (or portion thereof) which has not begun to
3 provide tertiary health services on the date an application is
4 submitted under this subsection with respect to such facility (or
5 portion), the facility (or portion) shall meet the applicable
6 requirements of subsection (1) of this section when the facility first
7 provides such services. The department shall approve an application
8 submitted under this subsection if it determines that the applicable
9 requirements of subsection (1) of this section are met.

10 (3) A health care facility (or any part thereof) with respect to
11 which an exemption was granted under subsection (1) of this section may
12 not be sold or leased and a controlling interest in such facility or in
13 a lease of such facility may not be acquired and a health care facility
14 described in (1)(c) which was granted an exemption under subsection (1)
15 of this section may not be used by any person other than the lessee
16 described in (1)(c) unless:

17 (a) The department issues a certificate of need approving the sale,
18 lease, acquisition, or use; or

19 (b) The department determines, upon application, that (i) the
20 entity to which the facility is proposed to be sold or leased, which
21 intends to acquire the controlling interest, or which intends to use
22 the facility is a health maintenance organization or a combination of
23 health maintenance organizations which meets the requirements of
24 (1)(a)(i), and (ii) with respect to such facility, meets the
25 requirements of (1)(a)(ii) or (iii) or the requirements of (1)(b)(i)
26 and (ii).

27 (4) In the case of a health maintenance organization, an ambulatory
28 care facility, or a health care facility, which ambulatory or health
29 care facility is controlled, directly or indirectly, by a health
30 maintenance organization or a combination of health maintenance
31 organizations, the department may under the program apply its
32 certificate of need requirements to the offering of inpatient tertiary
33 health services to the extent that such offering is not exempt under
34 the provisions of this section or RCW 70.38.105(7).

35 (5)(a) The department shall not require a certificate of need for
36 the construction, development, or other establishment of a nursing
37 home, or the addition of beds to an existing nursing home, that is
38 owned and operated by a continuing care retirement community that:

1 (i) Offers services only to contractual members;

2 (ii) Provides its members a contractually guaranteed range of
3 services from independent living through skilled nursing, including
4 some assistance with daily living activities;

5 (iii) Contractually assumes responsibility for the cost of services
6 exceeding the member's financial responsibility under the contract, so
7 that no third party, with the exception of insurance purchased by the
8 retirement community or its members, but including the medicaid
9 program, is liable for costs of care even if the member depletes his or
10 her personal resources;

11 (iv) Has offered continuing care contracts and operated a nursing
12 home continuously since January 1, 1988, or has obtained a certificate
13 of need to establish a nursing home;

14 (v) Maintains a binding agreement with the state assuring that
15 financial liability for services to members, including nursing home
16 services, will not fall upon the state;

17 (vi) Does not operate, and has not undertaken a project that would
18 result in a number of nursing home beds in excess of one for every four
19 living units operated by the continuing care retirement community,
20 exclusive of nursing home beds; and

21 (vii) Has obtained a professional review of pricing and long-term
22 solvency within the prior five years which was fully disclosed to
23 members.

24 (b) A continuing care retirement community shall not be exempt
25 under this subsection from obtaining a certificate of need unless:

26 (i) It has submitted an application for exemption at least thirty
27 days prior to commencing construction of, is submitting an application
28 for the licensure of, or is commencing operation of a nursing home,
29 whichever comes first; and

30 (ii) The application documents to the department that the
31 continuing care retirement community qualifies for exemption.

32 (c) The sale, lease, acquisition, or use of part or all of a
33 continuing care retirement community nursing home that qualifies for
34 exemption under this subsection shall require prior certificate of need
35 approval to qualify for licensure as a nursing home unless the
36 department determines such sale, lease, acquisition, or use is by a
37 continuing care retirement community that meets the conditions of (a)
38 of this subsection.

1 (6) A rural hospital, as defined by the department, reducing the
2 number of licensed beds to become a rural primary care hospital under
3 the provisions of Part A Title XVIII of the Social Security Act Section
4 1820, 42 U.S.C., 1395c et seq. may, within three years of the reduction
5 of beds licensed under chapter 70.41 RCW, increase the number of
6 licensed beds to no more than the previously licensed number without
7 being subject to the provisions of this chapter.

8 (7) A rural health care facility licensed under RCW 70.175.100
9 formerly licensed as a hospital under chapter 70.41 RCW may, within
10 three years of the effective date of the rural health care facility
11 license, apply to the department for a hospital license and not be
12 subject to the requirements of RCW 70.38.105(4)(a) as the construction,
13 development, or other establishment of a new hospital, provided there
14 is no increase in the number of beds previously licensed under chapter
15 70.41 RCW and there is no redistribution in the number of beds used for
16 acute care or long-term care, the rural health care facility has been
17 in continuous operation, and the rural health care facility has not
18 been purchased or leased.

19 (8)(a) A nursing home that voluntarily reduces the number of its
20 licensed beds to provide assisted living, licensed assisted living
21 facility care, adult day care, adult day health, respite care, hospice,
22 outpatient therapy services, congregate meals, home health, or senior
23 wellness clinic, or to reduce to one or two the number of beds per room
24 or to otherwise enhance the quality of life for residents in the
25 nursing home, may convert the original facility or portion of the
26 facility back, and thereby increase the number of nursing home beds to
27 no more than the previously licensed number of nursing home beds
28 without obtaining a certificate of need under this chapter, provided
29 the facility has been in continuous operation and has not been
30 purchased or leased. Any conversion to the original licensed bed
31 capacity, or to any portion thereof, shall comply with the same life
32 and safety code requirements as existed at the time the nursing home
33 voluntarily reduced its licensed beds; unless waivers from such
34 requirements were issued, in which case the converted beds shall
35 reflect the conditions or standards that then existed pursuant to the
36 approved waivers.

37 (b) To convert beds back to nursing home beds under this
38 subsection, the nursing home must:

1 (i) Give notice of its intent to preserve conversion options to the
2 department of health no later than thirty days after the effective date
3 of the license reduction; and

4 (ii) Give notice to the department of health and to the department
5 of social and health services of the intent to convert beds back. If
6 construction is required for the conversion of beds back, the notice of
7 intent to convert beds back must be given, at a minimum, one year prior
8 to the effective date of license modification reflecting the restored
9 beds; otherwise, the notice must be given a minimum of ninety days
10 prior to the effective date of license modification reflecting the
11 restored beds. Prior to any license modification to convert beds back
12 to nursing home beds under this section, the licensee must demonstrate
13 that the nursing home meets the certificate of need exemption
14 requirements of this section.

15 The term "construction," as used in (b)(ii) of this subsection, is
16 limited to those projects that are expected to equal or exceed the
17 expenditure minimum amount, as determined under this chapter.

18 (c) Conversion of beds back under this subsection must be completed
19 no later than four years after the effective date of the license
20 reduction. However, for good cause shown, the four-year period for
21 conversion may be extended by the department of health for one
22 additional four-year period.

23 (d) Nursing home beds that have been voluntarily reduced under this
24 section shall be counted as available nursing home beds for the purpose
25 of evaluating need under RCW 70.38.115(2) (a) and (k) so long as the
26 facility retains the ability to convert them back to nursing home use
27 under the terms of this section.

28 (e) When a building owner has secured an interest in the nursing
29 home beds, which are intended to be voluntarily reduced by the licensee
30 under (a) of this subsection, the applicant shall provide the
31 department with a written statement indicating the building owner's
32 approval of the bed reduction.

33 (9)(a) The department shall not require a certificate of need for
34 a hospice agency if:

35 (i) The hospice agency is designed to serve the unique religious or
36 cultural needs of a religious group or an ethnic minority and commits
37 to furnishing hospice services in a manner specifically aimed at

1 meeting the unique religious or cultural needs of the religious group
2 or ethnic minority;

3 (ii) The hospice agency is operated by an organization that:

4 (A) Operates a facility, or group of facilities, that offers a
5 comprehensive continuum of long-term care services, including, at a
6 minimum, a licensed, medicare-certified nursing home, assisted living,
7 independent living, day health, and various community-based support
8 services, designed to meet the unique social, cultural, and religious
9 needs of a specific cultural and ethnic minority group;

10 (B) Has operated the facility or group of facilities for at least
11 ten continuous years prior to the establishment of the hospice agency;

12 (iii) The hospice agency commits to coordinating with existing
13 hospice programs in its community when appropriate;

14 (iv) The hospice agency has a census of no more than forty
15 patients;

16 (v) The hospice agency commits to obtaining and maintaining
17 medicare certification;

18 (vi) The hospice agency only serves patients located in the same
19 county as the majority of the long-term care services offered by the
20 organization that operates the agency; and

21 (vii) The hospice agency is not sold or transferred to another
22 agency.

23 (b) The department shall include the patient census for an agency
24 exempted under this subsection (9) in its calculations for future
25 certificate of need applications.

26 (10) To alleviate the need to board psychiatric patients in
27 emergency departments, for fiscal year 2015 the department shall
28 suspend the certificate of need requirement for a hospital licensed
29 under chapter 70.41 RCW that changes the use of licensed beds to
30 increase the number of beds to provide psychiatric services, including
31 involuntary treatment services. A certificate of need exemption under
32 this section shall be valid for two years.

33 **Sec. 92.** RCW 18.205.040 and 2008 c 135 s 17 are each amended to
34 read as follows:

35 (1) Except as provided in subsection (2) of this section, nothing
36 in this chapter shall be construed to authorize the use of the title

1 "certified chemical dependency professional" or "certified chemical
2 dependency professional trainee" when treating patients in settings
3 other than programs approved under chapter 70.96A RCW.

4 (2) A person who holds a credential as a "certified chemical
5 dependency professional" or a "certified chemical dependency
6 professional trainee" may use such title when treating patients in
7 settings other than programs approved under chapter 70.96A RCW if the
8 person also holds a license as: An advanced registered nurse
9 practitioner under chapter 18.79 RCW; a marriage and family therapist,
10 mental health counselor, advanced social worker, or independent
11 clinical social health worker under chapter 18.225 RCW; a psychologist
12 under chapter 18.83 RCW; an osteopathic physician under chapter 18.57
13 RCW; an osteopathic physician assistant under chapter 18.57A RCW; a
14 physician under chapter 18.71 RCW; or a physician assistant under
15 chapter 18.71A RCW.

16 **Sec. 93.** RCW 70.96A.350 and 2013 2nd sp.s. c 4 s 990 are each
17 amended to read as follows:

18 (1) The criminal justice treatment account is created in the state
19 treasury. Moneys in the account may be expended solely for: (a)
20 Substance abuse treatment and treatment support services for offenders
21 with an addiction or a substance abuse problem that, if not treated,
22 would result in addiction, against whom charges are filed by a
23 prosecuting attorney in Washington state; (b) the provision of drug and
24 alcohol treatment services and treatment support services for
25 nonviolent offenders within a drug court program; (c) the
26 administrative and overhead costs associated with the operation of a
27 drug court; and (d) during the 2011-2013 biennium, the legislature may
28 appropriate up to three million dollars from the account in order to
29 offset reductions in the state general fund for treatment services
30 provided by counties. This amount is not subject to the requirements
31 of subsections (5) through (9) of this section. During the 2013-2015
32 fiscal biennium, the legislature may transfer from the criminal justice
33 treatment account to the state general fund amounts as reflect the
34 state savings associated with the implementation of the medicaid
35 expansion of the federal affordable care act. Moneys in the account
36 may be spent only after appropriation.

37 (2) For purposes of this section:

1 (a) "Treatment" means services that are critical to a participant's
2 successful completion of his or her substance abuse treatment program,
3 but does not include the following services: Housing other than that
4 provided as part of an inpatient substance abuse treatment program,
5 vocational training, and mental health counseling; and

6 (b) "Treatment support" means transportation to or from inpatient
7 or outpatient treatment services when no viable alternative exists, and
8 child care services that are necessary to ensure a participant's
9 ability to attend outpatient treatment sessions.

10 (3) Revenues to the criminal justice treatment account consist of:
11 (a) Funds transferred to the account pursuant to this section; and (b)
12 any other revenues appropriated to or deposited in the account.

13 (4)(a) For the fiscal biennium beginning July 1, 2003, the state
14 treasurer shall transfer eight million nine hundred fifty thousand
15 dollars from the general fund into the criminal justice treatment
16 account, divided into eight equal quarterly payments. For the fiscal
17 year beginning July 1, 2005, and each subsequent fiscal year, the state
18 treasurer shall transfer eight million two hundred fifty thousand
19 dollars from the general fund to the criminal justice treatment
20 account, divided into four equal quarterly payments. For the fiscal
21 year beginning July 1, 2006, and each subsequent fiscal year, the
22 amount transferred shall be increased on an annual basis by the
23 implicit price deflator as published by the federal bureau of labor
24 statistics.

25 (b) In each odd-numbered year, the legislature shall appropriate
26 the amount transferred to the criminal justice treatment account in (a)
27 of this subsection to the division of alcohol and substance abuse for
28 the purposes of subsection (5) of this section.

29 (5) Moneys appropriated to the division of alcohol and substance
30 abuse from the criminal justice treatment account shall be distributed
31 as specified in this subsection. The department shall serve as the
32 fiscal agent for purposes of distribution. Until July 1, 2004, the
33 department may not use moneys appropriated from the criminal justice
34 treatment account for administrative expenses and shall distribute all
35 amounts appropriated under subsection (4)(b) of this section in
36 accordance with this subsection. Beginning in July 1, 2004, the
37 department may retain up to three percent of the amount appropriated
38 under subsection (4)(b) of this section for its administrative costs.

1 (a) Seventy percent of amounts appropriated to the division from
2 the account shall be distributed to counties pursuant to the
3 distribution formula adopted under this section. The division of
4 alcohol and substance abuse, in consultation with the department of
5 corrections, the Washington state association of counties, the
6 Washington state association of drug court professionals, the superior
7 court judges' association, the Washington association of prosecuting
8 attorneys, representatives of the criminal defense bar, representatives
9 of substance abuse treatment providers, and any other person deemed by
10 the division to be necessary, shall establish a fair and reasonable
11 methodology for distribution to counties of moneys in the criminal
12 justice treatment account. County or regional plans submitted for the
13 expenditure of formula funds must be approved by the panel established
14 in (b) of this subsection.

15 (b) Thirty percent of the amounts appropriated to the division from
16 the account shall be distributed as grants for purposes of treating
17 offenders against whom charges are filed by a county prosecuting
18 attorney. The division shall appoint a panel of representatives from
19 the Washington association of prosecuting attorneys, the Washington
20 association of sheriffs and police chiefs, the superior court judges'
21 association, the Washington state association of counties, the
22 Washington defender's association or the Washington association of
23 criminal defense lawyers, the department of corrections, the Washington
24 state association of drug court professionals, substance abuse
25 treatment providers, and the division. The panel shall review county
26 or regional plans for funding under (a) of this subsection and grants
27 approved under this subsection. The panel shall attempt to ensure that
28 treatment as funded by the grants is available to offenders statewide.

29 (6) The county alcohol and drug coordinator, county prosecutor,
30 county sheriff, county superior court, a substance abuse treatment
31 provider appointed by the county legislative authority, a member of the
32 criminal defense bar appointed by the county legislative authority,
33 and, in counties with a drug court, a representative of the drug court
34 shall jointly submit a plan, approved by the county legislative
35 authority or authorities, to the panel established in subsection (5)(b)
36 of this section, for disposition of all the funds provided from the
37 criminal justice treatment account within that county. The funds shall
38 be used solely to provide approved alcohol and substance abuse

1 treatment pursuant to RCW 70.96A.090, treatment support services, and
2 for the administrative and overhead costs associated with the operation
3 of a drug court.

4 (a) No more than ten percent of the total moneys received under
5 subsections (4) and (5) of this section by a county or group of
6 counties participating in a regional agreement shall be spent on the
7 administrative and overhead costs associated with the operation of a
8 drug court.

9 (b) No more than ten percent of the total moneys received under
10 subsections (4) and (5) of this section by a county or group of
11 counties participating in a regional agreement shall be spent for
12 treatment support services.

13 (7) Counties are encouraged to consider regional agreements and
14 submit regional plans for the efficient delivery of treatment under
15 this section.

16 (8) Moneys allocated under this section shall be used to
17 supplement, not supplant, other federal, state, and local funds used
18 for substance abuse treatment.

19 (9) Counties must meet the criteria established in RCW
20 2.28.170(3)(b).

21 (10) The authority under this section to use funds from the
22 criminal justice treatment account for the administrative and overhead
23 costs associated with the operation of a drug court expires June 30,
24 2015.

25 (11) Expenditures from the criminal justice treatment account may
26 only be used for the purposes set out in this section and does not
27 include managed care purchasing for medicaid enrollees.

28 NEW SECTION. Sec. 94. Section 1 of this act is necessary for the
29 immediate preservation of the public peace, health, or safety, or
30 support of the state government and its existing public institutions,
31 and takes effect immediately.

32 NEW SECTION. Sec. 95. Sections 6, 7, 9 through 71, and 73 through
33 93 of this act take effect April 1, 2016.

34 NEW SECTION. Sec. 96. Section 72 of this act takes effect July 1,
35 2018."

EFFECT: Changes the name of "regional support networks" to "behavioral health and recovery organizations."

Adds four more legislators to the Adult Behavioral Health Systems Task Force (Task Force). Adds stakeholder participants from Department of Commerce, chemical dependency advocates, and chemical dependency experts from drug courts.

Eliminates the requirement that the Task Force make recommendations on the design of the future Medicaid behavioral health and health care delivery and purchasing system; interactions with the federal government; the availability of means to promote recovery and prevent harms from mental illness; and public safety practices involving persons with mental illness with forensic involvement.

Adds to the Task Force's requirements that it provide recommendations as needed to facilitate the full integration of medical and behavioral health purchasing by January 1, 2020, including: (1) The means of purchasing mental health, chemical dependency, and physical health services as of January 1, 2020, and, specifically, workforce and provider issues, performance measures, incentives to reduce criminal justice system utilization, obstacles to sharing health care information, and other key issues; (2) review of the Department of Social and Health Services' (DSHS) detailed plan criteria to be used for awarding contracts to serve as behavioral health and recovery organizations; and (3) review of the appropriate use of Criminal Justice Treatment Account funds. Requires the Task Force to review variations in commitment rates in different jurisdictions across the state.

Requires the DSHS and the Health Care Authority (HCA) to create up to nine regional service areas by October 1, 2014.

Adds to the contract provisions for behavioral health services that (1) behavioral health organizations offer contracts to managed health care systems or primary care settings to integrate chemical dependency and mental health services in primary care settings; and (2) medically necessary chemical dependency treatment services must be available to clients.

Directs DSHS to purchase mental health and chemical dependency services primarily through managed care contracting. Directs DSHS to request a detailed plan from counties, groups of counties, or private entities currently serving as a regional support network as to how they are able to provide behavioral health services within a regional service area. Allows counties to jointly purchase behavioral health services through an integrated medical and behavioral health services contract.

Requires DSHS and HCA chemical dependency programs to include detoxification services that are available 24 hours per day, outpatient treatment that includes medication assisted treatment, and contracts with at least one provider for case management and residential treatment services for pregnant and parenting women. The program may

include peer support, supported housing, supported employment, crisis diversion, or recovery support services.

Requires by April 1, 2016, that managed health care systems for Medicaid enrollees have contracts to provide access to primary care services integrated into behavioral health settings for clients with medical and behavioral health comorbidities.

Requires DSHS and HCA to report to the Legislature and the Governor by December 1, 2018, as to the preparedness of each regional service area to provide mental health, chemical dependency, and physical health services to Medicaid clients under a fully integrated managed health care purchasing system. Requires that DSHS and HCA use a fully integrated managed care health care purchasing system for mental health, chemical dependency, and physical health care by January 1, 2020.

Exempts hospitals from certificate of need requirements during fiscal year 2015 if they are changing the use of licensed beds to increase the number of beds to provide psychiatric services, including involuntary treatment services.

Allows certified chemical dependency professionals and certified chemical dependency professional trainees who also hold a license to practice another specified health care profession to treat patients in settings other than programs approved by DSHS.

Specifies that the act does not affect funds from the Criminal Justice Treatment Account and exempts those funds from being used for managed care purchasing.

Makes technical and terminology corrections.

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