

2SSB 6312 - H AMD 963

By Representative Cody

ADOPTED 03/12/2014

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 member and one
9 alternate member from each of the two largest caucuses of the senate.

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

13 (iii) The governor shall appoint three 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, and a representative of the governor.

17 (iv) The Washington state association of counties shall appoint
18 three members.

19 (v) The governor shall request participation by a representative of
20 tribal governments.

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

23 (c) The task force shall adopt a bottom-up approach and welcome
24 input and participation from all stakeholders interested in the
25 improvement of the adult behavioral health system. To that end, the
26 task force must invite participation from, at a minimum, the following:
27 The department of commerce, the department of corrections, the office
28 of financial management, behavioral health service recipients and their
29 families; local government; representatives of regional support
30 networks; representatives of county coordinators; law enforcement; city

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

12 (2) The task force shall undertake a systemwide review of the adult
13 behavioral health system and make recommendations for reform
14 concerning, but not limited to, the following:

15 (a) The means by which services are purchased and delivered for
16 adults with mental illness and chemical dependency disorders through
17 the department of social and health services and the health care
18 authority, including:

19 (i) Guidance for the creation of common regional service areas for
20 purchasing behavioral health services and medical care services by the
21 department of social and health services and the health care authority,
22 taking into consideration any proposal submitted by the Washington
23 state association of counties under section 2 of this act;

24 (ii) Identification of key issues which must be addressed by the
25 department of social and health services to accomplish the integration
26 of chemical dependency purchasing primarily with managed care contracts
27 by April 1, 2016, under section 5 of this act, including review of the
28 results of any available actuarial study to establish provider rates;

29 (iii) Strategies for moving towards full integration of medical and
30 behavioral health services by January 1, 2020, and identification of
31 key issues that must be addressed by the health care authority and the
32 department of social and health services in furtherance of this goal;

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

35 (v) Review criteria developed by the department of social and
36 health services and the health care authority concerning submission of
37 detailed plans and requests for early adoption of fully integrated
38 purchasing and incentives under section 5 of this act;

1 (vi) Whether a statewide behavioral health ombuds office should be
2 created;

3 (vii) Whether the state chemical dependency program should be
4 mandated to provide twenty-four hour detoxification services,
5 medication-assisted outpatient treatment, or contracts for case
6 management and residential treatment services for pregnant and
7 parenting women;

8 (viii) Review legal, clinical, and technological obstacles to
9 sharing relevant health care information related to mental health,
10 chemical dependency, and physical health across practice settings; and

11 (ix) Review the extent and causes of variations in commitment rates
12 in different jurisdictions across the state;

13 (b) Availability of effective means to promote recovery and prevent
14 harm associated with mental illness and chemical dependency;

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

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

22 (e) Public safety practices involving persons with mental illness
23 and chemical dependency with forensic involvement.

24 (3) Staff support for the task force must be provided by the senate
25 committee services and the house of representatives office of program
26 research.

27 (4) Legislative members of the task force must be reimbursed for
28 travel expenses in accordance with RCW 44.04.120. Nonlegislative
29 members, except those representing an employer or organization, are
30 entitled to be reimbursed for travel expenses in accordance with RCW
31 43.03.050 and 43.03.060.

32 (5) The expenses of the task force must be paid jointly by the
33 senate and house of representatives. Task force expenditures are
34 subject to approval by the senate facilities and operations committee
35 and the house of representatives executive rules committee, or their
36 successor committees.

37 (6) The task force shall report ((its)) initial findings and
38 recommendations to the governor and the appropriate committees of the

1 legislature in a preliminary report by ((January 1, 2015)) December 15,
2 2014, and a final report by December 15, 2015. Recommendations under
3 subsection (2)(a)(i) of this section must be submitted to the governor
4 by September 1, 2014.

5 (7) This section expires ((June)) July 1, ((2015)) 2016.

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

8 (1) Upon receipt of guidance for the creation of common regional
9 service areas from the adult behavioral health system task force
10 established in section 1, chapter 338, Laws of 2013, the department and
11 the health care authority shall jointly establish regional service
12 areas as provided in this section.

13 (2) Counties, through the Washington state association of counties,
14 must be given the opportunity to propose the composition of regional
15 service areas. Each service area must:

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

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

20 (c) Reflect natural medical and behavioral health service referral
21 patterns and shared clinical, health care service, behavioral health
22 service, and behavioral health crisis response resources.

23 (3) The Washington state association of counties must submit their
24 recommendations to the department, the health care authority, and the
25 task force described in section 1 of this act on or before August 1,
26 2014.

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

29 (1) Any agreement or contract by the department or the health care
30 authority to provide behavioral health services as defined under RCW
31 71.24.025 to persons eligible for benefits under medicaid, Title XIX of
32 the social security act, and to persons not eligible for medicaid must
33 include the following:

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

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

4 (c) Accountability for the client outcomes established in RCW
5 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked
6 to those outcomes;

7 (d) Standards requiring behavioral health organizations to maintain
8 a network of appropriate providers that is supported by written
9 agreements sufficient to provide adequate access to all services
10 covered under the contract with the department or the health care
11 authority and to protect essential existing behavioral health system
12 infrastructure and capacity, including a continuum of chemical
13 dependency services;

14 (e) Provisions to require that medically necessary chemical
15 dependency and mental health treatment services be available to
16 clients;

17 (f) Standards requiring the use of behavioral health service
18 provider reimbursement methods that incentivize improved performance
19 with respect to the client outcomes established in RCW 43.20A.895 and
20 71.36.025, integration of behavioral health and primary care services
21 at the clinical level, and improved care coordination for individuals
22 with complex care needs;

23 (g) Standards related to the financial integrity of the responding
24 organization. The department shall adopt rules establishing the
25 solvency requirements and other financial integrity standards for
26 behavioral health organizations. This subsection does not limit the
27 authority of the department to take action under a contract upon
28 finding that a behavioral health organization's financial status
29 jeopardizes the organization's ability to meet its contractual
30 obligations;

31 (h) Mechanisms for monitoring performance under the contract and
32 remedies for failure to substantially comply with the requirements of
33 the contract including, but not limited to, financial deductions,
34 termination of the contract, receivership, reprocurement of the
35 contract, and injunctive remedies;

36 (i) Provisions to maintain the decision-making independence of
37 designated mental health professionals or designated chemical
38 dependency specialists; and

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

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

7 (a) Demonstrated commitment and experience in serving low-income
8 populations;

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

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

15 (d) Recognition that meeting enrollees' physical and behavioral
16 health care needs is a shared responsibility of contracted behavioral
17 health organizations, managed health care systems, service providers,
18 the state, and communities;

19 (e) Consideration of past and current performance and participation
20 in other state or federal behavioral health programs as a contractor;
21 and

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

23 (3) For purposes of purchasing behavioral health services and
24 medical care services for persons eligible for benefits under medicaid,
25 Title XIX of the social security act and for persons not eligible for
26 medicaid, the department and the health care authority must use common
27 regional service areas. The regional service areas must be established
28 by the department and the health care authority as provided in section
29 2 of this act.

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

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

36 NEW SECTION. **Sec. 4.** A new section is added to chapter 43.20A RCW
37 to read as follows:

1 The secretary shall require that behavioral health organizations
2 offer contracts to managed health care systems under chapter 74.09 RCW
3 or primary care practice settings to promote access to the services of
4 chemical dependency professionals under chapter 18.205 RCW and mental
5 health professionals, as defined by the department in rule, for the
6 purposes of integrating such services into primary care settings for
7 individuals with behavioral health and medical comorbidities.

8 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24 RCW
9 to read as follows:

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

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

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

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

31 (B) In the event that a county has made a decision prior to January
32 1, 2014, not to contract as a regional support network, any private
33 entity that serves as the regional support network for that area;

34 (C) All counties within a regional service area that includes more
35 than one county, which shall form a responding entity through the
36 adoption of an interlocal agreement. The interlocal agreement must

1 specify the terms by which the responding entity shall serve as the
2 behavioral health organization within the regional service area.

3 (ii) In the event that a regional service area is comprised of
4 multiple counties including one that has made a decision prior to
5 January 1, 2014, not to contract as a regional support network the
6 counties shall adopt an interlocal agreement and may respond to the
7 request for a detailed plan under (a) of this subsection and the
8 private entity may also respond to the request for a detailed plan. If
9 both responding entities meet the requirements of this section, the
10 responding entities shall follow the department's procurement process
11 established in subsection (3) of this section.

12 (3) If an entity that has received a request under this section to
13 submit a detailed plan does not respond to the request, a responding
14 entity under subsection (1) of this section is unable to substantially
15 meet the requirements of the request for a detailed plan, or more than
16 one responding entity substantially meets the requirements for the
17 request for a detailed plan, the department shall use a procurement
18 process in which other entities recognized by the secretary may bid to
19 serve as the behavioral health organization in that regional service
20 area.

21 (4) Contracts for behavioral health organizations must begin on
22 April 1, 2016.

23 (5) Upon request of all of the county authorities in a regional
24 service area, the department and the health care authority may jointly
25 purchase behavioral health services through an integrated medical and
26 behavioral health services contract with a behavioral health
27 organization or a managed health care system as defined in RCW
28 74.09.522, pursuant to standards to be developed jointly by the
29 secretary and the health care authority. Any contract for such a
30 purchase must comply with all federal medicaid and state law
31 requirements related to managed health care contracting.

32 (6) As an incentive to county authorities to become early adopters
33 of fully integrated purchasing of medical and behavioral health
34 services, the standards adopted by the secretary and the health care
35 authority under subsection (5) of this section shall provide for an
36 incentive payment to counties which elect to move to full integration
37 by January 1, 2016. Subject to federal approval, the incentive payment
38 shall be targeted at ten percent of savings realized by the state

1 within the regional service area in which the fully integrated
2 purchasing takes place. Savings shall be calculated in alignment with
3 the outcome and performance measures established in RCW 43.20A.895,
4 70.320.020, and 71.36.025, and incentive payments for early adopter
5 counties shall be made available for up to a six-year period, or until
6 full integration of medical and behavioral health services is
7 accomplished statewide, whichever comes sooner, according to rules to
8 be developed by the secretary and health care authority.

9 **Sec. 6.** RCW 71.24.015 and 2005 c 503 s 1 are each amended to read
10 as follows:

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

18 (1) Access to mental health services for adults (~~of the state who~~
19 ~~are acutely mentally ill, chronically mentally ill, or seriously~~
20 ~~disturbed~~) with mental illness and children (~~of the state who are~~
21 ~~acutely mentally ill, severely emotionally disturbed, or seriously~~
22 ~~disturbed,~~) with mental illness or emotional disturbances who meet
23 access to care standards which services recognize the special needs of
24 underserved populations, including minorities, children, the elderly,
25 (~~disabled~~) individuals with disabilities, and low-income persons.
26 Access to mental health services shall not be limited by a person's
27 history of confinement in a state, federal, or local correctional
28 facility. It is also the purpose of this chapter to promote the early
29 identification of (~~mentally ill~~) children with mental illness and to
30 ensure that they receive the mental health care and treatment which is
31 appropriate to their developmental level. This care should improve
32 home, school, and community functioning, maintain children in a safe
33 and nurturing home environment, and should enable treatment decisions
34 to be made in response to clinical needs in accordance with sound
35 professional judgment while also recognizing parents' rights to
36 participate in treatment decisions for their children;

1 (2) The involvement of persons with mental illness, their family
2 members, and advocates in designing and implementing mental health
3 services that reduce unnecessary hospitalization and incarceration and
4 promote the recovery and employment of persons with mental illness. To
5 improve the quality of services available and promote the
6 rehabilitation, recovery, and reintegration of persons with mental
7 illness, consumer and advocate participation in mental health services
8 is an integral part of the community mental health system and shall be
9 supported;

10 (3) Accountability of efficient and effective services through
11 state-of-the-art outcome and performance measures and statewide
12 standards for monitoring client and system outcomes, performance, and
13 reporting of client and system outcome information. These processes
14 shall be designed so as to maximize the use of available resources for
15 direct care of people with a mental illness and to assure uniform data
16 collection across the state;

17 (4) Minimum service delivery standards;

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

21 (6) Coordination of services within the department, including those
22 divisions within the department that provide services to children,
23 between the department and the office of the superintendent of public
24 instruction, and among state mental hospitals, county authorities,
25 (~~regional support networks~~) behavioral health organizations,
26 community mental health services, and other support services, which
27 shall to the maximum extent feasible also include the families of (~~the~~
28 ~~mentally ill~~) individuals with mental illness, and other service
29 providers; and

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

33 It is the policy of the state to encourage the provision of a full
34 range of treatment and rehabilitation services in the state for mental
35 disorders including services operated by consumers and advocates. The
36 legislature intends to encourage the development of regional mental
37 health services with adequate local flexibility to assure eligible
38 people in need of care access to the least-restrictive treatment

1 alternative appropriate to their needs, and the availability of
2 treatment components to assure continuity of care. To this end,
3 counties (~~are encouraged to~~) must enter into joint operating
4 agreements with other counties to form regional systems of care that
5 are consistent with the regional service areas established under
6 section 2 of this act. Regional systems of care, whether operated by
7 a county, group of counties, or another entity shall integrate
8 planning, administration, and service delivery duties under chapters
9 71.05 and 71.24 RCW to consolidate administration, reduce
10 administrative layering, and reduce administrative costs. The
11 legislature hereby finds and declares that sound fiscal management
12 requires vigilance to ensure that funds appropriated by the legislature
13 for the provision of needed community mental health programs and
14 services are ultimately expended solely for the purpose for which they
15 were appropriated, and not for any other purpose.

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

21 **Sec. 7.** RCW 71.24.016 and 2006 c 333 s 102 are each amended to
22 read as follows:

23 (1) The legislature intends that eastern and western state
24 hospitals shall operate as clinical centers for handling the most
25 complicated long-term care needs of patients with a primary diagnosis
26 of mental disorder. It is further the intent of the legislature that
27 the community mental health service delivery system focus on
28 maintaining (~~mentally ill~~) individuals with mental illness in the
29 community. The program shall be evaluated and managed through a
30 limited number of outcome and performance measures (~~designed to hold~~
31 ~~each regional support network accountable for program success~~), as
32 provided in RCW 43.20A.895, 70.320.020, and 71.36.025.

33 (2) The legislature intends to address the needs of people with
34 mental disorders with a targeted, coordinated, and comprehensive set of
35 evidence-based practices that are effective in serving individuals in
36 their community and will reduce the need for placements in state mental
37 hospitals. The legislature further intends to explicitly hold

1 ((~~regional support networks~~)) behavioral health organizations
2 accountable for serving people with mental disorders within the
3 boundaries of their ((~~geographic boundaries~~)) regional service area and
4 for not exceeding their allocation of state hospital beds. ((~~Within~~
5 ~~funds appropriated by the legislature for this purpose, regional~~
6 ~~support networks shall develop the means to serve the needs of people~~
7 ~~with mental disorders within their geographic boundaries. Elements of~~
8 ~~the program may include:~~

9 (a) ~~Crisis triage;~~

10 (b) ~~Evaluation and treatment and community hospital beds;~~

11 (c) ~~Residential beds;~~

12 (d) ~~Programs for community treatment teams; and~~

13 (e) ~~Outpatient services.~~

14 (3) ~~The regional support network shall have the flexibility, within~~
15 ~~the funds appropriated by the legislature for this purpose, to design~~
16 ~~the mix of services that will be most effective within their service~~
17 ~~area of meeting the needs of people with mental disorders and avoiding~~
18 ~~placement of such individuals at the state mental hospital. Regional~~
19 ~~support networks are encouraged to maximize the use of evidence-based~~
20 ~~practices and alternative resources with the goal of substantially~~
21 ~~reducing and potentially eliminating the use of institutions for mental~~
22 ~~diseases.))~~

23 NEW SECTION. Sec. 8. A new section is added to chapter 71.24 RCW
24 to read as follows:

25 (1) By December 1, 2018, the department and the health care
26 authority shall report to the governor and the legislature regarding
27 the preparedness of each regional service area to provide mental health
28 services, chemical dependency services, and medical care services to
29 medicaid clients under a fully integrated managed care health system.

30 (2) By January 1, 2020, the community behavioral health program
31 must be fully integrated in a managed care health system that provides
32 mental health services, chemical dependency services, and medical care
33 services to medicaid clients.

34 NEW SECTION. Sec. 9. A new section is added to chapter 71.24 RCW
35 to read as follows:

36 (1) Within funds appropriated by the legislature for this purpose,

1 behavioral health organizations shall develop the means to serve the
2 needs of people with mental disorders residing within the boundaries of
3 their regional service area. Elements of the program may include:

- 4 (a) Crisis diversion services;
- 5 (b) Evaluation and treatment and community hospital beds;
- 6 (c) Residential treatment;
- 7 (d) Programs for intensive community treatment;
- 8 (e) Outpatient services;
- 9 (f) Peer support services;
- 10 (g) Community support services;
- 11 (h) Resource management services; and
- 12 (i) Supported housing and supported employment services.

13 (2) The behavioral health organization shall have the flexibility,
14 within the funds appropriated by the legislature for this purpose and
15 the terms of their contract, to design the mix of services that will be
16 most effective within their service area of meeting the needs of people
17 with mental disorders and avoiding placement of such individuals at the
18 state mental hospital. Behavioral health organizations are encouraged
19 to maximize the use of evidence-based practices and alternative
20 resources with the goal of substantially reducing and potentially
21 eliminating the use of institutions for mental diseases.

22 **Sec. 10.** RCW 71.24.025 and 2013 c 338 s 5 are each amended to read
23 as follows:

24 Unless the context clearly requires otherwise, the definitions in
25 this section apply throughout this chapter.

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

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

30 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
31 case of a child, a gravely disabled minor as defined in RCW 71.34.020;
32 or

33 (c) Presenting a likelihood of serious harm as defined in RCW
34 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

35 (2) "Available resources" means funds appropriated for the purpose
36 of providing community mental health programs, federal funds, except
37 those provided according to Title XIX of the Social Security Act, and

1 state funds appropriated under this chapter or chapter 71.05 RCW by the
2 legislature during any biennium for the purpose of providing
3 residential services, resource management services, community support
4 services, and other mental health services. This does not include
5 funds appropriated for the purpose of operating and administering the
6 state psychiatric hospitals.

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

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

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

13 (b) Has experienced a continuous psychiatric hospitalization or
14 residential treatment exceeding six months' duration within the
15 preceding year; or

16 (c) Has been unable to engage in any substantial gainful activity
17 by reason of any mental disorder which has lasted for a continuous
18 period of not less than twelve months. "Substantial gainful activity"
19 shall be defined by the department by rule consistent with Public Law
20 92-603, as amended.

21 (5) "Clubhouse" means a community-based program that provides
22 rehabilitation services and is certified by the department of social
23 and health services.

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

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

30 (8) "Community support services" means services authorized,
31 planned, and coordinated through resource management services
32 including, at a minimum, assessment, diagnosis, emergency crisis
33 intervention available twenty-four hours, seven days a week,
34 prescreening determinations for persons who are mentally ill being
35 considered for placement in nursing homes as required by federal law,
36 screening for patients being considered for admission to residential
37 services, diagnosis and treatment for children who are acutely mentally
38 ill or severely emotionally disturbed discovered under screening

1 through the federal Title XIX early and periodic screening, diagnosis,
2 and treatment program, investigation, legal, and other nonresidential
3 services under chapter 71.05 RCW, case management services, psychiatric
4 treatment including medication supervision, counseling, psychotherapy,
5 assuring transfer of relevant patient information between service
6 providers, recovery services, and other services determined by
7 (~~regional support networks~~) behavioral health organizations.

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

13 (10) "County authority" means the board of county commissioners,
14 county council, or county executive having authority to establish a
15 community mental health program, or two or more of the county
16 authorities specified in this subsection which have entered into an
17 agreement to provide a community mental health program.

18 (11) "Department" means the department of social and health
19 services.

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

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

29 (14) "Evidence-based" means a program or practice that has been
30 tested in heterogeneous or intended populations with multiple
31 randomized, or statistically controlled evaluations, or both; or one
32 large multiple site randomized, or statistically controlled evaluation,
33 or both, where the weight of the evidence from a systemic review
34 demonstrates sustained improvements in at least one outcome.
35 "Evidence-based" also means a program or practice that can be
36 implemented with a set of procedures to allow successful replication in
37 Washington and, when possible, is determined to be cost-beneficial.

1 (15) "Licensed service provider" means an entity licensed according
2 to this chapter or chapter 71.05 or 70.96A RCW or an entity deemed to
3 meet state minimum standards as a result of accreditation by a
4 recognized behavioral health accrediting body recognized and having a
5 current agreement with the department, or tribal attestation that meets
6 state minimum standards, or persons licensed under chapter 18.57,
7 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and
8 advanced registered nurse practitioners.

9 (16) "Long-term inpatient care" means inpatient services for
10 persons committed for, or voluntarily receiving intensive treatment
11 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-
12 term inpatient care" as used in this chapter does not include: (a)
13 Services for individuals committed under chapter 71.05 RCW who are
14 receiving services pursuant to a conditional release or a court-ordered
15 less restrictive alternative to detention; or (b) services for
16 individuals voluntarily receiving less restrictive alternative
17 treatment on the grounds of the state hospital.

18 (17) "Mental health services" means all services provided by
19 (~~(regional support networks)~~) behavioral health organizations and other
20 services provided by the state for persons who are mentally ill.

21 (18) "Mentally ill persons," "persons who are mentally ill," and
22 "the mentally ill" mean persons and conditions defined in subsections
23 (1), (4), (27), and (28) of this section.

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

26 (20) "~~(Regional support network)~~ Behavioral health organization"
27 means (~~(a)~~) any county authority or group of county authorities or
28 other entity recognized by the secretary in contract in a defined
29 region.

30 (21) "Registration records" include all the records of the
31 department, (~~(regional support networks)~~) behavioral health
32 organizations, treatment facilities, and other persons providing
33 services to the department, county departments, or facilities which
34 identify persons who are receiving or who at any time have received
35 services for mental illness.

36 (22) "Research-based" means a program or practice that has been
37 tested with a single randomized, or statistically controlled
38 evaluation, or both, demonstrating sustained desirable outcomes; or

1 where the weight of the evidence from a systemic review supports
2 sustained outcomes as described in subsection (14) of this section but
3 does not meet the full criteria for evidence-based.

4 (23) "Residential services" means a complete range of residences
5 and supports authorized by resource management services and which may
6 involve a facility, a distinct part thereof, or services which support
7 community living, for persons who are acutely mentally ill, adults who
8 are chronically mentally ill, children who are severely emotionally
9 disturbed, or adults who are seriously disturbed and determined by the
10 (~~regional support network~~) behavioral health organization to be at
11 risk of becoming acutely or chronically mentally ill. The services
12 shall include at least evaluation and treatment services as defined in
13 chapter 71.05 RCW, acute crisis respite care, long-term adaptive and
14 rehabilitative care, and supervised and supported living services, and
15 shall also include any residential services developed to service
16 persons who are mentally ill in nursing homes, assisted living
17 facilities, and adult family homes, and may include outpatient services
18 provided as an element in a package of services in a supported housing
19 model. Residential services for children in out-of-home placements
20 related to their mental disorder shall not include the costs of food
21 and shelter, except for children's long-term residential facilities
22 existing prior to January 1, 1991.

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

26 (25) "Resource management services" mean the planning,
27 coordination, and authorization of residential services and community
28 support services administered pursuant to an individual service plan
29 for: (a) Adults and children who are acutely mentally ill; (b) adults
30 who are chronically mentally ill; (c) children who are severely
31 emotionally disturbed; or (d) adults who are seriously disturbed and
32 determined solely by a (~~regional support network~~) behavioral health
33 organization to be at risk of becoming acutely or chronically mentally
34 ill. Such planning, coordination, and authorization shall include
35 mental health screening for children eligible under the federal Title
36 XIX early and periodic screening, diagnosis, and treatment program.
37 Resource management services include seven day a week, twenty-four hour
38 a day availability of information regarding enrollment of adults and

1 children who are mentally ill in services and their individual service
2 plan to designated mental health professionals, evaluation and
3 treatment facilities, and others as determined by the ((~~regional~~
4 ~~support network~~)) behavioral health organization.

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

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

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

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

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

16 (d) Exhibits suicidal preoccupation or attempts; or

17 (e) Is a child diagnosed by a mental health professional, as
18 defined in chapter 71.34 RCW, as experiencing a mental disorder which
19 is clearly interfering with the child's functioning in family or school
20 or with peers or is clearly interfering with the child's personality
21 development and learning.

22 (28) "Severely emotionally disturbed child" or "child who is
23 severely emotionally disturbed" means a child who has been determined
24 by the ((~~regional support network~~)) behavioral health organization to
25 be experiencing a mental disorder as defined in chapter 71.34 RCW,
26 including those mental disorders that result in a behavioral or conduct
27 disorder, that is clearly interfering with the child's functioning in
28 family or school or with peers and who meets at least one of the
29 following criteria:

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

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

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

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

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

3 (ii) Changes in custodial adult;

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

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

9 (v) Drug or alcohol abuse; or

10 (vi) Homelessness.

11 (29) "State minimum standards" means minimum requirements
12 established by rules adopted by the secretary and necessary to
13 implement this chapter for: (a) Delivery of mental health services;
14 (b) licensed service providers for the provision of mental health
15 services; (c) residential services; and (d) community support services
16 and resource management services.

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

26 (31) "Tribal authority," for the purposes of this section and RCW
27 71.24.300 only, means: The federally recognized Indian tribes and the
28 major Indian organizations recognized by the secretary insofar as these
29 organizations do not have a financial relationship with any (~~regional~~
30 ~~support network~~) behavioral health organization that would present a
31 conflict of interest.

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

35 **Sec. 11.** RCW 71.24.035 and 2013 c 200 s 24 are each amended to
36 read as follows:

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

3 (2) The secretary shall provide for public, client, tribal, and
4 licensed service provider participation in developing the state mental
5 health program, developing contracts with (~~regional support networks~~)
6 behavioral health organizations, and any waiver request to the federal
7 government under medicaid.

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

12 (4) The secretary shall be designated as the (~~regional support~~
13 ~~network~~) behavioral health organization if the (~~regional support~~
14 ~~network~~) behavioral health organization fails to meet state minimum
15 standards or refuses to exercise responsibilities under its contract or
16 RCW 71.24.045, until such time as a new (~~regional support network~~)
17 behavioral health organization is designated (~~under RCW 71.24.320~~).

18 (5) The secretary shall:

19 (a) Develop a biennial state mental health program that
20 incorporates regional biennial needs assessments and regional mental
21 health service plans and state services for adults and children with
22 mental illness(~~. The secretary shall also develop a six-year state~~
23 ~~mental health plan~~);

24 (b) Assure that any (~~regional~~) behavioral health organization or
25 county community mental health program provides (~~access to treatment~~
26 ~~for the region's residents, including parents who are respondents in~~
27 ~~dependency cases, in the following order of priority: (i) Persons with~~
28 ~~acute mental illness; (ii) adults with chronic mental illness and~~
29 ~~children who are severely emotionally disturbed; and (iii) persons who~~
30 ~~are seriously disturbed. Such programs shall provide:~~

31 ~~(A) Outpatient services;~~

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

33 ~~(C) Day treatment for persons with mental illness which includes~~
34 ~~training in basic living and social skills, supported work, vocational~~
35 ~~rehabilitation, and day activities. Such services may include~~
36 ~~therapeutic treatment. In the case of a child, day treatment includes~~
37 ~~age-appropriate basic living and social skills, educational and~~
38 ~~prevocational services, day activities, and therapeutic treatment;~~

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

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

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

11 ~~(G) Community support services))~~ medically necessary services to
12 medicaid recipients consistent with the state's medicaid state plan or
13 federal waiver authorities, and nonmedicaid services consistent with
14 priorities established by the department;

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

18 (i) Licensed service providers. These rules shall permit a county-
19 operated mental health program to be licensed as a service provider
20 subject to compliance with applicable statutes and rules. The
21 secretary shall provide for deeming of compliance with state minimum
22 standards for those entities accredited by recognized behavioral health
23 accrediting bodies recognized and having a current agreement with the
24 department;

25 (ii) ~~((Regional support networks; and~~

26 ~~(iii)))~~ Inpatient services, evaluation and treatment services and
27 facilities under chapter 71.05 RCW, resource management services, and
28 community support services;

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

33 (e) Establish a standard contract or contracts, consistent with
34 state minimum standards(~~(, RCW 71.24.320 and 71.24.330,)~~) which shall
35 be used in contracting with (~~(regional support networks))~~) behavioral
36 health organizations. The standard contract shall include a maximum
37 fund balance, which shall be consistent with that required by federal
38 regulations or waiver stipulations;

1 (f) Establish, to the extent possible, a standardized auditing
2 procedure which is designed to assure compliance with contractual
3 agreements authorized by this chapter and minimizes paperwork
4 requirements of ~~((regional support networks))~~ behavioral health
5 organizations and licensed service providers. The audit procedure
6 shall focus on the outcomes of service ~~((and not the processes for~~
7 ~~accomplishing them))~~ as provided in RCW 43.20A.895, 70.320.020, and
8 71.36.025;

9 (g) Develop and maintain an information system to be used by the
10 state and ~~((regional support networks))~~ behavioral health organizations
11 that includes a tracking method which allows the department and
12 ~~((regional support networks))~~ behavioral health organizations to
13 identify mental health clients' participation in any mental health
14 service or public program on an immediate basis. The information
15 system shall not include individual patient's case history files.
16 Confidentiality of client information and records shall be maintained
17 as provided in this chapter and chapter 70.02 RCW;

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

19 ~~((Certify regional support networks that meet state minimum~~
20 ~~standards;~~

21 ~~((j))~~ Periodically monitor the compliance of ~~((certified regional~~
22 ~~support networks))~~ behavioral health organizations and their network of
23 licensed service providers for compliance with the contract between the
24 department, the ~~((regional support network))~~ behavioral health
25 organization, and federal and state rules at reasonable times and in a
26 reasonable manner;

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

29 ~~((l))~~ (k) Monitor and audit ~~((regional support networks))~~
30 behavioral health organizations and licensed service providers as
31 needed to assure compliance with contractual agreements authorized by
32 this chapter;

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

35 ~~((n) Assure the availability of an appropriate amount, as~~
36 ~~determined by the legislature in the operating budget by amounts~~
37 ~~appropriated for this specific purpose, of community based,~~
38 ~~geographically distributed residential services;~~

1 ~~(o)~~) (m) License or certify crisis stabilization units that meet
2 state minimum standards;

3 ~~((p))~~ (n) License or certify clubhouses that meet state minimum
4 standards; and

5 ~~((q))~~ (o) License or certify triage facilities that meet state
6 minimum standards.

7 (6) The secretary shall use available resources only for ~~((regional~~
8 ~~support networks))~~ behavioral health organizations, except:

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

11 (b) To incentivize improved performance with respect to the client
12 outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025,
13 integration of behavioral health and medical services at the clinical
14 level, and improved care coordination for individuals with complex care
15 needs.

16 (7) Each ~~((certified regional support network))~~ behavioral health
17 organization and licensed service provider shall file with the
18 secretary, on request, such data, statistics, schedules, and
19 information as the secretary reasonably requires. A ~~((certified~~
20 ~~regional support network))~~ behavioral health organization or licensed
21 service provider which, without good cause, fails to furnish any data,
22 statistics, schedules, or information as requested, or files fraudulent
23 reports thereof, may ~~((have its))~~ be subject to the behavioral health
24 organization contractual remedies in section 3 of this act or may have
25 its service provider certification or license revoked or suspended.

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

30 (9) The superior court may restrain any ~~((regional support~~
31 ~~network))~~ behavioral health organization or service provider from
32 operating without a contract, certification, or a license or any other
33 violation of this section. The court may also review, pursuant to
34 procedures contained in chapter 34.05 RCW, any denial, suspension,
35 limitation, restriction, or revocation of certification or license, and
36 grant other relief required to enforce the provisions of this chapter.

37 (10) Upon petition by the secretary, and after hearing held upon
38 reasonable notice to the facility, the superior court may issue a

1 warrant to an officer or employee of the secretary authorizing him or
2 her to enter at reasonable times, and examine the records, books, and
3 accounts of any ((~~regional support network~~)) behavioral health
4 organizations or service provider refusing to consent to inspection or
5 examination by the authority.

6 (11) Notwithstanding the existence or pursuit of any other remedy,
7 the secretary may file an action for an injunction or other process
8 against any person or governmental unit to restrain or prevent the
9 establishment, conduct, or operation of a ((~~regional support network~~))
10 behavioral health organization or service provider without a contract,
11 certification, or a license under this chapter.

12 (12) The standards for certification or licensure of evaluation and
13 treatment facilities shall include standards relating to maintenance of
14 good physical and mental health and other services to be afforded
15 persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and
16 shall otherwise assure the effectuation of the purposes of these
17 chapters.

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

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

22 (b) Require administration of the unit by mental health
23 professionals who direct the stabilization and rehabilitation efforts;
24 and

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

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

29 (a) The facilities may be peer-operated and must be
30 recovery-focused;

31 (b) Members and employees must work together;

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

36 (d) Members and staff and ultimately the clubhouse director must be
37 responsible for the operation of the clubhouse, central to this

1 responsibility is the engagement of members and staff in all aspects of
2 clubhouse operations;

3 (e) Clubhouse programs must be comprised of structured activities
4 including but not limited to social skills training, vocational
5 rehabilitation, employment training and job placement, and community
6 resource development;

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

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

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

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

18 (16) The secretary shall assume all duties assigned to the
19 nonparticipating ((~~regional support networks~~)) behavioral health
20 organizations under chapters 71.05 and 71.34 RCW and this chapter.
21 Such responsibilities shall include those which would have been
22 assigned to the nonparticipating counties in regions where there are
23 not participating ((~~regional support networks~~)) behavioral health
24 organizations.

25 The ((~~regional support networks~~)) behavioral health organizations,
26 or the secretary's assumption of all responsibilities under chapters
27 71.05 and 71.34 RCW and this chapter, shall be included in all state
28 and federal plans affecting the state mental health program including
29 at least those required by this chapter, the medicaid program, and P.L.
30 99-660. Nothing in these plans shall be inconsistent with the intent
31 and requirements of this chapter.

32 (17) The secretary shall:

33 (a) Disburse funds for the ((~~regional support networks~~)) behavioral
34 health organizations within sixty days of approval of the biennial
35 contract. The department must either approve or reject the biennial
36 contract within sixty days of receipt.

37 (b) Enter into biennial contracts with ((~~regional support~~
38 ~~networks~~)) behavioral health organizations. The contracts shall be

1 consistent with available resources. No contract shall be approved
2 that does not include progress toward meeting the goals of this chapter
3 by taking responsibility for: (i) Short-term commitments; (ii)
4 residential care; and (iii) emergency response systems.

5 (c) Notify (~~regional support networks~~) behavioral health
6 organizations of their allocation of available resources at least sixty
7 days prior to the start of a new biennial contract period.

8 (d) Deny all or part of the funding allocations to (~~regional~~
9 ~~support networks~~) behavioral health organizations based solely upon
10 formal findings of noncompliance with the terms of the (~~regional~~
11 ~~support network's~~) behavioral health organization's contract with the
12 department. (~~Regional support networks~~) Behavioral health
13 organizations disputing the decision of the secretary to withhold
14 funding allocations are limited to the remedies provided in the
15 department's contracts with the (~~regional support networks~~)
16 behavioral health organizations.

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

24 **Sec. 12.** RCW 71.24.045 and 2006 c 333 s 105 are each amended to
25 read as follows:

26 The regional support network shall:

27 (1) Contract as needed with licensed service providers. The
28 regional support network may, in the absence of a licensed service
29 provider entity, become a licensed service provider entity pursuant to
30 minimum standards required for licensing by the department for the
31 purpose of providing services not available from licensed service
32 providers;

33 (2) Operate as a licensed service provider if it deems that doing
34 so is more efficient and cost effective than contracting for services.
35 When doing so, the regional support network shall comply with rules
36 promulgated by the secretary that shall provide measurements to

1 determine when a regional support network provided service is more
2 efficient and cost effective;

3 (3) Monitor and perform biennial fiscal audits of licensed service
4 providers who have contracted with the regional support network to
5 provide services required by this chapter. The monitoring and audits
6 shall be performed by means of a formal process which insures that the
7 licensed service providers and professionals designated in this
8 subsection meet the terms of their contracts;

9 (4) Establish reasonable limitations on administrative costs for
10 agencies that contract with the behavioral health organization;

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

15 ~~((+5))~~ (6) Maintain patient tracking information in a central
16 location as required for resource management services and the
17 department's information system;

18 ~~((+6))~~ (7) Collaborate to ensure that policies do not result in an
19 adverse shift of ~~((mentally ill))~~ persons with mental illness into
20 state and local correctional facilities;

21 ~~((+7))~~ (8) Work with the department to expedite the enrollment or
22 re-enrollment of eligible persons leaving state or local correctional
23 facilities and institutions for mental diseases;

24 ~~((+8))~~ (9) If a regional support network is not operated by the
25 county, work closely with the county designated mental health
26 professional or county designated crisis responder to maximize
27 appropriate placement of persons into community services; and

28 ~~((+9))~~ (10) Coordinate services for individuals who have received
29 services through the community mental health system and who become
30 patients at a state ~~((mental))~~ psychiatric hospital to ensure they are
31 transitioned into the community in accordance with mutually agreed upon
32 discharge plans and upon determination by the medical director of the
33 state ~~((mental))~~ psychiatric hospital that they no longer need
34 intensive inpatient care.

35 **Sec. 13.** RCW 71.24.045 and 2014 c . . . s 11 (section 12 of this
36 act) are each amended to read as follows:

1 The (~~regional support network~~) behavioral health organization
2 shall:

3 (1) Contract as needed with licensed service providers. The
4 (~~regional support network~~) behavioral health organization may, in the
5 absence of a licensed service provider entity, become a licensed
6 service provider entity pursuant to minimum standards required for
7 licensing by the department for the purpose of providing services not
8 available from licensed service providers;

9 (2) Operate as a licensed service provider if it deems that doing
10 so is more efficient and cost effective than contracting for services.
11 When doing so, the (~~regional support network~~) behavioral health
12 organization shall comply with rules promulgated by the secretary that
13 shall provide measurements to determine when a (~~regional support~~
14 ~~network~~) behavioral health organization provided service is more
15 efficient and cost effective;

16 (3) Monitor and perform biennial fiscal audits of licensed service
17 providers who have contracted with the (~~regional support network~~)
18 behavioral health organization to provide services required by this
19 chapter. The monitoring and audits shall be performed by means of a
20 formal process which insures that the licensed service providers and
21 professionals designated in this subsection meet the terms of their
22 contracts;

23 (4) Establish reasonable limitations on administrative costs for
24 agencies that contract with the behavioral health organization;

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

28 (6) Maintain patient tracking information in a central location as
29 required for resource management services and the department's
30 information system;

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

34 (8) Work with the department to expedite the enrollment or re-
35 enrollment of eligible persons leaving state or local correctional
36 facilities and institutions for mental diseases;

37 (9) (~~If a regional support network is not operated by the~~

1 ~~county,~~) Work closely with the county designated mental health
2 professional or county designated crisis responder to maximize
3 appropriate placement of persons into community services; and

4 (10) Coordinate services for individuals who have received services
5 through the community mental health system and who become patients at
6 a state psychiatric hospital to ensure they are transitioned into the
7 community in accordance with mutually agreed upon discharge plans and
8 upon determination by the medical director of the state psychiatric
9 hospital that they no longer need intensive inpatient care.

10 **Sec. 14.** RCW 71.24.100 and 2012 c 117 s 442 are each amended to
11 read as follows:

12 A county authority or a group of county authorities may enter into
13 a joint operating agreement to ~~((form))~~ respond to a request for a
14 detailed plan and contract with the state to operate a ~~((regional~~
15 ~~support network))~~ behavioral health organization whose boundaries are
16 consistent with the regional service areas established under section 2
17 of this act. Any agreement between two or more county authorities
18 ~~((for the establishment of a regional support network))~~ shall provide:

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

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

26 **Sec. 15.** RCW 71.24.110 and 1999 c 10 s 7 are each amended to read
27 as follows:

28 An agreement ~~((for the establishment of a community mental health~~
29 ~~program))~~ to contract with the state to operate a behavioral health
30 organization under RCW 71.24.100 may also provide:

31 (1) For the joint supervision or operation of services and
32 facilities, or for the supervision or operation of service and
33 facilities by one participating county under contract for the other
34 participating counties; and

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

1 **Sec. 16.** RCW 71.24.340 and 2005 c 503 s 13 are each amended to
2 read as follows:

3 The secretary shall require the (~~regional support networks~~)
4 behavioral health organizations to develop (~~interlocal agreements~~
5 ~~pursuant to RCW 74.09.555. To this end, the regional support networks~~
6 ~~shall~~) agreements with city and county jails to accept referrals for
7 enrollment on behalf of a confined person, prior to the person's
8 release.

9 **Sec. 17.** RCW 71.24.420 and 2001 c 323 s 2 are each amended to read
10 as follows:

11 The department shall operate the community mental health service
12 delivery system authorized under this chapter within the following
13 constraints:

14 (1) The full amount of federal funds for mental health services,
15 plus qualifying state expenditures as appropriated in the biennial
16 operating budget, shall be appropriated to the department each year in
17 the biennial appropriations act to carry out the provisions of the
18 community mental health service delivery system authorized in this
19 chapter.

20 (2) The department may expend funds defined in subsection (1) of
21 this section in any manner that will effectively accomplish the outcome
22 measures (~~defined in section 5 of this act~~) established in RCW
23 43.20A.895 and 71.36.025 and performance measures linked to those
24 outcomes.

25 (3) The department shall implement strategies that accomplish the
26 outcome measures (~~identified in section 5 of this act that are within~~
27 ~~the funding constraints in this section~~) established in RCW
28 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked
29 to those outcomes.

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

32 **Sec. 18.** RCW 70.96A.010 and 1989 c 271 s 304 are each amended to
33 read as follows:

34 It is the policy of this state that (~~alcoholics~~) persons with
35 alcoholism and intoxicated persons may not be subjected to criminal
36 prosecution solely because of their consumption of alcoholic beverages

1 but rather should, within available funds, be afforded a continuum of
2 treatment in order that they may lead normal lives as productive
3 members of society. Within available funds, treatment should also be
4 provided for (~~(drug addicts)~~) persons with drug addiction.

5 **Sec. 19.** RCW 70.96A.011 and 1989 c 270 s 1 are each amended to
6 read as follows:

7 The legislature finds that the use of alcohol and other drugs has
8 become a serious threat to the health of the citizens of the state of
9 Washington. The use of psychoactive chemicals has been found to be a
10 prime factor in the current AIDS epidemic. Therefore, a comprehensive
11 statute to deal with alcoholism and other drug addiction is necessary.

12 The legislature agrees with the 1987 resolution of the American
13 Medical Association that endorses the proposition that all chemical
14 dependencies, including alcoholism, are diseases. It is the intent of
15 the legislature to (~~(end the sharp distinctions between alcoholism
16 services and other drug addiction services, to)~~) recognize that
17 chemical dependency is a disease, and to insure that prevention and
18 treatment services are available and are of high quality. It is the
19 purpose of this chapter to provide the financial assistance necessary
20 to enable the department of social and health services to provide a
21 (~~(discrete)~~) program of alcoholism and other drug addiction services.

22 **Sec. 20.** RCW 70.96A.020 and 2001 c 13 s 1 are each amended to read
23 as follows:

24 For the purposes of this chapter the following words and phrases
25 shall have the following meanings unless the context clearly requires
26 otherwise:

27 (1) (~~("Alcoholic" means a person who suffers from the disease of
28 alcoholism.~~

29 (+2)) "Alcoholism" means a disease, characterized by a dependency
30 on alcoholic beverages, loss of control over the amount and
31 circumstances of use, symptoms of tolerance, physiological or
32 psychological withdrawal, or both, if use is reduced or discontinued,
33 and impairment of health or disruption of social or economic
34 functioning.

35 ((+3)) (2) "Approved treatment program" means a (~~(discrete)~~)
36 program (~~(of chemical dependency treatment)~~) for persons with a

1 substance use disorder provided by a treatment program certified by the
2 department of social and health services as meeting standards adopted
3 under this chapter.

4 ((+4)) (3) "Chemical dependency" means:

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

7 ((+5)) (4) "Chemical dependency program" means expenditures and
8 activities of the department designed and conducted to prevent or treat
9 alcoholism and other drug addiction, including reasonable
10 administration and overhead.

11 ((+6)) (5) "Department" means the department of social and health
12 services.

13 ((+7)) (6) "Designated chemical dependency specialist" or
14 "specialist" means a person designated by the behavioral health
15 organization or by the county alcoholism and other drug addiction
16 program coordinator designated under RCW 70.96A.310 to perform the
17 commitment duties described in RCW 70.96A.140 and qualified to do so by
18 meeting standards adopted by the department.

19 ((+8)) (7) "Director" means the person administering the
20 ((~~chemical dependency~~)) substance use disorder program within the
21 department.

22 ((+9)) ~~"Drug addict" means a person who suffers from the disease of~~
23 ~~drug addiction.~~

24 (+10)) (8) "Drug addiction" means a disease characterized by a
25 dependency on psychoactive chemicals, loss of control over the amount
26 and circumstances of use, symptoms of tolerance, physiological or
27 psychological withdrawal, or both, if use is reduced or discontinued,
28 and impairment of health or disruption of social or economic
29 functioning.

30 ((+11)) (9) "Emergency service patrol" means a patrol established
31 under RCW 70.96A.170.

32 ((+12)) (10) "Gravely disabled by alcohol or other psychoactive
33 chemicals" or "gravely disabled" means that a person, as a result of
34 the use of alcohol or other psychoactive chemicals: (a) Is in danger
35 of serious physical harm resulting from a failure to provide for his or
36 her essential human needs of health or safety; or (b) manifests severe
37 deterioration in routine functioning evidenced by a repeated and

1 escalating loss of cognition or volitional control over his or her
2 actions and is not receiving care as essential for his or her health or
3 safety.

4 ~~((+13+))~~ (11) "History of one or more violent acts" refers to the
5 period of time ten years prior to the filing of a petition under this
6 chapter, excluding any time spent, but not any violent acts committed,
7 in a mental health facility, or a long-term alcoholism or drug
8 treatment facility, or in confinement.

9 ~~((+14+))~~ (12) "Incapacitated by alcohol or other psychoactive
10 chemicals" means that a person, as a result of the use of alcohol or
11 other psychoactive chemicals, is gravely disabled or presents a
12 likelihood of serious harm to himself or herself, to any other person,
13 or to property.

14 ~~((+15+))~~ (13) "Incompetent person" means a person who has been
15 adjudged incompetent by the superior court.

16 ~~((+16+))~~ (14) "Intoxicated person" means a person whose mental or
17 physical functioning is substantially impaired as a result of the use
18 of alcohol or other psychoactive chemicals.

19 ~~((+17+))~~ (15) "Licensed physician" means a person licensed to
20 practice medicine or osteopathic medicine and surgery in the state of
21 Washington.

22 ~~((+18+))~~ (16) "Likelihood of serious harm" means:

23 (a) A substantial risk that: (i) Physical harm will be inflicted
24 by an individual upon his or her own person, as evidenced by threats or
25 attempts to commit suicide or inflict physical harm on one's self; (ii)
26 physical harm will be inflicted by an individual upon another, as
27 evidenced by behavior that has caused the harm or that places another
28 person or persons in reasonable fear of sustaining the harm; or (iii)
29 physical harm will be inflicted by an individual upon the property of
30 others, as evidenced by behavior that has caused substantial loss or
31 damage to the property of others; or

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

34 ~~((+19+))~~ (17) "Medical necessity" for inpatient care of a minor
35 means a requested certified inpatient service that is reasonably
36 calculated to: (a) Diagnose, arrest, or alleviate a chemical
37 dependency; or (b) prevent the ~~((worsening of chemical dependency~~
38 ~~conditions))~~ progression of substance use disorders that endanger life

1 or cause suffering and pain, or result in illness or infirmity or
2 threaten to cause or aggravate a handicap, or cause physical deformity
3 or malfunction, and there is no adequate less restrictive alternative
4 available.

5 ((+20)) (18) "Minor" means a person less than eighteen years of
6 age.

7 ((+21)) (19) "Parent" means the parent or parents who have the
8 legal right to custody of the child. Parent includes custodian or
9 guardian.

10 ((+22)) (20) "Peace officer" means a law enforcement official of
11 a public agency or governmental unit, and includes persons specifically
12 given peace officer powers by any state law, local ordinance, or
13 judicial order of appointment.

14 ((+23)) (21) "Person" means an individual, including a minor.

15 ((+24)) (22) "Professional person in charge" or "professional
16 person" means a physician or chemical dependency counselor as defined
17 in rule by the department, who is empowered by a certified treatment
18 program with authority to make assessment, admission, continuing care,
19 and discharge decisions on behalf of the certified program.

20 ((+25)) (23) "Secretary" means the secretary of the department of
21 social and health services.

22 ((+26)) (24) "Treatment" means the broad range of emergency,
23 ~~((detoxification))~~ withdrawal management, residential, and outpatient
24 services and care, including diagnostic evaluation, chemical dependency
25 education and counseling, medical, psychiatric, psychological, and
26 social service care, vocational rehabilitation and career counseling,
27 which may be extended to ~~((alcoholics and other drug addicts))~~ persons
28 with substance use disorders and their families, persons incapacitated
29 by alcohol or other psychoactive chemicals, and intoxicated persons.

30 ((+27)) (25) "Treatment program" means an organization,
31 institution, or corporation, public or private, engaged in the care,
32 treatment, or rehabilitation of ~~((alcoholics or other drug addicts))~~
33 persons with substance use disorder.

34 ((+28)) (26) "Violent act" means behavior that resulted in
35 homicide, attempted suicide, nonfatal injuries, or substantial damage
36 to property.

37 (27) "Behavioral health organization" means a county authority or

1 group of county authorities or other entity recognized by the secretary
2 in contract in a defined regional service area.

3 (28) "Behavioral health services" means mental health services as
4 described in chapters 71.24 and 71.36 RCW and chemical dependency
5 treatment services as described in this chapter.

6 (29) "Substance use disorder" means a cluster of cognitive,
7 behavioral, and physiological symptoms indicating that an individual
8 continues using the substance despite significant substance-related
9 problems. The diagnosis of a substance use disorder is based on a
10 pathological pattern of behaviors related to the use of the substances.

11 **Sec. 21.** RCW 70.96A.030 and 1989 c 270 s 4 are each amended to
12 read as follows:

13 A (~~discrete~~) program (~~of chemical dependency~~) for persons with
14 a substance use disorder is established within the department of social
15 and health services, to be administered by a qualified person who has
16 training and experience in handling alcoholism and other drug addiction
17 problems or the organization or administration of treatment services
18 for persons suffering from alcoholism or other drug addiction problems.

19 **Sec. 22.** RCW 70.96A.040 and 1989 c 270 s 5 are each amended to
20 read as follows:

21 The department, in the operation of the chemical dependency program
22 may:

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

25 (2) Make contracts necessary or incidental to the performance of
26 its duties and the execution of its powers, including managed care
27 contracts for behavioral health services, contracts entered into under
28 RCW 74.09.522, and contracts with public and private agencies,
29 organizations, and individuals to pay them for services rendered or
30 furnished to (~~alcoholics or other drug addicts~~) persons with
31 substance use disorders, persons incapacitated by alcohol or other
32 psychoactive chemicals, or intoxicated persons;

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

35 (4) Adopt rules under chapter 34.05 RCW to carry out the provisions

1 and purposes of this chapter and contract, cooperate, and coordinate
2 with other public or private agencies or individuals for those
3 purposes;

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

10 (6) Administer or supervise the administration of the provisions
11 relating to (~~alcoholics, other drug addicts,~~) persons with substance
12 use disorders and intoxicated persons of any state plan submitted for
13 federal funding pursuant to federal health, welfare, or treatment
14 legislation;

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

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

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

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

29 **Sec. 23.** RCW 70.96A.050 and 2001 c 13 s 2 are each amended to read
30 as follows:

31 The department shall:

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

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

4 (2) Assure that any behavioral health organization managed care
5 contract, or managed care contract under RCW 74.09.522 for behavioral
6 health services or programs for the treatment of persons with substance
7 use disorders, and their families, persons incapacitated by alcohol or
8 other psychoactive chemicals, and intoxicated persons provides
9 medically necessary services to medicaid recipients. This must include
10 a continuum of mental health and chemical dependency services
11 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~~) persons with substance use
18 disorders and their families, persons incapacitated by alcohol or other
19 psychoactive chemicals, and 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~~) persons with substance use
23 disorders and their families, persons incapacitated by alcohol or other
24 psychoactive chemicals, and intoxicated persons who are clients of the
25 correctional system;

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

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

1 ((+6+)) (7) Develop and implement, as an integral part of treatment
2 programs, an educational program for use in the treatment of
3 ~~((alcoholics or other drug addicts))~~ persons with substance use
4 disorders, persons incapacitated by alcohol or other psychoactive
5 chemicals, and intoxicated persons, which program shall include the
6 dissemination of information concerning the nature and effects of
7 alcohol and other psychoactive chemicals, the consequences of their
8 use, the principles of recovery, and HIV and AIDS;

9 ((+7+)) (8) Organize and foster training programs for persons
10 engaged in treatment of ~~((alcoholics or other drug addicts))~~ persons
11 with substance use disorders, persons incapacitated by alcohol or other
12 psychoactive chemicals, and intoxicated persons;

13 ((+8+)) (9) Sponsor and encourage research into the causes and
14 nature of alcoholism and other drug addiction, treatment of
15 ~~((alcoholics and other drug addicts))~~ persons with substance use
16 disorders, persons incapacitated by alcohol or other psychoactive
17 chemicals, and intoxicated persons, and serve as a clearinghouse for
18 information relating to alcoholism or other drug addiction;

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

24 ((+10+)) (11) Advise the governor in the preparation of a
25 comprehensive plan for treatment of ~~((alcoholics and other drug~~
26 ~~addicts))~~ persons with substance use disorders, persons incapacitated
27 by alcohol or other psychoactive chemicals, and intoxicated persons for
28 inclusion in the state's comprehensive health plan;

29 ((+11+)) (12) Review all state health, welfare, and treatment plans
30 to be submitted for federal funding under federal legislation, and
31 advise the governor on provisions to be included relating to
32 ~~((alcoholism and other drug addiction, persons incapacitated by alcohol~~
33 ~~or other psychoactive chemicals, and intoxicated persons))~~ substance
34 use disorders;

35 ((+12+)) (13) Assist in the development of, and cooperate with,
36 programs for alcohol and other psychoactive chemical education and
37 treatment for employees of state and local governments and businesses
38 and industries in the state;

1 (~~(13)~~) (14) Use the support and assistance of interested persons
2 in the community to encourage (~~(alcoholics and other drug addicts)~~)
3 persons with substance use disorders voluntarily to undergo treatment;

4 (~~(14)~~) (15) Cooperate with public and private agencies in
5 establishing and conducting programs designed to deal with the problem
6 of persons operating motor vehicles while intoxicated;

7 (~~(15)~~) (16) Encourage general hospitals and other appropriate
8 health facilities to admit without discrimination (~~(alcoholics and~~
9 ~~other drug addicts)~~) persons with substance use disorders, persons
10 incapacitated by alcohol or other psychoactive chemicals, and
11 intoxicated persons and to provide them with adequate and appropriate
12 treatment;

13 (~~(16)~~) (17) Encourage all health and disability insurance
14 programs to include alcoholism and other drug addiction as a covered
15 illness; and

16 (~~(17)~~) (18) Organize and sponsor a statewide program to help
17 court personnel, including judges, better understand the disease of
18 alcoholism and other drug addiction and the uses of chemical dependency
19 treatment programs.

20 **Sec. 24.** RCW 70.96A.060 and 1989 c 270 s 8 are each amended to
21 read as follows:

22 (1) An interdepartmental coordinating committee is established,
23 composed of the superintendent of public instruction or his or her
24 designee, the director of licensing or his or her designee, the
25 executive secretary of the Washington state law enforcement training
26 commission or his or her designee, and one or more designees (not to
27 exceed three) of the secretary, one of whom shall be the director of
28 the chemical dependency program. The committee shall meet at least
29 twice annually at the call of the secretary, or his or her designee,
30 who shall be its chair. The committee shall provide for the
31 coordination of, and exchange of information on, all programs relating
32 to alcoholism and other drug addiction, and shall act as a permanent
33 liaison among the departments engaged in activities affecting
34 (~~(alcoholics and other drug addicts)~~) persons with substance use
35 disorders, persons incapacitated by alcohol or other psychoactive
36 chemicals, and intoxicated persons. The committee shall assist the
37 secretary and director in formulating a comprehensive plan for

1 prevention of alcoholism and other drug addiction, for treatment of
2 (~~alcoholics and other drug addicts~~) persons with substance use
3 disorders, persons incapacitated by alcohol or other psychoactive
4 chemicals, and intoxicated persons.

5 (2) In exercising its coordinating functions, the committee shall
6 assure that:

7 (a) The appropriate state agencies provide or assure all necessary
8 medical, social, treatment, and educational services for (~~alcoholics~~
9 ~~and other drug addicts~~) persons with substance use disorders and their
10 families, persons incapacitated by alcohol or other psychoactive
11 chemicals, and intoxicated persons and for the prevention of alcoholism
12 and other chemical dependency, without unnecessary duplication of
13 services;

14 (b) The several state agencies cooperate in the use of facilities
15 and in the treatment of (~~alcoholics and other drug addicts~~) persons
16 with substance use disorders, persons incapacitated by alcohol or other
17 psychoactive chemicals, and intoxicated persons; and

18 (c) All state agencies adopt approaches to the prevention of
19 (~~alcoholism and other drug addiction~~) substance use disorders, the
20 treatment of (~~alcoholics and other drug addicts~~) persons with
21 substance use disorders and their families, persons incapacitated by
22 alcohol or other psychoactive chemicals, and intoxicated persons
23 consistent with the policy of this chapter.

24 **Sec. 25.** RCW 70.96A.080 and 1989 c 270 s 18 are each amended to
25 read as follows:

26 (1) In coordination with the health care authority, the department
27 shall establish by (~~all~~) appropriate means, (~~including contracting~~
28 for services,)) a comprehensive and coordinated (~~discrete~~) program
29 for the treatment of (~~alcoholics and other drug addicts~~) persons with
30 substance use disorders, and their families, persons incapacitated by
31 alcohol or other psychoactive chemicals, and intoxicated persons.

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

35 (~~(a) Detoxification~~) (i) Withdrawal management;

36 (~~(b)~~) (ii) Residential treatment; and

37 (~~(c)~~) (iii) Outpatient treatment.

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

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

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

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

13 **Sec. 26.** RCW 70.96A.085 and 1989 c 270 s 12 are each amended to
14 read as follows:

15 A city, town, or county that does not have its own facility or
16 program for the treatment and rehabilitation of (~~(alcoholics and other~~
17 ~~drug addicts)) persons with substance use disorders may share in the
18 use of a facility or program maintained by another city or county so
19 long as it contributes no less than two percent of its share of liquor
20 taxes and profits to the support of the facility or program.~~

21 **Sec. 27.** RCW 70.96A.100 and 1989 c 270 s 23 are each amended to
22 read as follows:

23 The secretary shall adopt and may amend and repeal rules for
24 acceptance of persons into the approved treatment program, considering
25 available treatment resources and facilities, for the purpose of early
26 and effective treatment of (~~(alcoholics and other drug addicts))~~
27 persons with substance use disorders, persons incapacitated by alcohol
28 or other psychoactive chemicals, and intoxicated persons. In
29 establishing the rules, the secretary shall be guided by the following
30 standards:

31 (1) If possible a patient shall be treated on a voluntary rather
32 than an involuntary basis.

33 (2) A patient shall be initially assigned or transferred to
34 outpatient treatment, unless he or she is found to require residential
35 treatment.

1 (3) A person shall not be denied treatment solely because he or she
2 has withdrawn from treatment against medical advice on a prior occasion
3 or because he or she has relapsed after earlier treatment.

4 (4) An individualized treatment plan shall be prepared and
5 maintained on a current basis for each patient.

6 (5) Provision shall be made for a continuum of coordinated
7 treatment services, so that a person who leaves a facility or a form of
8 treatment will have available and use other appropriate treatment.

9 **Sec. 28.** RCW 70.96A.110 and 1990 c 151 s 7 are each amended to
10 read as follows:

11 (1) (~~An alcoholic or other drug addict~~) An individual with a
12 substance use disorder may apply for voluntary treatment directly to an
13 approved treatment program. If the proposed patient is a minor or an
14 incompetent person, he or she, a parent, a legal guardian, or other
15 legal representative may make the application.

16 (2) Subject to rules adopted by the secretary, the administrator in
17 charge of an approved treatment program may determine who shall be
18 admitted for treatment. If a person is refused admission to an
19 approved treatment program, the administrator, subject to rules adopted
20 by the secretary, shall refer the person to another approved treatment
21 program for treatment if possible and appropriate.

22 (3) If a patient receiving inpatient care leaves an approved
23 treatment program, he or she shall be encouraged to consent to
24 appropriate outpatient treatment. If it appears to the administrator
25 in charge of the treatment program that the patient is (~~an alcoholic~~
26 ~~or other drug addict~~) an individual with a substance use disorder who
27 requires help, the department may arrange for assistance in obtaining
28 supportive services and residential programs.

29 (4) If a patient leaves an approved public treatment program, with
30 or against the advice of the administrator in charge of the program,
31 the department may make reasonable provisions for his or her
32 transportation to another program or to his or her home. If the
33 patient has no home he or she should be assisted in obtaining shelter.
34 If the patient is less than fourteen years of age or an incompetent
35 person the request for discharge from an inpatient program shall be
36 made by a parent, legal guardian, or other legal representative or by
37 the minor or incompetent if he or she was the original applicant.

1 **Sec. 29.** RCW 70.96A.140 and 2001 c 13 s 3 are each amended to read
2 as follows:

3 (1) When a designated chemical dependency specialist receives
4 information alleging that a person presents a likelihood of serious
5 harm or is gravely disabled as a result of chemical dependency, the
6 designated chemical dependency specialist, after investigation and
7 evaluation of the specific facts alleged and of the reliability and
8 credibility of the information, may file a petition for commitment of
9 such person with the superior court, district court, or in another
10 court permitted by court rule.

11 If a petition for commitment is not filed in the case of a minor,
12 the parent, guardian, or custodian who has custody of the minor may
13 seek review of that decision made by the designated chemical dependency
14 specialist in superior or district court. The parent, guardian, or
15 custodian shall file notice with the court and provide a copy of the
16 designated chemical dependency specialist's report.

17 If the designated chemical dependency specialist finds that the
18 initial needs of such person would be better served by placement within
19 the mental health system, the person shall be referred to either a
20 ((~~county~~)) designated mental health professional or an evaluation and
21 treatment facility as defined in RCW 71.05.020 or 71.34.020. If
22 placement in a chemical dependency program is available and deemed
23 appropriate, the petition shall allege that: The person is chemically
24 dependent and presents a likelihood of serious harm or is gravely
25 disabled by alcohol or drug addiction, or that the person has twice
26 before in the preceding twelve months been admitted for
27 ((~~detoxification~~)) withdrawal management, sobering services, or
28 chemical dependency treatment pursuant to RCW 70.96A.110 or 70.96A.120,
29 and is in need of a more sustained treatment program, or that the
30 person is chemically dependent and has threatened, attempted, or
31 inflicted physical harm on another and is likely to inflict physical
32 harm on another unless committed. A refusal to undergo treatment, by
33 itself, does not constitute evidence of lack of judgment as to the need
34 for treatment. The petition shall be accompanied by a certificate of
35 a licensed physician who has examined the person within five days
36 before submission of the petition, unless the person whose commitment
37 is sought has refused to submit to a medical examination, in which case
38 the fact of refusal shall be alleged in the petition. The certificate

1 shall set forth the licensed physician's findings in support of the
2 allegations of the petition. A physician employed by the petitioning
3 program or the department is eligible to be the certifying physician.

4 (2) Upon filing the petition, the court shall fix a date for a
5 hearing no less than two and no more than seven days after the date the
6 petition was filed unless the person petitioned against is presently
7 being detained in a program, pursuant to RCW 70.96A.120, 71.05.210, or
8 (~~71.34.050~~) 71.34.710, in which case the hearing shall be held within
9 seventy-two hours of the filing of the petition: PROVIDED, HOWEVER,
10 That the above specified seventy-two hours shall be computed by
11 excluding Saturdays, Sundays, and holidays: PROVIDED FURTHER, That,
12 the court may, upon motion of the person whose commitment is sought, or
13 upon motion of petitioner with written permission of the person whose
14 commitment is sought, or his or her counsel and, upon good cause shown,
15 extend the date for the hearing. A copy of the petition and of the
16 notice of the hearing, including the date fixed by the court, shall be
17 served by the designated chemical dependency specialist on the person
18 whose commitment is sought, his or her next of kin, a parent or his or
19 her legal guardian if he or she is a minor, and any other person the
20 court believes advisable. A copy of the petition and certificate shall
21 be delivered to each person notified.

22 (3) At the hearing the court shall hear all relevant testimony,
23 including, if possible, the testimony, which may be telephonic, of at
24 least one licensed physician who has examined the person whose
25 commitment is sought. Communications otherwise deemed privileged under
26 the laws of this state are deemed to be waived in proceedings under
27 this chapter when a court of competent jurisdiction in its discretion
28 determines that the waiver is necessary to protect either the detained
29 person or the public. The waiver of a privilege under this section is
30 limited to records or testimony relevant to evaluation of the detained
31 person for purposes of a proceeding under this chapter. Upon motion by
32 the detained person, or on its own motion, the court shall examine a
33 record or testimony sought by a petitioner to determine whether it is
34 within the scope of the waiver.

35 The record maker shall not be required to testify in order to
36 introduce medical, nursing, or psychological records of detained
37 persons so long as the requirements of RCW 5.45.020 are met, except
38 that portions of the record that contain opinions as to whether the

1 detained person is chemically dependent shall be deleted from the
2 records unless the person offering the opinions is available for cross-
3 examination. The person shall be present unless the court believes
4 that his or her presence is likely to be injurious to him or her; in
5 this event the court may deem it appropriate to appoint a guardian ad
6 litem to represent him or her throughout the proceeding. If deemed
7 advisable, the court may examine the person out of courtroom. If the
8 person has refused to be examined by a licensed physician, he or she
9 shall be given an opportunity to be examined by a court appointed
10 licensed physician. If he or she refuses and there is sufficient
11 evidence to believe that the allegations of the petition are true, or
12 if the court believes that more medical evidence is necessary, the
13 court may make a temporary order committing him or her to the
14 department for a period of not more than five days for purposes of a
15 diagnostic examination.

16 (4) If after hearing all relevant evidence, including the results
17 of any diagnostic examination, the court finds that grounds for
18 involuntary commitment have been established by clear, cogent, and
19 convincing proof, it shall make an order of commitment to an approved
20 treatment program. It shall not order commitment of a person unless it
21 determines that an approved treatment program is available and able to
22 provide adequate and appropriate treatment for him or her.

23 (5) A person committed under this section shall remain in the
24 program for treatment for a period of sixty days unless sooner
25 discharged. At the end of the sixty-day period, he or she shall be
26 discharged automatically unless the program, before expiration of the
27 period, files a petition for his or her recommitment upon the grounds
28 set forth in subsection (1) of this section for a further period of
29 ninety days unless sooner discharged.

30 If a petition for recommitment is not filed in the case of a minor,
31 the parent, guardian, or custodian who has custody of the minor may
32 seek review of that decision made by the designated chemical dependency
33 specialist in superior or district court. The parent, guardian, or
34 custodian shall file notice with the court and provide a copy of the
35 treatment progress report.

36 If a person has been committed because he or she is chemically
37 dependent and likely to inflict physical harm on another, the program

1 shall apply for recommitment if after examination it is determined that
2 the likelihood still exists.

3 (6) Upon the filing of a petition for recommitment under subsection
4 (5) of this section, the court shall fix a date for hearing no less
5 than two and no more than seven days after the date the petition was
6 filed: PROVIDED, That, the court may, upon motion of the person whose
7 commitment is sought and upon good cause shown, extend the date for the
8 hearing. A copy of the petition and of the notice of hearing,
9 including the date fixed by the court, shall be served by the treatment
10 program on the person whose commitment is sought, his or her next of
11 kin, the original petitioner under subsection (1) of this section if
12 different from the petitioner for recommitment, one of his or her
13 parents or his or her legal guardian if he or she is a minor, and his
14 or her attorney and any other person the court believes advisable. At
15 the hearing the court shall proceed as provided in subsection (3) of
16 this section.

17 (7) The approved treatment program shall provide for adequate and
18 appropriate treatment of a person committed to its custody. A person
19 committed under this section may be transferred from one approved
20 public treatment program to another if transfer is medically advisable.

21 (8) A person committed to the custody of a program for treatment
22 shall be discharged at any time before the end of the period for which
23 he or she has been committed and he or she shall be discharged by order
24 of the court if either of the following conditions are met:

25 (a) In case of a chemically dependent person committed on the
26 grounds of likelihood of infliction of physical harm upon himself,
27 herself, or another, the likelihood no longer exists; or further
28 treatment will not be likely to bring about significant improvement in
29 the person's condition, or treatment is no longer adequate or
30 appropriate.

31 (b) In case of a chemically dependent person committed on the
32 grounds of the need of treatment and incapacity, that the incapacity no
33 longer exists.

34 (9) The court shall inform the person whose commitment or
35 recommitment is sought of his or her right to contest the application,
36 be represented by counsel at every stage of any proceedings relating to
37 his or her commitment and recommitment, and have counsel appointed by
38 the court or provided by the court, if he or she wants the assistance

1 of counsel and is unable to obtain counsel. If the court believes that
2 the person needs the assistance of counsel, the court shall require, by
3 appointment if necessary, counsel for him or her regardless of his or
4 her wishes. The person shall, if he or she is financially able, bear
5 the costs of such legal service; otherwise such legal service shall be
6 at public expense. The person whose commitment or recommitment is
7 sought shall be informed of his or her right to be examined by a
8 licensed physician of his or her choice. If the person is unable to
9 obtain a licensed physician and requests examination by a physician,
10 the court shall employ a licensed physician.

11 (10) A person committed under this chapter may at any time seek to
12 be discharged from commitment by writ of habeas corpus in a court of
13 competent jurisdiction.

14 (11) The venue for proceedings under this section is the county in
15 which person to be committed resides or is present.

16 (12) When in the opinion of the professional person in charge of
17 the program providing involuntary treatment under this chapter, the
18 committed patient can be appropriately served by less restrictive
19 treatment before expiration of the period of commitment, then the less
20 restrictive care may be required as a condition for early release for
21 a period which, when added to the initial treatment period, does not
22 exceed the period of commitment. If the program designated to provide
23 the less restrictive treatment is other than the program providing the
24 initial involuntary treatment, the program so designated must agree in
25 writing to assume such responsibility. A copy of the conditions for
26 early release shall be given to the patient, the designated chemical
27 dependency specialist of original commitment, and the court of original
28 commitment. The program designated to provide less restrictive care
29 may modify the conditions for continued release when the modifications
30 are in the best interests of the patient. If the program providing
31 less restrictive care and the designated chemical dependency specialist
32 determine that a conditionally released patient is failing to adhere to
33 the terms and conditions of his or her release, or that substantial
34 deterioration in the patient's functioning has occurred, then the
35 designated chemical dependency specialist shall notify the court of
36 original commitment and request a hearing to be held no less than two
37 and no more than seven days after the date of the request to determine
38 whether or not the person should be returned to more restrictive care.

1 The designated chemical dependency specialist shall file a petition
2 with the court stating the facts substantiating the need for the
3 hearing along with the treatment recommendations. The patient shall
4 have the same rights with respect to notice, hearing, and counsel as
5 for the original involuntary treatment proceedings. The issues to be
6 determined at the hearing are whether the conditionally released
7 patient did or did not adhere to the terms and conditions of his or her
8 release to less restrictive care or that substantial deterioration of
9 the patient's functioning has occurred and whether the conditions of
10 release should be modified or the person should be returned to a more
11 restrictive program. The hearing may be waived by the patient and his
12 or her counsel and his or her guardian or conservator, if any, but may
13 not be waived unless all such persons agree to the waiver. Upon
14 waiver, the person may be returned for involuntary treatment or
15 continued on conditional release on the same or modified conditions.

16 **Sec. 30.** RCW 70.96A.190 and 1989 c 270 s 32 are each amended to
17 read as follows:

18 (1) No county, municipality, or other political subdivision may
19 adopt or enforce a local law, ordinance, resolution, or rule having the
20 force of law that includes drinking, being (~~(an alcoholic or drug~~
21 ~~addict)) an individual with a substance use disorder, or being found in
22 an intoxicated condition as one of the elements of the offense giving
23 rise to a criminal or civil penalty or sanction.~~

24 (2) No county, municipality, or other political subdivision may
25 interpret or apply any law of general application to circumvent the
26 provision of subsection (1) of this section.

27 (3) Nothing in this chapter affects any law, ordinance, resolution,
28 or rule against drunken driving, driving under the influence of alcohol
29 or other psychoactive chemicals, or other similar offense involving the
30 operation of a vehicle, aircraft, boat, machinery, or other equipment,
31 or regarding the sale, purchase, dispensing, possessing, or use of
32 alcoholic beverages or other psychoactive chemicals at stated times and
33 places or by a particular class of persons; nor shall evidence of
34 intoxication affect, other than as a defense, the application of any
35 law, ordinance, resolution, or rule to conduct otherwise establishing
36 the elements of an offense.

1 **Sec. 31.** RCW 70.96A.300 and 1989 c 270 s 15 are each amended to
2 read as follows:

3 (1) A county or combination of counties acting jointly by
4 agreement, referred to as "county" in this chapter, may create an
5 alcoholism and other drug addiction board. This board may also be
6 designated as a board for other related purposes.

7 (2) The board shall be composed of not less than seven nor more
8 than fifteen members, who shall be chosen for their demonstrated
9 concern for alcoholism and other drug addiction problems. Members of
10 the board shall be representative of the community, shall include at
11 least one-quarter recovered (~~alcoholics or other recovered drug~~
12 ~~addicts~~) persons with substance use disorders, and shall include
13 minority group representation. No member may be a provider of
14 alcoholism and other drug addiction treatment services. No more than
15 four elected or appointed city or county officials may serve on the
16 board at the same time. Members of the board shall serve three-year
17 terms and hold office until their successors are appointed and
18 qualified. They shall not be compensated for the performance of their
19 duties as members of the board, but may be reimbursed for travel
20 expenses.

21 (3) The alcoholism and other drug addiction board shall:

22 (a) Conduct public hearings and other investigations to determine
23 the needs and priorities of county citizens;

24 (b) Prepare and recommend to the county legislative authority for
25 approval, all plans, budgets, and applications by the county to the
26 department and other state agencies on behalf of the county alcoholism
27 and other drug addiction program;

28 (c) Monitor the implementation of the alcoholism and other drug
29 addiction plan and evaluate the performance of the alcoholism and drug
30 addiction program at least annually;

31 (d) Advise the county legislative authority and county alcoholism
32 and other drug addiction program coordinator on matters relating to the
33 alcoholism and other drug addiction program, including prevention and
34 education;

35 (e) Nominate individuals to the county legislative authority for
36 the position of county alcoholism and other drug addiction program
37 coordinator. The nominees should have training and experience in the

1 administration of alcoholism and other drug addiction services and
2 shall meet the minimum qualifications established by rule of the
3 department;

4 (f) Carry out other duties that the department may prescribe by
5 rule.

6 **Sec. 32.** RCW 70.96A.320 and 2013 c 320 s 8 are each amended to
7 read as follows:

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

12 (2) To be eligible for funds from the department for the support of
13 the county alcoholism and other drug addiction program, the county
14 legislative authority shall establish a county alcoholism and other
15 drug addiction board under RCW 70.96A.300 and appoint a county
16 alcoholism and other drug addiction program coordinator under RCW
17 70.96A.310.

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

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

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

25 (c) It shall be prepared by the county alcoholism and other drug
26 addiction program board and be adopted by the county legislative
27 authority;

28 (d) It shall reflect maximum effective use of existing services and
29 programs; and

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

31 (4) The county may accept and spend gifts, grants, and fees, from
32 public and private sources, to implement its program of alcoholism and
33 other drug addiction.

34 (5) The department shall require that any agreement to provide
35 financial support to a county that performs the activities of a service
36 coordination organization for alcoholism and other drug addiction

1 services must incorporate the expected outcomes and criteria to measure
2 the performance of service coordination organizations as provided in
3 chapter 70.320 RCW.

4 (6) The county may subcontract for (~~detoxification~~) withdrawal
5 management, residential treatment, or outpatient treatment with
6 treatment programs that are approved treatment programs. The county
7 may subcontract for other services with individuals or organizations
8 approved by the department.

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

15 **Sec. 33.** RCW 70.96A.800 and 2008 c 320 s 1 are each amended to
16 read as follows:

17 (1) Subject to funds appropriated for this specific purpose, the
18 secretary shall select and contract with counties to provide intensive
19 case management for chemically dependent persons with histories of high
20 utilization of crisis services at two sites. In selecting the two
21 sites, the secretary shall endeavor to site one in an urban county, and
22 one in a rural county; and to site them in counties other than those
23 selected pursuant to RCW 70.96B.020, to the extent necessary to
24 facilitate evaluation of pilot project results. Subject to funds
25 appropriated for this specific purpose, the secretary may contract with
26 additional counties to provide intensive case management.

27 (2) The contracted sites shall implement the pilot programs by
28 providing intensive case management to persons with a primary chemical
29 dependency diagnosis or dual primary chemical dependency and mental
30 health diagnoses, through the employment of chemical dependency case
31 managers. The chemical dependency case managers shall:

32 (a) Be trained in and use the integrated, comprehensive screening
33 and assessment process adopted under RCW 70.96C.010;

34 (b) Reduce the use of crisis medical, chemical dependency and
35 mental health services, including but not limited to, emergency room
36 admissions, hospitalizations, (~~detoxification~~) withdrawal management

1 programs, inpatient psychiatric admissions, involuntary treatment
2 petitions, emergency medical services, and ambulance services;

3 (c) Reduce the use of emergency first responder services including
4 police, fire, emergency medical, and ambulance services;

5 (d) Reduce the number of criminal justice interventions including
6 arrests, violations of conditions of supervision, bookings, jail days,
7 prison sanction day for violations, court appearances, and prosecutor
8 and defense costs;

9 (e) Where appropriate and available, work with therapeutic courts
10 including drug courts and mental health courts to maximize the outcomes
11 for the individual and reduce the likelihood of reoffense;

12 (f) Coordinate with local offices of the economic services
13 administration to assist the person in accessing and remaining enrolled
14 in those programs to which the person may be entitled;

15 (g) Where appropriate and available, coordinate with primary care
16 and other programs operated through the federal government including
17 federally qualified health centers, Indian health programs, and
18 veterans' health programs for which the person is eligible to reduce
19 duplication of services and conflicts in case approach;

20 (h) Where appropriate, advocate for the client's needs to assist
21 the person in achieving and maintaining stability and progress toward
22 recovery;

23 (i) Document the numbers of persons with co-occurring mental and
24 substance abuse disorders and the point of determination of the co-
25 occurring disorder by quadrant of intensity of need; and

26 (j) Where a program participant is under supervision by the
27 department of corrections, collaborate with the department of
28 corrections to maximize treatment outcomes and reduce the likelihood of
29 reoffense.

30 (3) The pilot programs established by this section shall begin
31 providing services by March 1, 2006.

32 **Sec. 34.** RCW 71.24.049 and 2001 c 323 s 13 are each amended to
33 read as follows:

34 By January 1st of each odd-numbered year, the (~~regional support~~
35 ~~network~~) behavioral health organization shall identify: (1) The
36 number of children in each priority group, as defined by this chapter,
37 who are receiving mental health services funded in part or in whole

1 under this chapter, (2) the amount of funds under this chapter used for
2 children's mental health services, (3) an estimate of the number of
3 unserved children in each priority group, and (4) the estimated cost of
4 serving these additional children and their families.

5 **Sec. 35.** RCW 71.24.061 and 2007 c 359 s 7 are each amended to read
6 as follows:

7 (1) The department shall provide flexibility in provider
8 contracting to (~~regional support networks~~) behavioral health
9 organizations for children's mental health services. Beginning with
10 2007-2009 biennium contracts, (~~regional support network~~) behavioral
11 health organization contracts shall authorize (~~regional support~~
12 ~~networks~~) behavioral health organizations to allow and encourage
13 licensed community mental health centers to subcontract with individual
14 licensed mental health professionals when necessary to meet the need
15 for an adequate, culturally competent, and qualified children's mental
16 health provider network.

17 (2) To the extent that funds are specifically appropriated for this
18 purpose or that nonstate funds are available, a children's mental
19 health evidence-based practice institute shall be established at the
20 University of Washington division of public behavioral health and
21 justice policy. The institute shall closely collaborate with entities
22 currently engaged in evaluating and promoting the use of evidence-
23 based, research-based, promising, or consensus-based practices in
24 children's mental health treatment, including but not limited to the
25 University of Washington department of psychiatry and behavioral
26 sciences, children's hospital and regional medical center, the
27 University of Washington school of nursing, the University of
28 Washington school of social work, and the Washington state institute
29 for public policy. To ensure that funds appropriated are used to the
30 greatest extent possible for their intended purpose, the University of
31 Washington's indirect costs of administration shall not exceed ten
32 percent of appropriated funding. The institute shall:

33 (a) Improve the implementation of evidence-based and research-based
34 practices by providing sustained and effective training and
35 consultation to licensed children's mental health providers and
36 child-serving agencies who are implementing evidence-based or
37 researched-based practices for treatment of children's emotional or

1 behavioral disorders, or who are interested in adapting these practices
2 to better serve ethnically or culturally diverse children. Efforts
3 under this subsection should include a focus on appropriate oversight
4 of implementation of evidence-based practices to ensure fidelity to
5 these practices and thereby achieve positive outcomes;

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

11 (c) Partner with youth, family members, family advocacy, and
12 culturally competent provider organizations to develop a series of
13 information sessions, literature, and online resources for families to
14 become informed and engaged in evidence-based and research-based
15 practices;

16 (d) Participate in the identification of outcome-based performance
17 measures under RCW 71.36.025(2) and partner in a statewide effort to
18 implement statewide outcomes monitoring and quality improvement
19 processes; and

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

26 (3) To the extent that funds are specifically appropriated for this
27 purpose, the department in collaboration with the evidence-based
28 practice institute shall implement a pilot program to support primary
29 care providers in the assessment and provision of appropriate diagnosis
30 and treatment of children with mental and behavioral health disorders
31 and track outcomes of this program. The program shall be designed to
32 promote more accurate diagnoses and treatment through timely case
33 consultation between primary care providers and child psychiatric
34 specialists, and focused educational learning collaboratives with
35 primary care providers.

36 **Sec. 36.** RCW 71.24.155 and 2001 c 323 s 14 are each amended to
37 read as follows:

1 Grants shall be made by the department to (~~regional support~~
2 ~~networks~~) behavioral health organizations for community mental health
3 programs totaling not less than ninety-five percent of available
4 resources. The department may use up to forty percent of the remaining
5 five percent to provide community demonstration projects, including
6 early intervention or primary prevention programs for children, and the
7 remainder shall be for emergency needs and technical assistance under
8 this chapter.

9 **Sec. 37.** RCW 71.24.160 and 2011 c 343 s 6 are each amended to read
10 as follows:

11 The (~~regional support networks~~) behavioral health organizations
12 shall make satisfactory showing to the secretary that state funds shall
13 in no case be used to replace local funds from any source being used to
14 finance mental health services prior to January 1, 1990. Maintenance
15 of effort funds devoted to judicial services related to involuntary
16 commitment reimbursed under RCW 71.05.730 must be expended for other
17 purposes that further treatment for mental health and chemical
18 dependency disorders.

19 **Sec. 38.** RCW 71.24.250 and 2001 c 323 s 16 are each amended to
20 read as follows:

21 The (~~regional support network~~) behavioral health organization may
22 accept and expend gifts and grants received from private, county,
23 state, and federal sources.

24 **Sec. 39.** RCW 71.24.300 and 2008 c 261 s 4 are each amended to read
25 as follows:

26 (1) Upon the request of a tribal authority or authorities within a
27 (~~regional support network~~) behavioral health organization the joint
28 operating agreement or the county authority shall allow for the
29 inclusion of the tribal authority to be represented as a party to the
30 (~~regional support network~~) behavioral health organization.

31 (2) The roles and responsibilities of the county and tribal
32 authorities shall be determined by the terms of that agreement
33 including a determination of membership on the governing board and
34 advisory committees, the number of tribal representatives to be party

1 to the agreement, and the provisions of law and shall assure the
2 provision of culturally competent services to the tribes served.

3 (3) The state mental health authority may not determine the roles
4 and responsibilities of county authorities as to each other under
5 (~~regional support networks~~) behavioral health organizations by rule,
6 except to assure that all duties required of (~~regional support~~
7 ~~networks~~) behavioral health organizations are assigned and that
8 counties and the (~~regional support network~~) behavioral health
9 organization do not duplicate functions and that a single authority has
10 final responsibility for all available resources and performance under
11 the (~~regional support network's~~) behavioral health organization's
12 contract with the secretary.

13 (4) If a (~~regional support network~~) behavioral health
14 organization is a private entity, the department shall allow for the
15 inclusion of the tribal authority to be represented as a party to the
16 (~~regional support network~~) behavioral health organization.

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

20 (6) (~~Regional support networks~~) Behavioral health organizations
21 shall submit an overall six-year operating and capital plan, timeline,
22 and budget and submit progress reports and an updated two-year plan
23 biennially thereafter, to assume within available resources all of the
24 following duties:

25 (a) Administer and provide for the availability of all resource
26 management services, residential services, and community support
27 services.

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

31 (c) Provide within the boundaries of each (~~regional support~~
32 ~~network~~) behavioral health organization evaluation and treatment
33 services for at least ninety percent of persons detained or committed
34 for periods up to seventeen days according to chapter 71.05 RCW.
35 (~~Regional support networks~~) Behavioral health organizations may
36 contract to purchase evaluation and treatment services from other
37 (~~networks~~) organizations if they are unable to provide for
38 appropriate resources within their boundaries. Insofar as the original

1 intent of serving persons in the community is maintained, the secretary
2 is authorized to approve exceptions on a case-by-case basis to the
3 requirement to provide evaluation and treatment services within the
4 boundaries of each ((~~regional support network~~)) behavioral health
5 organization. Such exceptions are limited to:

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

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

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

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

25 (8) Each ((~~regional support network~~)) behavioral health
26 organization shall appoint a mental health advisory board which shall
27 review and provide comments on plans and policies developed under this
28 chapter, provide local oversight regarding the activities of the
29 ((~~regional support network~~)) behavioral health organization, and work
30 with the ((~~regional support network~~)) behavioral health organization to
31 resolve significant concerns regarding service delivery and outcomes.
32 The department shall establish statewide procedures for the operation
33 of regional advisory committees including mechanisms for advisory board
34 feedback to the department regarding ((~~regional support network~~))
35 behavioral health organization performance. The composition of the
36 board shall be broadly representative of the demographic character of
37 the region and shall include, but not be limited to, representatives of
38 consumers and families, law enforcement, and where the county is not

1 the (~~regional support network~~) behavioral health organization, county
2 elected officials. Composition and length of terms of board members
3 may differ between (~~regional support networks~~) behavioral health
4 organizations but shall be included in each (~~regional support~~
5 ~~network's~~) behavioral health organization's contract and approved by
6 the secretary.

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

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

18 **Sec. 40.** RCW 71.24.310 and 2013 2nd sp.s. c 4 s 994 are each
19 amended to read as follows:

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

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

34 (2) If there is consensus among the (~~regional support networks~~)
35 behavioral health organizations regarding the number of state hospital
36 beds that should be allocated for use by each (~~regional support~~

1 ~~network~~) behavioral health organization, the department shall contract
2 with each (~~regional support network~~) behavioral health organization
3 accordingly.

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

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

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

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

1 Laws of 2013 2nd sp. sess. The reimbursement rate per day shall be the
2 hospital's total annual budget for long-term inpatient care, divided by
3 the total patient days of care assumed in development 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 organization to reduce its utilization of the state hospital.
9 The department shall distribute the remaining half of such
10 reimbursements among (~~regional support networks~~) behavioral health
11 organizations that have used less than their allocated or contracted
12 patient days of care at that hospital, proportional to the number of
13 patient days of care not used.

14 **Sec. 41.** 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 organization to provide for a separately funded
18 mental health ombuds office in each (~~regional support network~~)
19 behavioral health organization that is independent of the (~~regional~~
20 ~~support network~~) behavioral health organization. The ombuds office
21 shall maximize the use of consumer advocates.

22 **Sec. 42.** RCW 71.24.370 and 2006 c 333 s 103 are each amended to
23 read as follows:

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

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

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

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

8 **Sec. 43.** RCW 71.24.455 and 1997 c 342 s 2 are each amended to read
9 as follows:

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

21 (2) Criteria shall include a determination by department of
22 corrections staff that:

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

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

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

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

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

36 (3) The (~~regional support network~~) behavioral health organization
37 or private provider shall provide specialized access and services to

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

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

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

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

35 (d) Medications including the full range of psychotropic
36 medications including atypical antipsychotic medications may be
37 required as a condition of the program. Medication prescription,

1 medication monitoring, and counseling to support offender
2 understanding, acceptance, and compliance with prescribed medication
3 regimens must be included.

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

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

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

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

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

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

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

27 **Sec. 44.** RCW 71.24.470 and 2009 c 319 s 1 are each amended to read
28 as follows:

29 (1) The secretary shall contract, to the extent that funds are
30 appropriated for this purpose, for case management services and such
31 other services as the secretary deems necessary to assist offenders
32 identified under RCW 72.09.370 for participation in the offender
33 reentry community safety program. The contracts may be with (~~regional
34 support networks~~) behavioral health organizations or any other
35 qualified and appropriate entities.

36 (2) The case manager has the authority to assist these offenders in
37 obtaining the services, as set forth in the plan created under RCW

1 72.09.370(2), for up to five years. The services may include
2 coordination of mental health services, assistance with unfunded
3 medical expenses, obtaining chemical dependency treatment, housing,
4 employment services, educational or vocational training, independent
5 living skills, parenting education, anger management services, and such
6 other services as the case manager deems necessary.

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

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

18 **Sec. 45.** RCW 71.24.480 and 2009 c 319 s 2 are each amended to read
19 as follows:

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

28 (a) Gross negligence;

29 (b) Willful or wanton misconduct; or

30 (c) A breach of the duty to warn of and protect from a client's
31 threatened violent behavior if the client has communicated a serious
32 threat of physical violence against a reasonably ascertainable victim
33 or victims.

34 (2) In addition to any other requirements to report violations, the
35 licensed service provider and (~~regional support network~~) behavioral
36 health organization shall report an offender's expressions of intent to
37 harm or other predatory behavior, regardless of whether there is an

1 ascertainable victim, in progress reports and other established
2 processes that enable courts and supervising entities to assess and
3 address the progress and appropriateness of treatment.

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

10 (4) The limited liability provided by this section applies only to
11 the conduct of licensed service providers and (~~regional support
12 networks~~) behavioral health organizations and does not apply to
13 conduct of the state.

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

19 **Sec. 46.** RCW 71.24.845 and 2013 c 230 s 1 are each amended to read
20 as follows:

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

30 **Sec. 47.** RCW 71.24.055 and 2007 c 359 s 4 are each amended to read
31 as follows:

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

35 (1) The development of recommended revisions to the access to care
36 standards for children. The recommended revisions shall reflect the

1 policies and principles set out in RCW 71.36.005, 71.36.010, and
2 71.36.025, and recognize that early identification, intervention and
3 prevention services, and brief intervention services may be provided
4 outside of the ((~~regional support network~~)) behavioral health
5 organization system. Revised access to care standards shall assess a
6 child's need for mental health services based upon the child's
7 diagnosis and its negative impact upon his or her persistent impaired
8 functioning in family, school, or the community, and should not solely
9 condition the receipt of services upon a determination that a child is
10 engaged in high risk behavior or is in imminent need of hospitalization
11 or out-of-home placement. Assessment and diagnosis for children under
12 five years of age shall be determined using a nationally accepted
13 assessment tool designed specifically for children of that age. The
14 recommendations shall also address whether amendments to RCW 71.24.025
15 ((~~(26) and~~)) (27) and (28) and 71.24.035(5) are necessary to implement
16 revised access to care standards;

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

28 (3) Consistent with the timeline developed for the system
29 transformation initiative, recommendations for revisions to the
30 children's access to care standards and the children's mental health
31 services benefits package shall be presented to the legislature by
32 January 1, 2009.

33 **Sec. 48.** RCW 71.24.065 and 2007 c 359 s 10 are each amended to
34 read as follows:

35 To the extent funds are specifically appropriated for this purpose,
36 the department of social and health services shall contract for
37 implementation of a wraparound model of integrated children's mental

1 health services delivery in up to four (~~regional support network~~)
2 behavioral health organization regions in Washington state in which
3 wraparound programs are not currently operating, and in up to two
4 (~~regional support network~~) behavioral health organization regions in
5 which wraparound programs are currently operating. Contracts in
6 regions with existing wraparound programs shall be for the purpose of
7 expanding the number of children served.

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

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

29 (3) Through a request for proposal process, the department shall
30 contract, with (~~regional support networks~~) behavioral health
31 organizations, alone or in partnership with either educational service
32 districts or entities licensed to provide mental health services to
33 children with serious emotional or behavioral disturbances, to operate
34 the wraparound model sites. The contractor shall provide care
35 coordination and facilitate the delivery of services and other supports
36 to families using a strength-based, highly individualized wraparound
37 process. The request for proposal shall require that:

1 (a) The ((~~regional support network~~)) behavioral health organization
2 agree to use its medicaid revenues to fund services included in the
3 existing ((~~regional support network's~~)) behavioral health
4 organization's benefit package that a medicaid-eligible child
5 participating in the wraparound model site is determined to need;

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

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

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

20 (5) The evidence-based practice institute established in RCW
21 71.24.061 shall evaluate the wraparound model sites, measuring outcomes
22 for children served. Outcomes measured shall include, but are not
23 limited to: Decreased out-of-home placement, including residential,
24 group, and foster care, and increased stability of such placements,
25 school attendance, school performance, recidivism, emergency room
26 utilization, involvement with the juvenile justice system, decreased
27 use of psychotropic medication, and decreased hospitalization.

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

31 **Sec. 49.** RCW 71.24.240 and 2005 c 503 s 10 are each amended to
32 read as follows:

33 In order to establish eligibility for funding under this chapter,
34 any ((~~regional support network~~)) behavioral health organization seeking
35 to obtain federal funds for the support of any aspect of a community
36 mental health program as defined in this chapter shall submit program

1 plans to the secretary for prior review and approval before such plans
2 are submitted to any federal agency.

3 **Sec. 50.** RCW 71.24.320 and 2008 c 261 s 5 are each amended to read
4 as follows:

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

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

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

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

24 (2) A (~~((regional support network))~~) behavioral health organization
25 that voluntarily terminates, refuses to renew, or refuses to sign a
26 mandatory amendment to its contract to act as a (~~((regional support~~
27 ~~network))~~) behavioral health organization is prohibited from responding
28 to a procurement under this section or serving as a (~~((regional support~~
29 ~~network))~~) behavioral health organization for five years from the date
30 that the department signs a contract with the entity that will serve as
31 the (~~((regional support network))~~) behavioral health organization.

32 **Sec. 51.** RCW 71.24.330 and 2013 c 320 s 9 are each amended to read
33 as follows:

34 (1)(a) Contracts between a (~~((regional support network))~~) behavioral
35 health organization and the department shall include mechanisms for
36 monitoring performance under the contract and remedies for failure to

1 substantially comply with the requirements of the contract including,
2 but not limited to, financial penalties, termination of the contract,
3 and reprocurement of the contract.

4 (b) The department shall incorporate the criteria to measure the
5 performance of service coordination organizations into contracts with
6 (~~regional support networks~~) behavioral health organizations as
7 provided in chapter 70.320 RCW.

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

22 (3) In addition to the requirements of RCW 71.24.035, contracts
23 shall:

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

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

29 (c) Require substantial implementation of department adopted
30 integrated screening and assessment process and matrix of best
31 practices;

32 (d) Maintain the decision-making independence of designated mental
33 health professionals;

34 (e) Except at the discretion of the secretary or as specified in
35 the biennial budget, require (~~regional support networks~~) behavioral
36 health organizations to pay the state for the costs associated with
37 individuals who are being served on the grounds of the state hospitals

1 and who are not receiving long-term inpatient care as defined in RCW
2 71.24.025;

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

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

13 **Sec. 52.** RCW 71.24.360 and 2012 c 91 s 1 are each amended to read
14 as follows:

15 (1) The department may establish new (~~regional support network~~)
16 behavioral health organization boundaries in any part of the state:

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

20 (b) Where a (~~regional support network~~) behavioral health
21 organization is subject to procurement under RCW 71.24.330; or

22 (c) Where two or more (~~regional support networks~~) behavioral
23 health organizations propose to reconfigure themselves to achieve
24 consolidation, in which case the procurement process described in RCW
25 71.24.320 and 71.24.330(2) does not apply.

26 (2) The department may establish no fewer than six and no more than
27 fourteen (~~regional support networks~~) behavioral health organizations
28 under this chapter. No entity shall be responsible for more than three
29 (~~regional support networks~~) behavioral health organizations.

30 **Sec. 53.** RCW 71.24.405 and 2001 c 323 s 19 are each amended to
31 read as follows:

32 The department shall establish a comprehensive and collaborative
33 effort within (~~regional support networks~~) behavioral health
34 organizations and with local mental health service providers aimed at
35 creating innovative and streamlined community mental health service

1 delivery systems, in order to carry out the purposes set forth in RCW
2 71.24.400 and to capture the diversity of the community mental health
3 service delivery system.

4 The department must accomplish the following:

5 (1) Identification, review, and cataloging of all rules,
6 regulations, duplicative administrative and monitoring functions, and
7 other requirements that currently lead to inefficiencies in the
8 community mental health service delivery system and, if possible,
9 eliminate the requirements;

10 (2) The systematic and incremental development of a single system
11 of accountability for all federal, state, and local funds provided to
12 the community mental health service delivery system. Systematic
13 efforts should be made to include federal and local funds into the
14 single system of accountability;

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

24 (4) Evaluation of the feasibility of contractual agreements between
25 the department of social and health services and (~~regional support~~
26 ~~networks~~) behavioral health organizations and mental health service
27 providers that link financial incentives to the success or failure of
28 mental health service providers and (~~regional support networks~~)
29 behavioral health organizations to meet outcomes established for mental
30 health service clients;

31 (5) The involvement of mental health consumers and their
32 representatives. Mental health consumers and their representatives
33 will be involved in the development of outcome standards for mental
34 health clients under section 5 of this act; and

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

1 **Sec. 54.** RCW 71.24.430 and 2001 c 323 s 3 are each amended to read
2 as follows:

3 (1) The department shall ensure the coordination of allied services
4 for mental health clients. The department shall implement strategies
5 for resolving organizational, regulatory, and funding issues at all
6 levels of the system, including the state, the ((~~regional support~~
7 ~~networks~~)) behavioral health organizations, and local service
8 providers.

9 (2) The department shall propose, in operating budget requests,
10 transfers of funding among programs to support collaborative service
11 delivery to persons who require services from multiple department
12 programs. The department shall report annually to the appropriate
13 committees of the senate and house of representatives on actions and
14 projects it has taken to promote collaborative service delivery.

15 **Sec. 55.** RCW 74.09.522 and 2013 2nd sp.s. c 17 s 13 are each
16 amended to read as follows:

17 (1) For the purposes of this section:

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

27 (b) "Nonparticipating provider" means a person, health care
28 provider, practitioner, facility, or entity, acting within their scope
29 of practice, that does not have a written contract to participate in a
30 managed health care system's provider network, but provides health care
31 services to enrollees of programs authorized under this chapter whose
32 health care services are provided by the managed health care system.

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

36 (a) Agreements shall be made for at least thirty thousand
37 recipients statewide;

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

3 (c) To the extent that this provision is consistent with section
4 1903(m) of Title XIX of the federal social security act or federal
5 demonstration waivers granted under section 1115(a) of Title XI of the
6 federal social security act, recipients shall have a choice of systems
7 in which to enroll and shall have the right to terminate their
8 enrollment in a system: PROVIDED, That the authority may limit
9 recipient termination of enrollment without cause to the first month of
10 a period of enrollment, which period shall not exceed twelve months:
11 AND PROVIDED FURTHER, That the authority shall not restrict a
12 recipient's right to terminate enrollment in a system for good cause as
13 established by the authority by rule;

14 (d) To the extent that this provision is consistent with section
15 1903(m) of Title XIX of the federal social security act, participating
16 managed health care systems shall not enroll a disproportionate number
17 of medical assistance recipients within the total numbers of persons
18 served by the managed health care systems, except as authorized by the
19 authority under federal demonstration waivers granted under section
20 1115(a) of Title XI of the federal social security act;

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

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

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

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

31 (D) Provider reimbursement methods that reward health homes that,
32 by using chronic care management, reduce emergency department and
33 inpatient use;

34 (E) Promoting provider participation in the program of training and
35 technical assistance regarding care of people with chronic conditions
36 described in RCW 43.70.533, including allocation of funds to support
37 provider participation in the training, unless the managed care system

1 is an integrated health delivery system that has programs in place for
2 chronic care management;

3 (F) Provider reimbursement methods within the medical billing
4 processes that incentivize pharmacists or other qualified providers
5 licensed in Washington state to provide comprehensive medication
6 management services consistent with the findings and goals established
7 in RCW 74.09.5223; (~~and~~)

8 (G) Evaluation and reporting on the impact of comprehensive
9 medication management services on patient clinical outcomes and total
10 health care costs, including reductions in emergency department
11 utilization, hospitalization, and drug costs; and

12 (H) Established consistent processes to incentivize integration of
13 behavioral health services in the primary care setting, promoting care
14 that is integrated, collaborative, co-located, and preventive.

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

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

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

23 (g) The authority shall, wherever possible, enter into prepaid
24 capitation contracts that include inpatient care. However, if this is
25 not possible or feasible, the authority may enter into prepaid
26 capitation contracts that do not include inpatient care;

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

30 (i) Nothing in this section prevents the authority from entering
31 into similar agreements for other groups of people eligible to receive
32 services under this chapter; and

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

36 (3) The authority shall ensure that publicly supported community
37 health centers and providers in rural areas, who show serious intent
38 and apparent capability to participate as managed health care systems

1 are seriously considered as contractors. The authority shall
2 coordinate its managed care activities with activities under chapter
3 70.47 RCW.

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

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

19 (a) All managed health care systems should have an opportunity to
20 contract with the authority to the extent that minimum contracting
21 requirements defined by the authority are met, at payment rates that
22 enable the authority to operate as far below appropriated spending
23 levels as possible, consistent with the principles established in this
24 section.

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

28 (i) Demonstrated commitment to or experience in serving low-income
29 populations;

30 (ii) Quality of services provided to enrollees;

31 (iii) Accessibility, including appropriate utilization, of services
32 offered to enrollees;

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

35 (v) Payment rates; and

36 (vi) The ability to meet other specifically defined contract
37 requirements established by the authority, including consideration of

1 past and current performance and participation in other state or
2 federal health programs as a contractor.

3 (c) Consideration should be given to using multiple year
4 contracting periods.

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

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

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

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

24 (7) By April 1, 2016, any contract with a managed health care
25 system to provide services to medical assistance enrollees shall
26 require that managed health care systems offer contracts to behavioral
27 health organizations, mental health providers, or chemical dependency
28 treatment providers to provide access to primary care services
29 integrated into behavioral health clinical settings, for individuals
30 with behavioral health and medical comorbidities.

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

34 (9) A managed health care system shall pay a nonparticipating
35 provider that provides a service covered under this chapter to the
36 system's enrollee no more than the lowest amount paid for that service
37 under the managed health care system's contracts with similar providers
38 in the state.

1 (~~(8)~~) (10) For services covered under this chapter to medical
2 assistance or medical care services enrollees and provided on or after
3 August 24, 2011, nonparticipating providers must accept as payment in
4 full the amount paid by the managed health care system under subsection
5 (7) of this section in addition to any deductible, coinsurance, or
6 copayment that is due from the enrollee for the service provided. An
7 enrollee is not liable to any nonparticipating provider for covered
8 services, except for amounts due for any deductible, coinsurance, or
9 copayment under the terms and conditions set forth in the managed
10 health care system contract to provide services under this section.

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

24 (~~(10)~~) (12) Payments under RCW 74.60.130 are exempt from this
25 section.

26 (~~(11)~~) (13) Subsections (~~(7)~~) (9) through (~~(9)~~) (11) of this
27 section expire July 1, 2016.

28 **Sec. 56.** RCW 9.41.280 and 2009 c 453 s 1 are each amended to read
29 as follows:

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

34 (a) Any firearm;

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

36 (c) Any device commonly known as "nun-chu-ka sticks", consisting of

1 two or more lengths of wood, metal, plastic, or similar substance
2 connected with wire, rope, or other means;

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

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

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

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

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

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

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

1 Within twenty-four hours of the arrest, the arresting law
2 enforcement agency shall refer the person to the designated mental
3 health professional for examination and evaluation under chapter 71.05
4 or 71.34 RCW and inform a parent or guardian of the person of the
5 arrest, detention, and examination. The designated mental health
6 professional shall examine and evaluate the person subject to the
7 provisions of chapter 71.05 or 71.34 RCW. The examination shall occur
8 at the facility in which the person is detained or confined. If the
9 person has been released on probation, bond, or bail, the examination
10 shall occur wherever is appropriate.

11 The designated mental health professional may determine whether to
12 refer the person to the county-designated chemical dependency
13 specialist for examination and evaluation in accordance with chapter
14 70.96A RCW. The county-designated chemical dependency specialist shall
15 examine the person subject to the provisions of chapter 70.96A RCW.
16 The examination shall occur at the facility in which the person is
17 detained or confined. If the person has been released on probation,
18 bond, or bail, the examination shall occur wherever is appropriate.

19 Upon completion of any examination by the designated mental health
20 professional or the county-designated chemical dependency specialist,
21 the results of the examination shall be sent to the court, and the
22 court shall consider those results in making any determination about
23 the person.

24 The designated mental health professional and county-designated
25 chemical dependency specialist shall, to the extent permitted by law,
26 notify a parent or guardian of the person that an examination and
27 evaluation has taken place and the results of the examination. Nothing
28 in this subsection prohibits the delivery of additional, appropriate
29 mental health examinations to the person while the person is detained
30 or confined.

31 If the designated mental health professional determines it is
32 appropriate, the designated mental health professional may refer the
33 person to the local (~~regional support network~~) behavioral health
34 organization for follow-up services or the department of social and
35 health services or other community providers for other services to the
36 family and individual.

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

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

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

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

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

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

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

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

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

29 (4) Subsections (1)(c) and (d) of this section do not apply to any
30 person who possesses nun-chu-ka sticks, throwing stars, or other
31 dangerous weapons to be used in martial arts classes authorized to be
32 conducted on the school premises.

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

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

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

7 **Sec. 57.** RCW 10.31.110 and 2011 c 305 s 7 and 2011 c 148 s 3 are
8 each reenacted and amended to read as follows:

9 (1) When a police officer has reasonable cause to believe that the
10 individual has committed acts constituting a nonfelony crime that is
11 not a serious offense as identified in RCW 10.77.092 and the individual
12 is known by history or consultation with the (~~regional support~~
13 ~~network~~) behavioral health organization to suffer from a mental
14 disorder, the arresting officer may:

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

20 (b) Take the individual to a triage facility as defined in RCW
21 71.05.020. An individual delivered to a triage facility which has
22 elected to operate as an involuntary facility may be held up to a
23 period of twelve hours. The individual must be examined by a mental
24 health professional within three hours of arrival;

25 (c) Refer the individual to a mental health professional for
26 evaluation for initial detention and proceeding under chapter 71.05
27 RCW; or

28 (d) Release the individual upon agreement to voluntary
29 participation in outpatient treatment.

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

35 (3) In deciding whether to refer the individual to treatment under
36 this section, the police officer shall be guided by standards mutually
37 agreed upon with the prosecuting authority, which address, at a

1 minimum, the length, seriousness, and recency of the known criminal
2 history of the individual, the mental health history of the individual,
3 where available, and the circumstances surrounding the commission of
4 the alleged offense.

5 (4) Any agreement to participate in treatment shall not require
6 individuals to stipulate to any of the alleged facts regarding the
7 criminal activity as a prerequisite to participation in a mental health
8 treatment alternative. The agreement is inadmissible in any criminal
9 or civil proceeding. The agreement does not create immunity from
10 prosecution for the alleged criminal activity.

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

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

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

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

19 **Sec. 58.** RCW 10.77.010 and 2011 c 89 s 4 are each amended to read
20 as follows:

21 As used in this chapter:

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

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

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

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

35 (5) "Department" means the state department of social and health
36 services.

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

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

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

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

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

16 (11) "Furlough" means an authorized leave of absence for a resident
17 of a state institution operated by the department designated for the
18 custody, care, and treatment of the criminally insane, consistent with
19 an order of conditional release from the court under this chapter,
20 without any requirement that the resident be accompanied by, or be in
21 the custody of, any law enforcement or institutional staff, while on
22 such unescorted leave.

23 (12) "Habilitative services" means those services provided by
24 program personnel to assist persons in acquiring and maintaining life
25 skills and in raising their levels of physical, mental, social, and
26 vocational functioning. Habilitative services include education,
27 training for employment, and therapy. The habilitative process shall
28 be undertaken with recognition of the risk to the public safety
29 presented by the person being assisted as manifested by prior charged
30 criminal conduct.

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

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

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

4 (16) "Indigent" means any person who is financially unable to
5 obtain counsel or other necessary expert or professional services
6 without causing substantial hardship to the person or his or her
7 family.

8 (17) "Individualized service plan" means a plan prepared by a
9 developmental disabilities professional with other professionals as a
10 team, for an individual with developmental disabilities, which shall
11 state:

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

14 (b) The conditions and strategies necessary to achieve the purposes
15 of habilitation;

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

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

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

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

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

27 (18) "Professional person" means:

28 (a) A psychiatrist licensed as a physician and surgeon in this
29 state who has, in addition, completed three years of graduate training
30 in psychiatry in a program approved by the American medical association
31 or the American osteopathic association and is certified or eligible to
32 be certified by the American board of psychiatry and neurology or the
33 American osteopathic board of neurology and psychiatry;

34 (b) A psychologist licensed as a psychologist pursuant to chapter
35 18.83 RCW; or

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

1 (19) "Registration records" include all the records of the
2 department, (~~regional support networks~~) behavioral health
3 organizations, treatment facilities, and other persons providing
4 services to the department, county departments, or facilities which
5 identify persons who are receiving or who at any time have received
6 services for mental illness.

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

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

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

13 (23) "Treatment records" include registration and all other records
14 concerning persons who are receiving or who at any time have received
15 services for mental illness, which are maintained by the department, by
16 (~~regional support networks~~) behavioral health organizations and their
17 staffs, and by treatment facilities. Treatment records do not include
18 notes or records maintained for personal use by a person providing
19 treatment services for the department, (~~regional support networks~~)
20 behavioral health organizations, or a treatment facility if the notes
21 or records are not available to others.

22 (24) "Violent act" means behavior that: (a)(i) Resulted in; (ii)
23 if completed as intended would have resulted in; or (iii) was
24 threatened to be carried out by a person who had the intent and
25 opportunity to carry out the threat and would have resulted in,
26 homicide, nonfatal injuries, or substantial damage to property; or (b)
27 recklessly creates an immediate risk of serious physical injury to
28 another person. As used in this subsection, "nonfatal injuries" means
29 physical pain or injury, illness, or an impairment of physical
30 condition. "Nonfatal injuries" shall be construed to be consistent
31 with the definition of "bodily injury," as defined in RCW 9A.04.110.

32 **Sec. 59.** RCW 10.77.065 and 2013 c 214 s 1 are each amended to read
33 as follows:

34 (1)(a)(i) The expert conducting the evaluation shall provide his or
35 her report and recommendation to the court in which the criminal
36 proceeding is pending. For a competency evaluation of a defendant who
37 is released from custody, if the evaluation cannot be completed within

1 twenty-one days due to a lack of cooperation by the defendant, the
2 evaluator shall notify the court that he or she is unable to complete
3 the evaluation because of such lack of cooperation.

4 (ii) A copy of the report and recommendation shall be provided to
5 the designated mental health professional, the prosecuting attorney,
6 the defense attorney, and the professional person at the local
7 correctional facility where the defendant is being held, or if there is
8 no professional person, to the person designated under (a)(iv) of this
9 subsection. Upon request, the evaluator shall also provide copies of
10 any source documents relevant to the evaluation to the designated
11 mental health professional.

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

23 (iv) If there is no professional person at the local correctional
24 facility, the local correctional facility shall designate a
25 professional person as defined in RCW 71.05.020 or, in cooperation with
26 the ((~~regional support network~~)) behavioral health organization, a
27 professional person at the ((~~regional support network~~)) behavioral
28 health organization to receive the report and recommendation.

29 (v) Upon commencement of a defendant's evaluation in the local
30 correctional facility, the local correctional facility must notify the
31 evaluator of the name of the professional person, or person designated
32 under (a)(iv) of this subsection, to receive the report and
33 recommendation.

34 (b) If the evaluator concludes, under RCW 10.77.060(3)(f), the
35 person should be evaluated by a designated mental health professional
36 under chapter 71.05 RCW, the court shall order such evaluation be
37 conducted prior to release from confinement when the person is

1 acquitted or convicted and sentenced to confinement for twenty-four
2 months or less, or when charges are dismissed pursuant to a finding of
3 incompetent to stand trial.

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

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

12 (4) A facility conducting a civil commitment evaluation under RCW
13 10.77.086(4) or 10.77.088(1)(b)(ii) that makes a determination to
14 release the person instead of filing a civil commitment petition must
15 provide written notice to the prosecutor and defense attorney at least
16 twenty-four hours prior to release. The notice may be given by
17 electronic mail, facsimile, or other means reasonably likely to
18 communicate the information immediately.

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

24 **Sec. 60.** RCW 28A.310.202 and 2007 c 359 s 9 are each amended to
25 read as follows:

26 Educational service district boards may partner with (~~regional~~
27 ~~support networks~~) behavioral health organizations to respond to a
28 request for proposal for operation of a wraparound model site under
29 chapter 359, Laws of 2007 and, if selected, may contract for the
30 provision of services to coordinate care and facilitate the delivery of
31 services and other supports under a wraparound model.

32 **Sec. 61.** RCW 43.185.060 and 1994 c 160 s 2 are each amended to
33 read as follows:

34 Organizations that may receive assistance from the department under
35 this chapter are local governments, local housing authorities,
36 (~~regional support networks~~) behavioral health organizations

1 established under chapter 71.24 RCW, nonprofit community or
2 neighborhood-based organizations, federally recognized Indian tribes in
3 the state of Washington, and regional or statewide nonprofit housing
4 assistance organizations.

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

8 **Sec. 62.** RCW 43.185.070 and 2013 c 145 s 3 are each amended to
9 read as follows:

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

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

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

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

26 (3) The department, with advice and input from the affordable
27 housing advisory board established in RCW 43.185B.020, or a
28 subcommittee of the affordable housing advisory board, must report
29 recommendations for awarding funds in a cost-effective manner. The
30 report must include an implementation plan, timeline, and any other
31 items the department identifies as important to consider to the
32 legislature by December 1, 2012.

33 (4) The department must give first priority to applications for
34 projects and activities which utilize existing privately owned housing
35 stock including privately owned housing stock purchased by nonprofit
36 public development authorities and public housing authorities as
37 created in chapter 35.82 RCW. As used in this subsection, privately

1 owned housing stock includes housing that is acquired by a federal
2 agency through a default on the mortgage by the private owner. Such
3 projects and activities must be evaluated under subsection (5) of this
4 section. Second priority must be given to activities and projects
5 which utilize existing publicly owned housing stock. All projects and
6 activities must be evaluated by some or all of the criteria under
7 subsection (5) of this section, and similar projects and activities
8 shall be evaluated under the same criteria.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (m) Project location and access to available public transportation
2 services.

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

7 **Sec. 63.** RCW 43.185.110 and 1993 c 478 s 15 are each amended to
8 read as follows:

9 The affordable housing advisory board established in RCW
10 43.185B.020 shall advise the director on housing needs in this state,
11 including housing needs for persons (~~who are mentally ill or~~
12 ~~developmentally disabled~~) with mental illness or developmental
13 disabilities or youth who are blind or deaf or otherwise disabled,
14 operational aspects of the grant and loan program or revenue collection
15 programs established by this chapter, and implementation of the policy
16 and goals of this chapter. Such advice shall be consistent with
17 policies and plans developed by (~~regional support networks~~)
18 behavioral health organizations according to chapter 71.24 RCW for
19 (~~the mentally ill~~) individuals with mental illness and the
20 developmental disabilities planning council for (~~the developmentally~~
21 ~~disabled~~) individuals with developmental disabilities.

22 **Sec. 64.** RCW 43.20A.895 and 2013 c 338 s 2 are each amended to
23 read as follows:

24 (1) The systems responsible for financing, administration, and
25 delivery of publicly funded mental health and chemical dependency
26 services to adults must be designed and administered to achieve
27 improved outcomes for adult clients served by those systems through
28 increased use and development of evidence-based, research-based, and
29 promising practices, as defined in RCW 71.24.025. For purposes of this
30 section, client outcomes include: Improved health status; increased
31 participation in employment and education; reduced involvement with the
32 criminal justice system; enhanced safety and access to treatment for
33 forensic patients; reduction in avoidable utilization of and costs
34 associated with hospital, emergency room, and crisis services;
35 increased housing stability; improved quality of life, including

1 measures of recovery and resilience; and decreased population level
2 disparities in access to treatment and treatment outcomes.

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

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

19 (b) The adult behavioral health system improvement strategy must
20 include:

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

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

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

30 (iv) Identification and phased implementation of service delivery,
31 financing, or other strategies that will promote improvement of the
32 behavioral health system as described in this section and incentivize
33 the medical care, behavioral health, and long-term care service
34 delivery systems to achieve the improvements described in this section
35 and collaborate across systems. The strategies must include phased
36 implementation of public reporting of outcome and performance measures
37 in a form that allows for comparison of performance and levels of
38 improvement between geographic regions of Washington; and

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

3 (c) The department must seek private foundation and federal grant
4 funding to support the adult behavioral health system improvement
5 strategy.

6 (d) By May 15, 2014, the Washington state institute for public
7 policy, in consultation with the department, the University of
8 Washington evidence-based practice institute, the University of
9 Washington alcohol and drug abuse institute, and the Washington
10 institute for mental health research and training, shall prepare an
11 inventory of evidence-based, research-based, and promising practices
12 for prevention and intervention services pursuant to subsection (1) of
13 this section. The department shall use the inventory in preparing the
14 behavioral health improvement strategy. The department shall provide
15 the institute with data necessary to complete the inventory.

16 (e) By August 1, 2014, the department must report to the governor
17 and the relevant fiscal and policy committees of the legislature on the
18 status of implementation of the behavioral health improvement strategy,
19 including strategies developed or implemented to date, timelines, and
20 costs to accomplish phased implementation of the adult behavioral
21 health system improvement strategy.

22 (3) The department must contract for the services of an independent
23 consultant to review the provision of forensic mental health services
24 in Washington state and provide recommendations as to whether and how
25 the state's forensic mental health system should be modified to provide
26 an appropriate treatment environment for individuals with mental
27 disorders who have been charged with a crime while enhancing the safety
28 and security of the public and other patients and staff at forensic
29 treatment facilities. By August 1, 2014, the department must submit a
30 report regarding the recommendations of the independent consultant to
31 the governor and the relevant fiscal and policy committees of the
32 legislature.

33 **Sec. 65.** RCW 43.20A.897 and 2013 c 338 s 7 are each amended to
34 read as follows:

35 (1) By November 30, 2013, the department and the health care
36 authority must report to the governor and the relevant fiscal and
37 policy committees of the legislature, consistent with RCW 43.01.036, a

1 plan that establishes a tribal-centric behavioral health system
2 incorporating both mental health and chemical dependency services. The
3 plan must assure that child, adult, and older adult American Indians
4 and Alaskan Natives eligible for medicaid have increased access to
5 culturally appropriate mental health and chemical dependency services.
6 The plan must:

7 (a) Include implementation dates, major milestones, and fiscal
8 estimates as needed;

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

11 (c) Address equitable access to crisis services, outpatient care,
12 voluntary and involuntary hospitalization, and behavioral health care
13 coordination;

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

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

19 (2) The department shall enter into agreements with the tribes and
20 urban Indian health programs and modify (~~regional support network~~)
21 behavioral health organization contracts as necessary to develop a
22 tribal-centric behavioral health system that better serves the needs of
23 the tribes.

24 **Sec. 66.** RCW 43.20C.020 and 2012 c 232 s 3 are each amended to
25 read as follows:

26 The department of social and health services shall accomplish the
27 following in consultation and collaboration with the Washington state
28 institute for public policy, the evidence-based practice institute at
29 the University of Washington, a university-based child welfare
30 partnership and research entity, other national experts in the delivery
31 of evidence-based services, and organizations representing Washington
32 practitioners:

33 (1) By September 30, 2012, the Washington state institute for
34 public policy, the University of Washington evidence-based practice
35 institute, in consultation with the department shall publish
36 descriptive definitions of evidence-based, research-based, and

1 promising practices in the areas of child welfare, juvenile
2 rehabilitation, and children's mental health services.

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

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

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

15 (ii) Attempt to identify assessments that use valid and reliable
16 evidence.

17 (c) Using state, federal, or private funds, the department shall
18 prioritize the assessment of promising practices identified in (a) of
19 this subsection with the goal of increasing the number of such
20 practices that meet the standards for evidence-based and research-based
21 practices.

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

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

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

32 (c) For children's mental health services, the number and
33 percentage of encounters using these services that are provided to
34 children served by (~~regional support networks~~) behavioral health
35 organizations and children receiving mental health services through
36 medicaid fee-for-service or healthy options;

37 (d) The relative availability of the service in the various regions
38 of the state; and

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

2 (3)(a) By December 30, 2013, the department and the health care
3 authority shall report to the governor and to the appropriate fiscal
4 and policy committees of the legislature on recommended strategies,
5 timelines, and costs for increasing the use of evidence-based and
6 research-based practices. The report must distinguish between a
7 reallocation of existing funding to support the recommended strategies
8 and new funding needed to increase the use of the practices.

9 (b) The department shall provide updated recommendations to the
10 governor and the legislature by December 30, 2014, and by December 30,
11 2015.

12 (4)(a) The report required under subsection (3) of this section
13 must include recommendations for the reallocation of resources for
14 evidence-based and research-based practices and substantial increases
15 above the baseline assessment of the use of evidence-based and
16 research-based practices for the 2015-2017 and the 2017-2019 biennia.
17 The recommendations for increases shall be consistent with subsection
18 (2) of this section.

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

- 23 (i) The identified impediments to meeting the recommended levels;
- 24 (ii) The current and anticipated performance level; and
- 25 (iii) Strategies that will be undertaken to improve performance.

26 (5) Recommendations made pursuant to subsections (3) and (4) of
27 this section must include strategies to identify programs that are
28 effective with ethnically diverse clients and to consult with tribal
29 governments, experts within ethnically diverse communities, and
30 community organizations that serve diverse communities.

31 **Sec. 67.** RCW 43.20C.030 and 2012 c 232 s 4 are each amended to
32 read as follows:

33 The department of social and health services, in consultation with
34 a university-based evidence-based practice institute entity in
35 Washington, the Washington partnership council on juvenile justice, the
36 child mental health systems of care planning committee, the children,
37 youth, and family advisory committee, the Washington state racial

1 disproportionality advisory committee, a university-based child welfare
2 research entity in Washington state, (~~regional support networks~~)
3 behavioral health organizations, the Washington association of juvenile
4 court administrators, and the Washington state institute for public
5 policy, shall:

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

9 (2) Use monitoring and quality control procedures designed to
10 measure fidelity with evidence-based and research-based prevention and
11 treatment programs; and

12 (3) Utilize any existing data reporting and system of quality
13 management processes at the state and local level for monitoring the
14 quality control and fidelity of the implementation of evidence-based
15 and research-based practices.

16 **Sec. 68.** RCW 44.28.800 and 1998 c 297 s 61 are each amended to
17 read as follows:

18 The joint legislative audit and review committee shall conduct an
19 evaluation of the efficiency and effectiveness of chapter 297, Laws of
20 1998 in meeting its stated goals. Such an evaluation shall include the
21 operation of the state mental hospitals and the (~~regional support
22 networks~~) behavioral health organizations, as well as any other
23 appropriate entity. The joint legislative audit and review committee
24 shall prepare an interim report of its findings which shall be
25 delivered to the appropriate legislative committees of the house of
26 representatives and the senate no later than September 1, 2000. In
27 addition, the joint legislative audit and review committee shall
28 prepare a final report of its findings which shall be delivered to the
29 appropriate legislative committees of the house of representatives and
30 the senate no later than January 1, 2001.

31 **Sec. 69.** RCW 48.01.220 and 1993 c 462 s 104 are each amended to
32 read as follows:

33 The activities and operations of mental health (~~regional support
34 networks~~) behavioral health organizations, to the extent they pertain
35 to the operation of a medical assistance managed care system in

1 accordance with chapters 71.24 and 74.09 RCW, are exempt from the
2 requirements of this title.

3 **Sec. 70.** RCW 70.02.010 and 2013 c 200 s 1 are each amended to read
4 as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

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

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

11 (a) Statutory, regulatory, fiscal, medical, or scientific
12 standards;

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

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

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

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

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

21 (6) "Department" means the department of social and health
22 services.

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

25 (8) "Detention" or "detain" has the same meaning as in RCW
26 71.05.020.

27 (9) "Directory information" means information disclosing the
28 presence, and for the purpose of identification, the name, location
29 within a health care facility, and the general health condition of a
30 particular patient who is a patient in a health care facility or who is
31 currently receiving emergency health care in a health care facility.

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

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

35 (12) "Federal, state, or local law enforcement authorities" means
36 an officer of any agency or authority in the United States, a state, a
37 tribe, a territory, or a political subdivision of a state, a tribe, or

1 a territory who is empowered by law to: (a) Investigate or conduct an
2 official inquiry into a potential criminal violation of law; or (b)
3 prosecute or otherwise conduct a criminal proceeding arising from an
4 alleged violation of law.

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

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

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

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

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

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

22 (17) "Health care operations" means any of the following activities
23 of a health care provider, health care facility, or third-party payor
24 to the extent that the activities are related to functions that make an
25 entity a health care provider, a health care facility, or a third-party
26 payor:

27 (a) Conducting: Quality assessment and improvement activities,
28 including outcomes evaluation and development of clinical guidelines,
29 if the obtaining of generalizable knowledge is not the primary purpose
30 of any studies resulting from such activities; population-based
31 activities relating to improving health or reducing health care costs,
32 protocol development, case management and care coordination, contacting
33 of health care providers and patients with information about treatment
34 alternatives; and related functions that do not include treatment;

35 (b) Reviewing the competence or qualifications of health care
36 professionals, evaluating practitioner and provider performance and
37 third-party payor performance, conducting training programs in which
38 students, trainees, or practitioners in areas of health care learn

1 under supervision to practice or improve their skills as health care
2 providers, training of nonhealth care professionals, accreditation,
3 certification, licensing, or credentialing activities;

4 (c) Underwriting, premium rating, and other activities relating to
5 the creation, renewal, or replacement of a contract of health insurance
6 or health benefits, and ceding, securing, or placing a contract for
7 reinsurance of risk relating to claims for health care, including stop-
8 loss insurance and excess of loss insurance, if any applicable legal
9 requirements are met;

10 (d) Conducting or arranging for medical review, legal services, and
11 auditing functions, including fraud and abuse detection and compliance
12 programs;

13 (e) Business planning and development, such as conducting cost-
14 management and planning-related analyses related to managing and
15 operating the health care facility or third-party payor, including
16 formulary development and administration, development, or improvement
17 of methods of payment or coverage policies; and

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

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

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

27 (iii) Resolution of internal grievances;

28 (iv) The sale, transfer, merger, or consolidation of all or part of
29 a health care provider, health care facility, or third-party payor with
30 another health care provider, health care facility, or third-party
31 payor or an entity that following such activity will become a health
32 care provider, health care facility, or third-party payor, and due
33 diligence related to such activity; and

34 (v) Consistent with applicable legal requirements, creating
35 deidentified health care information or a limited dataset for the
36 benefit of the health care provider, health care facility, or third-
37 party payor.

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

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

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

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

23 (22) "Information and records related to sexually transmitted
24 diseases" means a type of health care information that relates to the
25 identity of any person upon whom an HIV antibody test or other sexually
26 transmitted infection test is performed, the results of such tests, and
27 any information relating to diagnosis of or treatment for any confirmed
28 sexually transmitted infections.

29 (23) "Institutional review board" means any board, committee, or
30 other group formally designated by an institution, or authorized under
31 federal or state law, to review, approve the initiation of, or conduct
32 periodic review of research programs to assure the protection of the
33 rights and welfare of human research subjects.

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

35 (25) "Local public health officer" has the same meaning as in RCW
36 70.24.017.

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

1 (27) "Mental health professional" has the same meaning as in RCW
2 71.05.020.

3 (28) "Mental health service agency" means a public or private
4 agency that provides services to persons with mental disorders as
5 defined under RCW 71.05.020 or 71.34.020 and receives funding from
6 public sources. This includes evaluation and treatment facilities as
7 defined in RCW 71.34.020, community mental health service delivery
8 systems, or community mental health programs, as defined in RCW
9 71.24.025, and facilities conducting competency evaluations and
10 restoration under chapter 10.77 RCW.

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

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

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

27 (32) "Patient" means an individual who receives or has received
28 health care. The term includes a deceased individual who has received
29 health care.

30 (33) "Payment" means:

31 (a) The activities undertaken by:

32 (i) A third-party payor to obtain premiums or to determine or
33 fulfill its responsibility for coverage and provision of benefits by
34 the third-party payor; or

35 (ii) A health care provider, health care facility, or third-party
36 payor, to obtain or provide reimbursement for the provision of health
37 care; and

1 (b) The activities in (a) of this subsection that relate to the
2 patient to whom health care is provided and that include, but are not
3 limited to:

4 (i) Determinations of eligibility or coverage, including
5 coordination of benefits or the determination of cost-sharing amounts,
6 and adjudication or subrogation of health benefit claims;

7 (ii) Risk adjusting amounts due based on enrollee health status and
8 demographic characteristics;

9 (iii) Billing, claims management, collection activities, obtaining
10 payment under a contract for reinsurance, including stop-loss insurance
11 and excess of loss insurance, and related health care data processing;

12 (iv) Review of health care services with respect to medical
13 necessity, coverage under a health plan, appropriateness of care, or
14 justification of charges;

15 (v) Utilization review activities, including precertification and
16 preauthorization of services, and concurrent and retrospective review
17 of services; and

18 (vi) Disclosure to consumer reporting agencies of any of the
19 following health care information relating to collection of premiums or
20 reimbursement:

21 (A) Name and address;

22 (B) Date of birth;

23 (C) Social security number;

24 (D) Payment history;

25 (E) Account number; and

26 (F) Name and address of the health care provider, health care
27 facility, and/or third-party payor.

28 (34) "Person" means an individual, corporation, business trust,
29 estate, trust, partnership, association, joint venture, government,
30 governmental subdivision or agency, or any other legal or commercial
31 entity.

32 (35) "Professional person" has the same meaning as in RCW
33 71.05.020.

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

36 (37) "Reasonable fee" means the charges for duplicating or
37 searching the record, but shall not exceed sixty-five cents per page
38 for the first thirty pages and fifty cents per page for all other

1 pages. In addition, a clerical fee for searching and handling may be
2 charged not to exceed fifteen dollars. These amounts shall be adjusted
3 biennially in accordance with changes in the consumer price index, all
4 consumers, for Seattle-Tacoma metropolitan statistical area as
5 determined by the secretary of health. However, where editing of
6 records by a health care provider is required by statute and is done by
7 the provider personally, the fee may be the usual and customary charge
8 for a basic office visit.

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

10 (39) "Resource management services" has the same meaning as in RCW
11 71.05.020.

12 (40) "Serious violent offense" has the same meaning as in RCW
13 71.05.020.

14 (41) "Sexually transmitted infection" or "sexually transmitted
15 disease" has the same meaning as "sexually transmitted disease" in RCW
16 70.24.017.

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

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

25 (44) "Treatment" means the provision, coordination, or management
26 of health care and related services by one or more health care
27 providers or health care facilities, including the coordination or
28 management of health care by a health care provider or health care
29 facility with a third party; consultation between health care providers
30 or health care facilities relating to a patient; or the referral of a
31 patient for health care from one health care provider or health care
32 facility to another.

33 **Sec. 71.** RCW 70.02.230 and 2013 c 200 s 7 are each amended to read
34 as follows:

35 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
36 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260,
37 or pursuant to a valid authorization under RCW 70.02.030, the fact of

1 admission to a provider for mental health services and all information
2 and records compiled, obtained, or maintained in the course of
3 providing mental health services to either voluntary or involuntary
4 recipients of services at public or private agencies must be
5 confidential.

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

9 (a) In communications between qualified professional persons to
10 meet the requirements of chapter 71.05 RCW, in the provision of
11 services or appropriate referrals, or in the course of guardianship
12 proceedings if provided to a professional person:

- 13 (i) Employed by the facility;
- 14 (ii) Who has medical responsibility for the patient's care;
- 15 (iii) Who is a designated mental health professional;
- 16 (iv) Who is providing services under chapter 71.24 RCW;
- 17 (v) Who is employed by a state or local correctional facility where
18 the person is confined or supervised; or
- 19 (vi) Who is providing evaluation, treatment, or follow-up services
20 under chapter 10.77 RCW;

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

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

29 (ii) A public or private agency shall release to a person's next of
30 kin, attorney, personal representative, guardian, or conservator, if
31 any:

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

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

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

4 (d)(i) To the courts as necessary to the administration of chapter
5 71.05 RCW or to a court ordering an evaluation or treatment under
6 chapter 10.77 RCW solely for the purpose of preventing the entry of any
7 evaluation or treatment order that is inconsistent with any order
8 entered under chapter 71.05 RCW.

9 (ii) To a court or its designee in which a motion under chapter
10 10.77 RCW has been made for involuntary medication of a defendant for
11 the purpose of competency restoration.

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

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

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

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

28 (g) To the prosecuting attorney as necessary to carry out the
29 responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b),
30 and 71.05.335. The prosecutor must be provided access to records
31 regarding the committed person's treatment and prognosis, medication,
32 behavior problems, and other records relevant to the issue of whether
33 treatment less restrictive than inpatient treatment is in the best
34 interest of the committed person or others. Information must be
35 disclosed only after giving notice to the committed person and the
36 person's counsel;

37 (h)(i) To appropriate law enforcement agencies and to a person,
38 when the identity of the person is known to the public or private

1 agency, whose health and safety has been threatened, or who is known to
2 have been repeatedly harassed, by the patient. The person may
3 designate a representative to receive the disclosure. The disclosure
4 must be made by the professional person in charge of the public or
5 private agency or his or her designee and must include the dates of
6 commitment, admission, discharge, or release, authorized or
7 unauthorized absence from the agency's facility, and only any other
8 information that is pertinent to the threat or harassment. The agency
9 or its employees are not civilly liable for the decision to disclose or
10 not, so long as the decision was reached in good faith and without
11 gross negligence.

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

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

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

22 (j) To the persons designated in RCW 71.05.425 for the purposes
23 described in those sections;

24 (k) Upon the death of a person. The person's next of kin, personal
25 representative, guardian, or conservator, if any, must be notified.
26 Next of kin who are of legal age and competent must be notified under
27 this section in the following order: Spouse, parents, children,
28 brothers and sisters, and other relatives according to the degree of
29 relation. Access to all records and information compiled, obtained, or
30 maintained in the course of providing services to a deceased patient
31 are governed by RCW 70.02.140;

32 (l) To mark headstones or otherwise memorialize patients interred
33 at state hospital cemeteries. The department of social and health
34 services shall make available the name, date of birth, and date of
35 death of patients buried in state hospital cemeteries fifty years after
36 the death of a patient;

37 (m) To law enforcement officers and to prosecuting attorneys as are

1 necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of information
2 that may be released is limited as follows:

3 (i) Only the fact, place, and date of involuntary commitment, an
4 official copy of any order or orders of commitment, and an official
5 copy of any written or oral notice of ineligibility to possess a
6 firearm that was provided to the person pursuant to RCW 9.41.047(1),
7 must be disclosed upon request;

8 (ii) The law enforcement and prosecuting attorneys may only release
9 the information obtained to the person's attorney as required by court
10 rule and to a jury or judge, if a jury is waived, that presides over
11 any trial at which the person is charged with violating RCW
12 9.41.040(2)(a)(ii);

13 (iii) Disclosure under this subsection is mandatory for the
14 purposes of the federal health insurance portability and accountability
15 act;

16 (n) When a patient would otherwise be subject to the provisions of
17 this section and disclosure is necessary for the protection of the
18 patient or others due to his or her unauthorized disappearance from the
19 facility, and his or her whereabouts is unknown, notice of the
20 disappearance, along with relevant information, may be made to
21 relatives, the department of corrections when the person is under the
22 supervision of the department, and governmental law enforcement
23 agencies designated by the physician or psychiatric advanced registered
24 nurse practitioner in charge of the patient or the professional person
25 in charge of the facility, or his or her professional designee;

26 (o) Pursuant to lawful order of a court;

27 (p) To qualified staff members of the department, to the director
28 of (~~regional support networks~~) behavioral health organizations, to
29 resource management services responsible for serving a patient, or to
30 service providers designated by resource management services as
31 necessary to determine the progress and adequacy of treatment and to
32 determine whether the person should be transferred to a less
33 restrictive or more appropriate treatment modality or facility;

34 (q) Within the treatment facility where the patient is receiving
35 treatment, confidential information may be disclosed to persons
36 employed, serving in bona fide training programs, or participating in
37 supervised volunteer programs, at the facility when it is necessary to
38 perform their duties;

1 (r) Within the department as necessary to coordinate treatment for
2 mental illness, developmental disabilities, alcoholism, or drug abuse
3 of persons who are under the supervision of the department;

4 (s) To a licensed physician or psychiatric advanced registered
5 nurse practitioner who has determined that the life or health of the
6 person is in danger and that treatment without the information
7 contained in the mental health treatment records could be injurious to
8 the patient's health. Disclosure must be limited to the portions of
9 the records necessary to meet the medical emergency;

10 (t) Consistent with the requirements of the federal health
11 information portability and accountability act, to a licensed mental
12 health professional or a health care professional licensed under
13 chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is
14 providing care to a person, or to whom a person has been referred for
15 evaluation or treatment, to assure coordinated care and treatment of
16 that person. Psychotherapy notes, as defined in 45 C.F.R. Sec.
17 164.501, may not be released without authorization of the person who is
18 the subject of the request for release of information;

19 (u) To administrative and office support staff designated to obtain
20 medical records for those licensed professionals listed in (t) of this
21 subsection;

22 (v) To a facility that is to receive a person who is involuntarily
23 committed under chapter 71.05 RCW, or upon transfer of the person from
24 one treatment facility to another. The release of records under this
25 subsection is limited to the mental health treatment records required
26 by law, a record or summary of all somatic treatments, and a discharge
27 summary. The discharge summary may include a statement of the
28 patient's problem, the treatment goals, the type of treatment which has
29 been provided, and recommendation for future treatment, but may not
30 include the patient's complete treatment record;

31 (w) To the person's counsel or guardian ad litem, without
32 modification, at any time in order to prepare for involuntary
33 commitment or recommitment proceedings, reexaminations, appeals, or
34 other actions relating to detention, admission, commitment, or
35 patient's rights under chapter 71.05 RCW;

36 (x) To staff members of the protection and advocacy agency or to
37 staff members of a private, nonprofit corporation for the purpose of
38 protecting and advocating the rights of persons with mental disorders

1 or developmental disabilities. Resource management services may limit
2 the release of information to the name, birthdate, and county of
3 residence of the patient, information regarding whether the patient was
4 voluntarily admitted, or involuntarily committed, the date and place of
5 admission, placement, or commitment, the name and address of a guardian
6 of the patient, and the date and place of the guardian's appointment.
7 Any staff member who wishes to obtain additional information must
8 notify the patient's resource management services in writing of the
9 request and of the resource management services' right to object. The
10 staff member shall send the notice by mail to the guardian's address.
11 If the guardian does not object in writing within fifteen days after
12 the notice is mailed, the staff member may obtain the additional
13 information. If the guardian objects in writing within fifteen days
14 after the notice is mailed, the staff member may not obtain the
15 additional information;

16 (y) To all current treating providers of the patient with
17 prescriptive authority who have written a prescription for the patient
18 within the last twelve months. For purposes of coordinating health
19 care, the department may release without written authorization of the
20 patient, information acquired for billing and collection purposes as
21 described in RCW 70.02.050(1)(e). The department shall notify the
22 patient that billing and collection information has been released to
23 named providers, and provide the substance of the information released
24 and the dates of such release. The department may not release
25 counseling, inpatient psychiatric hospitalization, or drug and alcohol
26 treatment information without a signed written release from the client;

27 (z)(i) To the secretary of social and health services for either
28 program evaluation or research, or both so long as the secretary adopts
29 rules for the conduct of the evaluation or research, or both. Such
30 rules must include, but need not be limited to, the requirement that
31 all evaluators and researchers sign an oath of confidentiality
32 substantially as follows:

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

1 who have received services such that the person who received such
2 services is identifiable.

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

5 /s/"

6 (ii) Nothing in this chapter may be construed to prohibit the
7 compilation and publication of statistical data for use by government
8 or researchers under standards, including standards to assure
9 maintenance of confidentiality, set forth by the secretary.

10 (3) Whenever federal law or federal regulations restrict the
11 release of information contained in the treatment records of any
12 patient who receives treatment for chemical dependency, the department
13 may restrict the release of the information as necessary to comply with
14 federal law and regulations.

15 (4) Civil liability and immunity for the release of information
16 about a particular person who is committed to the department of social
17 and health services under RCW 71.05.280(3) and 71.05.320(3)(c) after
18 dismissal of a sex offense as defined in RCW 9.94A.030, is governed by
19 RCW 4.24.550.

20 (5) The fact of admission to a provider of mental health services,
21 as well as all records, files, evidence, findings, or orders made,
22 prepared, collected, or maintained pursuant to chapter 71.05 RCW are
23 not admissible as evidence in any legal proceeding outside that chapter
24 without the written authorization of the person who was the subject of
25 the proceeding except as provided in RCW 70.02.260, in a subsequent
26 criminal prosecution of a person committed pursuant to RCW 71.05.280(3)
27 or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter
28 10.77 RCW due to incompetency to stand trial, in a civil commitment
29 proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor,
30 a guardianship or dependency proceeding. The records and files
31 maintained in any court proceeding pursuant to chapter 71.05 RCW must
32 be confidential and available subsequent to such proceedings only to
33 the person who was the subject of the proceeding or his or her
34 attorney. In addition, the court may order the subsequent release or
35 use of such records or files only upon good cause shown if the court
36 finds that appropriate safeguards for strict confidentiality are and
37 will be maintained.

1 (6)(a) Except as provided in RCW 4.24.550, any person may bring an
2 action against an individual who has willfully released confidential
3 information or records concerning him or her in violation of the
4 provisions of this section, for the greater of the following amounts:

5 (i) One thousand dollars; or

6 (ii) Three times the amount of actual damages sustained, if any.

7 (b) It is not a prerequisite to recovery under this subsection that
8 the plaintiff suffered or was threatened with special, as contrasted
9 with general, damages.

10 (c) Any person may bring an action to enjoin the release of
11 confidential information or records concerning him or her or his or her
12 ward, in violation of the provisions of this section, and may in the
13 same action seek damages as provided in this subsection.

14 (d) The court may award to the plaintiff, should he or she prevail
15 in any action authorized by this subsection, reasonable attorney fees
16 in addition to those otherwise provided by law.

17 (e) If an action is brought under this subsection, no action may be
18 brought under RCW 70.02.170.

19 **Sec. 72.** RCW 70.02.250 and 2013 c 200 s 9 are each amended to read
20 as follows:

21 (1) Information and records related to mental health services
22 delivered to a person subject to chapter 9.94A or 9.95 RCW must be
23 released, upon request, by a mental health service agency to department
24 of corrections personnel for whom the information is necessary to carry
25 out the responsibilities of their office. The information must be
26 provided only for the purpose of completing presentence investigations,
27 supervision of an incarcerated person, planning for and provision of
28 supervision of a person, or assessment of a person's risk to the
29 community. The request must be in writing and may not require the
30 consent of the subject of the records.

31 (2) The information to be released to the department of corrections
32 must include all relevant records and reports, as defined by rule,
33 necessary for the department of corrections to carry out its duties,
34 including those records and reports identified in subsection (1) of
35 this section.

36 (3) The department shall, subject to available resources,
37 electronically, or by the most cost-effective means available, provide

1 the department of corrections with the names, last dates of services,
2 and addresses of specific ((~~regional support networks~~)) behavioral
3 health organizations and mental health service agencies that delivered
4 mental health services to a person subject to chapter 9.94A or 9.95 RCW
5 pursuant to an agreement between the departments.

6 (4) The department and the department of corrections, in
7 consultation with ((~~regional support networks~~)) behavioral health
8 organizations, mental health service agencies as defined in RCW
9 70.02.010, mental health consumers, and advocates for persons with
10 mental illness, shall adopt rules to implement the provisions of this
11 section related to the type and scope of information to be released.
12 These rules must:

13 (a) Enhance and facilitate the ability of the department of
14 corrections to carry out its responsibility of planning and ensuring
15 community protection with respect to persons subject to sentencing
16 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
17 disclosing information of persons who received mental health services
18 as a minor; and

19 (b) Establish requirements for the notification of persons under
20 the supervision of the department of corrections regarding the
21 provisions of this section.

22 (5) The information received by the department of corrections under
23 this section must remain confidential and subject to the limitations on
24 disclosure outlined in chapter 71.34 RCW, except as provided in RCW
25 72.09.585.

26 (6) No mental health service agency or individual employed by a
27 mental health service agency may be held responsible for information
28 released to or used by the department of corrections under the
29 provisions of this section or rules adopted under this section.

30 (7) Whenever federal law or federal regulations restrict the
31 release of information contained in the treatment records of any
32 patient who receives treatment for alcoholism or drug dependency, the
33 release of the information may be restricted as necessary to comply
34 with federal law and regulations.

35 (8) This section does not modify the terms and conditions of
36 disclosure of information related to sexually transmitted diseases
37 under this chapter.

1 **Sec. 73.** RCW 70.320.010 and 2013 c 320 s 1 are each amended to
2 read as follows:

3 The definitions in this section apply throughout this chapter
4 unless the context clearly requires otherwise.

5 (1) "Authority" means the health care authority.

6 (2) "Department" means the department of social and health
7 services.

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

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

23 (5) "Research-based" means a program or practice that has been
24 tested with a single randomized, or statistically controlled
25 evaluation, or both, demonstrating sustained desirable outcomes; or
26 where the weight of the evidence from a systemic review supports
27 sustained outcomes as described in this subsection but does not meet
28 the full criteria for evidence-based.

29 (6) "Service coordination organization" or "service contracting
30 entity" means the authority and department, or an entity that may
31 contract with the state to provide, directly or through subcontracts,
32 a comprehensive delivery system of medical, behavioral, long-term care,
33 or social support services, including entities such as (~~regional~~
34 ~~support networks~~) behavioral health organizations as defined in RCW
35 71.24.025, managed care organizations that provide medical services to
36 clients under chapter 74.09 RCW, counties providing chemical dependency
37 services under chapters 74.50 and 70.96A RCW, and area agencies on
38 aging providing case management services under chapter 74.39A RCW.

1 **Sec. 74.** RCW 70.96B.010 and 2011 c 89 s 10 are each amended to
2 read as follows:

3 The definitions in this section apply throughout this chapter
4 unless the context clearly requires otherwise.

5 (1) "Admission" or "admit" means a decision by a physician that a
6 person should be examined or treated as a patient in a hospital, an
7 evaluation and treatment facility, or other inpatient facility, or a
8 decision by a professional person in charge or his or her designee that
9 a person should be detained as a patient for evaluation and treatment
10 in a secure detoxification facility or other certified chemical
11 dependency provider.

12 (2) "Antipsychotic medications" means that class of drugs primarily
13 used to treat serious manifestations of mental illness associated with
14 thought disorders, which includes but is not limited to atypical
15 antipsychotic medications.

16 (3) "Approved treatment program" means a discrete program of
17 chemical dependency treatment provided by a treatment program certified
18 by the department as meeting standards adopted under chapter 70.96A
19 RCW.

20 (4) "Attending staff" means any person on the staff of a public or
21 private agency having responsibility for the care and treatment of a
22 patient.

23 (5) "Chemical dependency" means:

24 (a) Alcoholism;

25 (b) Drug addiction; or

26 (c) Dependence on alcohol and one or more other psychoactive
27 chemicals, as the context requires.

28 (6) "Chemical dependency professional" means a person certified as
29 a chemical dependency professional by the department of health under
30 chapter 18.205 RCW.

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

34 (8) "Conditional release" means a revocable modification of a
35 commitment that may be revoked upon violation of any of its terms.

36 (9) "Custody" means involuntary detention under either chapter
37 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of

1 unconditional release from commitment from a facility providing
2 involuntary care and treatment.

3 (10) "Department" means the department of social and health
4 services.

5 (11) "Designated chemical dependency specialist" or "specialist"
6 means a person designated by the county alcoholism and other drug
7 addiction program coordinator designated under RCW 70.96A.310 to
8 perform the commitment duties described in RCW 70.96A.140 and this
9 chapter, and qualified to do so by meeting standards adopted by the
10 department.

11 (12) "Designated crisis responder" means a person designated by the
12 county or (~~regional support network~~) behavioral health organization
13 to perform the duties specified in this chapter.

14 (13) "Designated mental health professional" means a mental health
15 professional designated by the county or other authority authorized in
16 rule to perform the duties specified in this chapter.

17 (14) "Detention" or "detain" means the lawful confinement of a
18 person under this chapter, or chapter 70.96A or 71.05 RCW.

19 (15) "Developmental disabilities professional" means a person who
20 has specialized training and three years of experience in directly
21 treating or working with individuals with developmental disabilities
22 and is a psychiatrist, psychologist, or social worker, and such other
23 developmental disabilities professionals as may be defined by rules
24 adopted by the secretary.

25 (16) "Developmental disability" means that condition defined in RCW
26 71A.10.020.

27 (17) "Discharge" means the termination of facility authority. The
28 commitment may remain in place, be terminated, or be amended by court
29 order.

30 (18) "Evaluation and treatment facility" means any facility that
31 can provide directly, or by direct arrangement with other public or
32 private agencies, emergency evaluation and treatment, outpatient care,
33 and timely and appropriate inpatient care to persons suffering from a
34 mental disorder, and that is certified as such by the department. A
35 physically separate and separately operated portion of a state hospital
36 may be designated as an evaluation and treatment facility. A facility
37 that is part of, or operated by, the department or any federal agency

1 does not require certification. No correctional institution or
2 facility, or jail, may be an evaluation and treatment facility within
3 the meaning of this chapter.

4 (19) "Facility" means either an evaluation and treatment facility
5 or a secure detoxification facility.

6 (20) "Gravely disabled" means a condition in which a person, as a
7 result of a mental disorder, or as a result of the use of alcohol or
8 other psychoactive chemicals:

9 (a) Is in danger of serious physical harm resulting from a failure
10 to provide for his or her essential human needs of health or safety; or

11 (b) Manifests severe deterioration in routine functioning evidenced
12 by repeated and escalating loss of cognitive or volitional control over
13 his or her actions and is not receiving such care as is essential for
14 his or her health or safety.

15 (21) "History of one or more violent acts" refers to the period of
16 time ten years before the filing of a petition under this chapter, or
17 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any
18 violent acts committed, in a mental health facility or a long-term
19 alcoholism or drug treatment facility, or in confinement as a result of
20 a criminal conviction.

21 (22) "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 (23) "Intoxicated person" means a person whose mental or physical
24 functioning is substantially impaired as a result of the use of alcohol
25 or other psychoactive chemicals.

26 (24) "Judicial commitment" means a commitment by a court under this
27 chapter.

28 (25) "Licensed physician" means a person licensed to practice
29 medicine or osteopathic medicine and surgery in the state of
30 Washington.

31 (26) "Likelihood of serious harm" means:

32 (a) A substantial risk that:

33 (i) Physical harm will be inflicted by a person upon his or her own
34 person, as evidenced by threats or attempts to commit suicide or
35 inflict physical harm on oneself;

36 (ii) Physical harm will be inflicted by a person upon another, as
37 evidenced by behavior that has caused such harm or that places another
38 person or persons in reasonable fear of sustaining such harm; or

1 (iii) Physical harm will be inflicted by a person upon the property
2 of others, as evidenced by behavior that has caused substantial loss or
3 damage to the property of others; or

4 (b) The person has threatened the physical safety of another and
5 has a history of one or more violent acts.

6 (27) "Mental disorder" means any organic, mental, or emotional
7 impairment that has substantial adverse effects on a person's cognitive
8 or volitional functions.

9 (28) "Mental health professional" means a psychiatrist,
10 psychologist, psychiatric nurse, or social worker, and such other
11 mental health professionals as may be defined by rules adopted by the
12 secretary under the authority of chapter 71.05 RCW.

13 (29) "Peace officer" means a law enforcement official of a public
14 agency or governmental unit, and includes persons specifically given
15 peace officer powers by any state law, local ordinance, or judicial
16 order of appointment.

17 (30) "Person in charge" means a physician or chemical dependency
18 counselor as defined in rule by the department, who is empowered by a
19 certified treatment program with authority to make assessment,
20 admission, continuing care, and discharge decisions on behalf of the
21 certified program.

22 (31) "Private agency" means any person, partnership, corporation,
23 or association that is not a public agency, whether or not financed in
24 whole or in part by public funds, that constitutes an evaluation and
25 treatment facility or private institution, or hospital, or approved
26 treatment program, that is conducted for, or includes a department or
27 ward conducted for, the care and treatment of persons who are mentally
28 ill and/or chemically dependent.

29 (32) "Professional person" means a mental health professional or
30 chemical dependency professional and shall also mean a physician,
31 registered nurse, and such others as may be defined by rules adopted by
32 the secretary pursuant to the provisions of this chapter.

33 (33) "Psychiatrist" means a person having a license as a physician
34 and surgeon in this state who has in addition completed three years of
35 graduate training in psychiatry in a program approved by the American
36 medical association or the American osteopathic association and is
37 certified or eligible to be certified by the American board of
38 psychiatry and neurology.

1 (34) "Psychologist" means a person who has been licensed as a
2 psychologist under chapter 18.83 RCW.

3 (35) "Public agency" means any evaluation and treatment facility or
4 institution, or hospital, or approved treatment program that is
5 conducted for, or includes a department or ward conducted for, the care
6 and treatment of persons who are mentally ill and/or chemically
7 dependent, if the agency is operated directly by federal, state,
8 county, or municipal government, or a combination of such governments.

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

15 (37) "Release" means legal termination of the commitment under
16 chapter 70.96A or 71.05 RCW or this chapter.

17 (38) "Secretary" means the secretary of the department or the
18 secretary's designee.

19 (39) "Secure detoxification facility" means a facility operated by
20 either a public or private agency or by the program of an agency that
21 serves the purpose of providing evaluation and assessment, and acute
22 and/or subacute detoxification services for intoxicated persons and
23 includes security measures sufficient to protect the patients, staff,
24 and community.

25 (40) "Social worker" means a person with a master's or further
26 advanced degree from a social work educational program accredited and
27 approved as provided in RCW 18.320.010.

28 (41) "Treatment records" means registration records and all other
29 records concerning persons who are receiving or who at any time have
30 received services for mental illness, which are maintained by the
31 department, by (~~regional support networks~~) behavioral health
32 organizations and their staffs, and by treatment facilities. Treatment
33 records do not include notes or records maintained for personal use by
34 a person providing treatment services for the department, (~~regional~~
35 ~~support networks~~) behavioral health organizations, or a treatment
36 facility if the notes or records are not available to others.

37 (42) "Violent act" means behavior that resulted in homicide,

1 attempted suicide, nonfatal injuries, or substantial damage to
2 property.

3 **Sec. 75.** RCW 70.96B.020 and 2005 c 504 s 203 are each amended to
4 read as follows:

5 (1) The secretary, after consulting with the Washington state
6 association of counties, shall select and contract with (~~regional~~
7 ~~support networks~~) behavioral health organizations or counties to
8 provide two integrated crisis response and involuntary treatment pilot
9 programs for adults and shall allocate resources for both integrated
10 services and secure detoxification services in the pilot areas. In
11 selecting the two (~~regional support networks~~) behavioral health
12 organizations or counties, the secretary shall endeavor to site one in
13 an urban and one in a rural (~~regional support network~~) behavioral
14 health organization or county; and to site them in counties other than
15 those selected pursuant to RCW 70.96A.800, to the extent necessary to
16 facilitate evaluation of pilot project results.

17 (2) The (~~regional support networks~~) behavioral health
18 organizations or counties shall implement the pilot programs by
19 providing integrated crisis response and involuntary treatment to
20 persons with a chemical dependency, a mental disorder, or both,
21 consistent with this chapter. The pilot programs shall:

22 (a) Combine the crisis responder functions of a designated mental
23 health professional under chapter 71.05 RCW and a designated chemical
24 dependency specialist under chapter 70.96A RCW by establishing a new
25 designated crisis responder who is authorized to conduct investigations
26 and detain persons up to seventy-two hours to the proper facility;

27 (b) Provide training to the crisis responders as required by the
28 department;

29 (c) Provide sufficient staff and resources to ensure availability
30 of an adequate number of crisis responders twenty-four hours a day,
31 seven days a week;

32 (d) Provide the administrative and court-related staff, resources,
33 and processes necessary to facilitate the legal requirements of the
34 initial detention and the commitment hearings for persons with a
35 chemical dependency;

36 (e) Participate in the evaluation and report to assess the outcomes

1 of the pilot programs including providing data and information as
2 requested;

3 (f) Provide the other services necessary to the implementation of
4 the pilot programs, consistent with this chapter as determined by the
5 secretary in contract; and

6 (g) Collaborate with the department of corrections where persons
7 detained or committed are also subject to supervision by the department
8 of corrections.

9 (3) The pilot programs established by this section shall begin
10 providing services by March 1, 2006.

11 **Sec. 76.** RCW 70.96B.030 and 2005 c 504 s 204 are each amended to
12 read as follows:

13 To qualify as a designated crisis responder, a person must have
14 received chemical dependency training as determined by the department
15 and be a:

16 (1) Psychiatrist, psychologist, psychiatric nurse, or social
17 worker;

18 (2) Person with a master's degree or further advanced degree in
19 counseling or one of the social sciences from an accredited college or
20 university and who have, in addition, at least two years of experience
21 in direct treatment of persons with mental illness or emotional
22 disturbance, such experience gained under the direction of a mental
23 health professional;

24 (3) Person who meets the waiver criteria of RCW 71.24.260, which
25 waiver was granted before 1986;

26 (4) Person who had an approved waiver to perform the duties of a
27 mental health professional that was requested by the (~~regional support~~
28 ~~network~~) behavioral health organization and granted by the department
29 before July 1, 2001; or

30 (5) Person who has been granted a time-limited exception of the
31 minimum requirements of a mental health professional by the department
32 consistent with rules adopted by the secretary.

33 **Sec. 77.** RCW 70.96C.010 and 2005 c 504 s 601 are each amended to
34 read as follows:

35 (1) The department of social and health services, in consultation
36 with the members of the team charged with developing the state plan for

1 co-occurring mental and substance abuse disorders, shall adopt, not
2 later than January 1, 2006, an integrated and comprehensive screening
3 and assessment process for chemical dependency and mental disorders and
4 co-occurring chemical dependency and mental disorders.

5 (a) The process adopted shall include, at a minimum:

6 (i) An initial screening tool that can be used by intake personnel
7 system-wide and which will identify the most common types of co-
8 occurring disorders;

9 (ii) An assessment process for those cases in which assessment is
10 indicated that provides an appropriate degree of assessment for most
11 situations, which can be expanded for complex situations;

12 (iii) Identification of triggers in the screening that indicate the
13 need to begin an assessment;

14 (iv) Identification of triggers after or outside the screening that
15 indicate a need to begin or resume an assessment;

16 (v) The components of an assessment process and a protocol for
17 determining whether part or all of the assessment is necessary, and at
18 what point; and

19 (vi) Emphasis that the process adopted under this section is to
20 replace and not to duplicate existing intake, screening, and assessment
21 tools and processes.

22 (b) The department shall consider existing models, including those
23 already adopted by other states, and to the extent possible, adopt an
24 established, proven model.

25 (c) The integrated, comprehensive screening and assessment process
26 shall be implemented statewide by all chemical dependency and mental
27 health treatment providers as well as all designated mental health
28 professionals, designated chemical dependency specialists, and
29 designated crisis responders not later than January 1, 2007.

30 (2) The department shall provide adequate training to effect
31 statewide implementation by the dates designated in this section and
32 shall report the rates of co-occurring disorders and the stage of
33 screening or assessment at which the co-occurring disorder was
34 identified to the appropriate committees of the legislature.

35 (3) The department shall establish contractual penalties to
36 contracted treatment providers, the ~~((regional support networks))~~
37 behavioral health organizations, and their contracted providers for

1 failure to implement the integrated screening and assessment process by
2 July 1, 2007.

3 **Sec. 78.** RCW 70.97.010 and 2011 c 89 s 11 are each amended to read
4 as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

7 (1) "Antipsychotic medications" means that class of drugs primarily
8 used to treat serious manifestations of mental illness associated with
9 thought disorders, which includes but is not limited to atypical
10 antipsychotic medications.

11 (2) "Attending staff" means any person on the staff of a public or
12 private agency having responsibility for the care and treatment of a
13 patient.

14 (3) "Chemical dependency" means alcoholism, drug addiction, or
15 dependence on alcohol and one or more other psychoactive chemicals, as
16 the context requires and as those terms are defined in chapter 70.96A
17 RCW.

18 (4) "Chemical dependency professional" means a person certified as
19 a chemical dependency professional by the department of health under
20 chapter 18.205 RCW.

21 (5) "Commitment" means the determination by a court that an
22 individual should be detained for a period of either evaluation or
23 treatment, or both, in an inpatient or a less restrictive setting.

24 (6) "Conditional release" means a modification of a commitment that
25 may be revoked upon violation of any of its terms.

26 (7) "Custody" means involuntary detention under chapter 71.05 or
27 70.96A RCW, uninterrupted by any period of unconditional release from
28 commitment from a facility providing involuntary care and treatment.

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

31 (9) "Designated responder" means a designated mental health
32 professional, a designated chemical dependency specialist, or a
33 designated crisis responder as those terms are defined in chapter
34 70.96A, 71.05, or 70.96B RCW.

35 (10) "Detention" or "detain" means the lawful confinement of an
36 individual under chapter 70.96A or 71.05 RCW.

1 (11) "Discharge" means the termination of facility authority. The
2 commitment may remain in place, be terminated, or be amended by court
3 order.

4 (12) "Enhanced services facility" means a facility that provides
5 treatment and services to persons for whom acute inpatient treatment is
6 not medically necessary and who have been determined by the department
7 to be inappropriate for placement in other licensed facilities due to
8 the complex needs that result in behavioral and security issues.

9 (13) "Expanded community services program" means a nonsecure
10 program of enhanced behavioral and residential support provided to
11 long-term and residential care providers serving specifically eligible
12 clients who would otherwise be at risk for hospitalization at state
13 hospital geriatric units.

14 (14) "Facility" means an enhanced services facility.

15 (15) "Gravely disabled" means a condition in which an individual,
16 as a result of a mental disorder, as a result of the use of alcohol or
17 other psychoactive chemicals, or both:

18 (a) Is in danger of serious physical harm resulting from a failure
19 to provide for his or her essential human needs of health or safety; or

20 (b) Manifests severe deterioration in routine functioning evidenced
21 by repeated and escalating loss of cognitive or volitional control over
22 his or her actions and is not receiving such care as is essential for
23 his or her health or safety.

24 (16) "History of one or more violent acts" refers to the period of
25 time ten years before the filing of a petition under this chapter, or
26 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any
27 violent acts committed, in a mental health facility or a long-term
28 alcoholism or drug treatment facility, or in confinement as a result of
29 a criminal conviction.

30 (17) "Licensed physician" means a person licensed to practice
31 medicine or osteopathic medicine and surgery in the state of
32 Washington.

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

34 (a) A substantial risk that:

35 (i) Physical harm will be inflicted by an individual upon his or
36 her own person, as evidenced by threats or attempts to commit suicide
37 or inflict physical harm on oneself;

1 (ii) Physical harm will be inflicted by an individual upon another,
2 as evidenced by behavior that has caused such harm or that places
3 another person or persons in reasonable fear of sustaining such harm;
4 or

5 (iii) Physical harm will be inflicted by an individual upon the
6 property of others, as evidenced by behavior that has caused
7 substantial loss or damage to the property of others; or

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

10 (19) "Mental disorder" means any organic, mental, or emotional
11 impairment that has substantial adverse effects on an individual's
12 cognitive or volitional functions.

13 (20) "Mental health professional" means a psychiatrist,
14 psychologist, psychiatric nurse, or social worker, and such other
15 mental health professionals as may be defined by rules adopted by the
16 secretary under the authority of chapter 71.05 RCW.

17 (21) "Professional person" means a mental health professional and
18 also means a physician, registered nurse, and such others as may be
19 defined in rules adopted by the secretary pursuant to the provisions of
20 this chapter.

21 (22) "Psychiatrist" means a person having a license as a physician
22 and surgeon in this state who has in addition completed three years of
23 graduate training in psychiatry in a program approved by the American
24 medical association or the American osteopathic association and is
25 certified or eligible to be certified by the American board of
26 psychiatry and neurology.

27 (23) "Psychologist" means a person who has been licensed as a
28 psychologist under chapter 18.83 RCW.

29 (24) "Registration records" include all the records of the
30 department, (~~regional support networks~~) behavioral health
31 organizations, treatment facilities, and other persons providing
32 services to the department, county departments, or facilities which
33 identify individuals who are receiving or who at any time have received
34 services for mental illness.

35 (25) "Release" means legal termination of the commitment under
36 chapter 70.96A or 71.05 RCW.

37 (26) "Resident" means a person admitted to an enhanced services
38 facility.

1 (27) "Secretary" means the secretary of the department or the
2 secretary's designee.

3 (28) "Significant change" means:

4 (a) A deterioration in a resident's physical, mental, or
5 psychosocial condition that has caused or is likely to cause clinical
6 complications or life-threatening conditions; or

7 (b) An improvement in the resident's physical, mental, or
8 psychosocial condition that may make the resident eligible for release
9 or for treatment in a less intensive or less secure setting.

10 (29) "Social worker" means a person with a master's or further
11 advanced degree from a social work educational program accredited and
12 approved as provided in RCW 18.320.010.

13 (30) "Treatment" means the broad range of emergency,
14 detoxification, residential, inpatient, and outpatient services and
15 care, including diagnostic evaluation, mental health or chemical
16 dependency education and counseling, medical, psychiatric,
17 psychological, and social service care, vocational rehabilitation, and
18 career counseling, which may be extended to persons with mental
19 disorders, chemical dependency disorders, or both, and their families.

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

30 (32) "Violent act" means behavior that resulted in homicide,
31 attempted suicide, nonfatal injuries, or substantial damage to
32 property.

33 **Sec. 79.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are
34 each reenacted and amended to read as follows:

35 The definitions in this section apply throughout this chapter
36 unless the context clearly requires otherwise.

- 1 (1) "Admission" or "admit" means a decision by a physician or
2 psychiatric advanced registered nurse practitioner that a person should
3 be examined or treated as a patient in a hospital;
- 4 (2) "Antipsychotic medications" means that class of drugs primarily
5 used to treat serious manifestations of mental illness associated with
6 thought disorders, which includes, but is not limited to atypical
7 antipsychotic medications;
- 8 (3) "Attending staff" means any person on the staff of a public or
9 private agency having responsibility for the care and treatment of a
10 patient;
- 11 (4) "Commitment" means the determination by a court that a person
12 should be detained for a period of either evaluation or treatment, or
13 both, in an inpatient or a less restrictive setting;
- 14 (5) "Conditional release" means a revocable modification of a
15 commitment, which may be revoked upon violation of any of its terms;
- 16 (6) "Crisis stabilization unit" means a short-term facility or a
17 portion of a facility licensed by the department of health and
18 certified by the department of social and health services under RCW
19 71.24.035, such as an evaluation and treatment facility or a hospital,
20 which has been designed to assess, diagnose, and treat individuals
21 experiencing an acute crisis without the use of long-term
22 hospitalization;
- 23 (7) "Custody" means involuntary detention under the provisions of
24 this chapter or chapter 10.77 RCW, uninterrupted by any period of
25 unconditional release from commitment from a facility providing
26 involuntary care and treatment;
- 27 (8) "Department" means the department of social and health
28 services;
- 29 (9) "Designated chemical dependency specialist" means a person
30 designated by the county alcoholism and other drug addiction program
31 coordinator designated under RCW 70.96A.310 to perform the commitment
32 duties described in chapters 70.96A and 70.96B RCW;
- 33 (10) "Designated crisis responder" means a mental health
34 professional appointed by the county or the (~~regional support~~
35 ~~network~~) behavioral health organization to perform the duties
36 specified in this chapter;
- 37 (11) "Designated mental health professional" means a mental health

1 professional designated by the county or other authority authorized in
2 rule to perform the duties specified in this chapter;

3 (12) "Detention" or "detain" means the lawful confinement of a
4 person, under the provisions of this chapter;

5 (13) "Developmental disabilities professional" means a person who
6 has specialized training and three years of experience in directly
7 treating or working with persons with developmental disabilities and is
8 a psychiatrist, psychologist, psychiatric advanced registered nurse
9 practitioner, or social worker, and such other developmental
10 disabilities professionals as may be defined by rules adopted by the
11 secretary;

12 (14) "Developmental disability" means that condition defined in RCW
13 71A.10.020(~~(+3)~~)(4);

14 (15) "Discharge" means the termination of hospital medical
15 authority. The commitment may remain in place, be terminated, or be
16 amended by court order;

17 (16) "Evaluation and treatment facility" means any facility which
18 can provide directly, or by direct arrangement with other public or
19 private agencies, emergency evaluation and treatment, outpatient care,
20 and timely and appropriate inpatient care to persons suffering from a
21 mental disorder, and which is certified as such by the department. A
22 physically separate and separately operated portion of a state hospital
23 may be designated as an evaluation and treatment facility. A facility
24 which is part of, or operated by, the department or any federal agency
25 will not require certification. No correctional institution or
26 facility, or jail, shall be an evaluation and treatment facility within
27 the meaning of this chapter;

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

35 (18) "Habilitative services" means those services provided by
36 program personnel to assist persons in acquiring and maintaining life
37 skills and in raising their levels of physical, mental, social, and
38 vocational functioning. Habilitative services include education,

1 training for employment, and therapy. The habilitative process shall
2 be undertaken with recognition of the risk to the public safety
3 presented by the person being assisted as manifested by prior charged
4 criminal conduct;

5 (19) "History of one or more violent acts" refers to the period of
6 time ten years prior to the filing of a petition under this chapter,
7 excluding any time spent, but not any violent acts committed, in a
8 mental health facility or in confinement as a result of a criminal
9 conviction;

10 (20) "Imminent" means the state or condition of being likely to
11 occur at any moment or near at hand, rather than distant or remote;

12 (21) "Individualized service plan" means a plan prepared by a
13 developmental disabilities professional with other professionals as a
14 team, for a person with developmental disabilities, which shall state:

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

17 (b) The conditions and strategies necessary to achieve the purposes
18 of habilitation;

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

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

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

24 (f) Where relevant in light of past criminal behavior and due
25 consideration for public safety, the criteria for proposed movement to
26 less-restrictive settings, criteria for proposed eventual discharge or
27 release, and a projected possible date for discharge or release; and

28 (g) The type of residence immediately anticipated for the person
29 and possible future types of residences;

30 (22) "Information related to mental health services" means all
31 information and records compiled, obtained, or maintained in the course
32 of providing services to either voluntary or involuntary recipients of
33 services by a mental health service provider. This may include
34 documents of legal proceedings under this chapter or chapter 71.34 or
35 10.77 RCW, or somatic health care information;

36 (23) "Judicial commitment" means a commitment by a court pursuant
37 to the provisions of this chapter;

1 (24) "Legal counsel" means attorneys and staff employed by county
2 prosecutor offices or the state attorney general acting in their
3 capacity as legal representatives of public mental health service
4 providers under RCW 71.05.130;

5 (25) "Likelihood of serious harm" means:

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

15 (b) The person has threatened the physical safety of another and
16 has a history of one or more violent acts;

17 (26) "Mental disorder" means any organic, mental, or emotional
18 impairment which has substantial adverse effects on a person's
19 cognitive or volitional functions;

20 (27) "Mental health professional" means a psychiatrist,
21 psychologist, psychiatric advanced registered nurse practitioner,
22 psychiatric nurse, or social worker, and such other mental health
23 professionals as may be defined by rules adopted by the secretary
24 pursuant to the provisions of this chapter;

25 (28) "Mental health service provider" means a public or private
26 agency that provides mental health services to persons with mental
27 disorders as defined under this section and receives funding from
28 public sources. This includes, but is not limited to, hospitals
29 licensed under chapter 70.41 RCW, evaluation and treatment facilities
30 as defined in this section, community mental health service delivery
31 systems or community mental health programs as defined in RCW
32 71.24.025, facilities conducting competency evaluations and restoration
33 under chapter 10.77 RCW, and correctional facilities operated by state
34 and local governments;

35 (29) "Peace officer" means a law enforcement official of a public
36 agency or governmental unit, and includes persons specifically given
37 peace officer powers by any state law, local ordinance, or judicial
38 order of appointment;

1 (30) "Private agency" means any person, partnership, corporation,
2 or association that is not a public agency, whether or not financed in
3 whole or in part by public funds, which constitutes an evaluation and
4 treatment facility or private institution, or hospital, which is
5 conducted for, or includes a department or ward conducted for, the care
6 and treatment of persons who are mentally ill;

7 (31) "Professional person" means a mental health professional and
8 shall also mean a physician, psychiatric advanced registered nurse
9 practitioner, registered nurse, and such others as may be defined by
10 rules adopted by the secretary pursuant to the provisions of this
11 chapter;

12 (32) "Psychiatric advanced registered nurse practitioner" means a
13 person who is licensed as an advanced registered nurse practitioner
14 pursuant to chapter 18.79 RCW; and who is board certified in advanced
15 practice psychiatric and mental health nursing;

16 (33) "Psychiatrist" means a person having a license as a physician
17 and surgeon in this state who has in addition completed three years of
18 graduate training in psychiatry in a program approved by the American
19 medical association or the American osteopathic association and is
20 certified or eligible to be certified by the American board of
21 psychiatry and neurology;

22 (34) "Psychologist" means a person who has been licensed as a
23 psychologist pursuant to chapter 18.83 RCW;

24 (35) "Public agency" means any evaluation and treatment facility or
25 institution, or hospital which is conducted for, or includes a
26 department or ward conducted for, the care and treatment of persons
27 with mental illness, if the agency is operated directly by, federal,
28 state, county, or municipal government, or a combination of such
29 governments;

30 (36) "Registration records" include all the records of the
31 department, (~~regional support networks~~) behavioral health
32 organizations, treatment facilities, and other persons providing
33 services to the department, county departments, or facilities which
34 identify persons who are receiving or who at any time have received
35 services for mental illness;

36 (37) "Release" means legal termination of the commitment under the
37 provisions of this chapter;

1 (38) "Resource management services" has the meaning given in
2 chapter 71.24 RCW;

3 (39) "Secretary" means the secretary of the department of social
4 and health services, or his or her designee;

5 (40) "Serious violent offense" has the same meaning as provided in
6 RCW 9.94A.030;

7 (41) "Social worker" means a person with a master's or further
8 advanced degree from a social work educational program accredited and
9 approved as provided in RCW 18.320.010;

10 (42) "Therapeutic court personnel" means the staff of a mental
11 health court or other therapeutic court which has jurisdiction over
12 defendants who are dually diagnosed with mental disorders, including
13 court personnel, probation officers, a court monitor, prosecuting
14 attorney, or defense counsel acting within the scope of therapeutic
15 court duties;

16 (43) "Triage facility" means a short-term facility or a portion of
17 a facility licensed by the department of health and certified by the
18 department of social and health services under RCW 71.24.035, which is
19 designed as a facility to assess and stabilize an individual or
20 determine the need for involuntary commitment of an individual, and
21 must meet department of health residential treatment facility
22 standards. A triage facility may be structured as a voluntary or
23 involuntary placement facility;

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

36 (45) "Violent act" means behavior that resulted in homicide,
37 attempted suicide, nonfatal injuries, or substantial damage to
38 property.

1 **Sec. 80.** RCW 71.05.025 and 2000 c 94 s 2 are each amended to read
2 as follows:

3 The legislature intends that the procedures and services authorized
4 in this chapter be integrated with those in chapter 71.24 RCW to the
5 maximum extent necessary to assure a continuum of care to persons (~~who~~
6 ~~are mentally ill~~) with mental illness or who have mental disorders, as
7 defined in either or both this chapter and chapter 71.24 RCW. To this
8 end, (~~regional support networks~~) behavioral health organizations
9 established in accordance with chapter 71.24 RCW shall institute
10 procedures which require timely consultation with resource management
11 services by (~~county~~) designated mental health professionals and
12 evaluation and treatment facilities to assure that determinations to
13 admit, detain, commit, treat, discharge, or release persons with mental
14 disorders under this chapter are made only after appropriate
15 information regarding such person's treatment history and current
16 treatment plan has been sought from resource management services.

17 **Sec. 81.** RCW 71.05.026 and 2006 c 333 s 301 are each amended to
18 read as follows:

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

23 (2) Except as expressly provided in contracts entered into between
24 the department and the (~~regional support networks~~) behavioral health
25 organizations after March 29, 2006, the entities identified in
26 subsection (3) of this section shall have no claim for declaratory
27 relief, injunctive relief, judicial review under chapter 34.05 RCW, or
28 civil liability against the state or state agencies for actions or
29 inactions performed pursuant to the administration of this chapter with
30 regard to the following: (a) The allocation or payment of federal or
31 state funds; (b) the use or allocation of state hospital beds; or (c)
32 financial responsibility for the provision of inpatient mental health
33 care.

34 (3) This section applies to counties, (~~regional support networks~~)
35 behavioral health organizations, and entities which contract to provide
36 (~~regional support network~~) behavioral health organization services
37 and their subcontractors, agents, or employees.

1 **Sec. 82.** RCW 71.05.027 and 2005 c 504 s 103 are each amended to
2 read as follows:

3 (1) Not later than January 1, 2007, all persons providing treatment
4 under this chapter shall also implement the integrated comprehensive
5 screening and assessment process for chemical dependency and mental
6 disorders adopted pursuant to RCW 70.96C.010 and shall document the
7 numbers of clients with co-occurring mental and substance abuse
8 disorders based on a quadrant system of low and high needs.

9 (2) Treatment providers and (~~regional support networks~~)
10 behavioral health organizations who fail to implement the integrated
11 comprehensive screening and assessment process for chemical dependency
12 and mental disorders by July 1, 2007, shall be subject to contractual
13 penalties established under RCW 70.96C.010.

14 **Sec. 83.** RCW 71.05.110 and 2011 c 343 s 5 are each amended to read
15 as follows:

16 Attorneys appointed for persons pursuant to this chapter shall be
17 compensated for their services as follows: (1) The person for whom an
18 attorney is appointed shall, if he or she is financially able pursuant
19 to standards as to financial capability and indigency set by the
20 superior court of the county in which the proceeding is held, bear the
21 costs of such legal services; (2) if such person is indigent pursuant
22 to such standards, the (~~regional support network~~) behavioral health
23 organization shall reimburse the county in which the proceeding is held
24 for the direct costs of such legal services, as provided in RCW
25 71.05.730.

26 **Sec. 84.** RCW 71.05.300 and 2009 c 293 s 5 and 2009 c 217 s 4 are
27 each reenacted and amended to read as follows:

28 (1) The petition for ninety day treatment shall be filed with the
29 clerk of the superior court at least three days before expiration of
30 the fourteen-day period of intensive treatment. At the time of filing
31 such petition, the clerk shall set a time for the person to come before
32 the court on the next judicial day after the day of filing unless such
33 appearance is waived by the person's attorney, and the clerk shall
34 notify the designated mental health professional. The designated
35 mental health professional shall immediately notify the person
36 detained, his or her attorney, if any, and his or her guardian or

1 conservator, if any, the prosecuting attorney, and the ((~~regional~~
2 ~~support network~~)) behavioral health organization administrator, and
3 provide a copy of the petition to such persons as soon as possible.
4 The ((~~regional support network~~)) behavioral health organization
5 administrator or designee may review the petition and may appear and
6 testify at the full hearing on the petition.

7 (2) At the time set for appearance the detained person shall be
8 brought before the court, unless such appearance has been waived and
9 the court shall advise him or her of his or her right to be represented
10 by an attorney, his or her right to a jury trial, and his or her loss
11 of firearm rights if involuntarily committed. If the detained person
12 is not represented by an attorney, or is indigent or is unwilling to
13 retain an attorney, the court shall immediately appoint an attorney to
14 represent him or her. The court shall, if requested, appoint a
15 reasonably available licensed physician, psychiatric advanced
16 registered nurse practitioner, psychologist, or psychiatrist,
17 designated by the detained person to examine and testify on behalf of
18 the detained person.

19 (3) The court may, if requested, also appoint a professional person
20 as defined in RCW 71.05.020 to seek less restrictive alternative
21 courses of treatment and to testify on behalf of the detained person.
22 In the case of a person with a developmental disability who has been
23 determined to be incompetent pursuant to RCW 10.77.086(4), then the
24 appointed professional person under this section shall be a
25 developmental disabilities professional.

26 (4) The court shall also set a date for a full hearing on the
27 petition as provided in RCW 71.05.310.

28 **Sec. 85.** RCW 71.05.365 and 2013 c 338 s 4 are each amended to read
29 as follows:

30 When a person has been involuntarily committed for treatment to a
31 hospital for a period of ninety or one hundred eighty days, and the
32 superintendent or professional person in charge of the hospital
33 determines that the person no longer requires active psychiatric
34 treatment at an inpatient level of care, the ((~~regional support~~
35 ~~network~~)) behavioral health organization responsible for resource
36 management services for the person must work with the hospital to

1 develop an individualized discharge plan and arrange for a transition
2 to the community in accordance with the person's individualized
3 discharge plan within twenty-one days of the determination.

4 **Sec. 86.** RCW 71.05.445 and 2013 c 200 s 31 are each amended to
5 read as follows:

6 (1)(a) When a mental health service provider conducts its initial
7 assessment for a person receiving court-ordered treatment, the service
8 provider shall inquire and shall be told by the offender whether he or
9 she is subject to supervision by the department of corrections.

10 (b) When a person receiving court-ordered treatment or treatment
11 ordered by the department of corrections discloses to his or her mental
12 health service provider that he or she is subject to supervision by the
13 department of corrections, the mental health service provider shall
14 notify the department of corrections that he or she is treating the
15 offender and shall notify the offender that his or her community
16 corrections officer will be notified of the treatment, provided that if
17 the offender has received relief from disclosure pursuant to RCW
18 9.94A.562, 70.96A.155, or 71.05.132 and the offender has provided the
19 mental health service provider with a copy of the order granting relief
20 from disclosure pursuant to RCW 9.94A.562, 70.96A.155, or 71.05.132,
21 the mental health service provider is not required to notify the
22 department of corrections that the mental health service provider is
23 treating the offender. The notification may be written or oral and
24 shall not require the consent of the offender. If an oral notification
25 is made, it must be confirmed by a written notification. For purposes
26 of this section, a written notification includes notification by e-mail
27 or facsimile, so long as the notifying mental health service provider
28 is clearly identified.

29 (2) The information to be released to the department of corrections
30 shall include all relevant records and reports, as defined by rule,
31 necessary for the department of corrections to carry out its duties.

32 (3) The department and the department of corrections, in
33 consultation with ((~~regional support networks~~)) behavioral health
34 organizations, mental health service providers as defined in RCW
35 71.05.020, mental health consumers, and advocates for persons with
36 mental illness, shall adopt rules to implement the provisions of this

1 section related to the type and scope of information to be released.

2 These rules shall:

3 (a) Enhance and facilitate the ability of the department of
4 corrections to carry out its responsibility of planning and ensuring
5 community protection with respect to persons subject to sentencing
6 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
7 disclosing information of persons who received mental health services
8 as a minor; and

9 (b) Establish requirements for the notification of persons under
10 the supervision of the department of corrections regarding the
11 provisions of this section.

12 (4) The information received by the department of corrections under
13 this section shall remain confidential and subject to the limitations
14 on disclosure outlined in chapter 71.05 RCW, except as provided in RCW
15 72.09.585.

16 (5) No mental health service provider or individual employed by a
17 mental health service provider shall be held responsible for
18 information released to or used by the department of corrections under
19 the provisions of this section or rules adopted under this section.

20 (6) Whenever federal law or federal regulations restrict the
21 release of information contained in the treatment records of any
22 patient who receives treatment for alcoholism or drug dependency, the
23 release of the information may be restricted as necessary to comply
24 with federal law and regulations.

25 (7) This section does not modify the terms and conditions of
26 disclosure of information related to sexually transmitted diseases
27 under chapter 70.24 RCW.

28 (8) The department shall, subject to available resources,
29 electronically, or by the most cost-effective means available, provide
30 the department of corrections with the names, last dates of services,
31 and addresses of specific (~~regional support networks~~) behavioral
32 health organizations and mental health service providers that delivered
33 mental health services to a person subject to chapter 9.94A or 9.95 RCW
34 pursuant to an agreement between the departments.

35 **Sec. 87.** RCW 71.05.730 and 2011 c 343 s 2 are each amended to read
36 as follows:

37 (1) A county may apply to its (~~regional support network~~)

1 behavioral health organization on a quarterly basis for reimbursement
2 of its direct costs in providing judicial services for civil commitment
3 cases under this chapter and chapter 71.34 RCW. The ((~~regional support~~
4 ~~network~~)) behavioral health organization shall in turn be entitled to
5 reimbursement from the ((~~regional support network~~)) behavioral health
6 organization that serves the county of residence of the individual who
7 is the subject of the civil commitment case. Reimbursements under this
8 section shall be paid out of the ((~~regional support network's~~))
9 behavioral health organization's nonmedicaid appropriation.

10 (2) Reimbursement for judicial services shall be provided per civil
11 commitment case at a rate to be determined based on an independent
12 assessment of the county's actual direct costs. This assessment must
13 be based on an average of the expenditures for judicial services within
14 the county over the past three years. In the event that a baseline
15 cannot be established because there is no significant history of
16 similar cases within the county, the reimbursement rate shall be equal
17 to eighty percent of the median reimbursement rate of counties included
18 in the independent assessment.

19 (3) For the purposes of this section:

20 (a) "Civil commitment case" includes all judicial hearings related
21 to a single episode of hospitalization, or less restrictive alternative
22 detention in lieu of hospitalization, except that the filing of a
23 petition for a one hundred eighty-day commitment under this chapter or
24 a petition for a successive one hundred eighty-day commitment under
25 chapter 71.34 RCW shall be considered to be a new case regardless of
26 whether there has been a break in detention. "Civil commitment case"
27 does not include the filing of a petition for a one hundred eighty-day
28 commitment under this chapter on behalf of a patient at a state
29 psychiatric hospital.

30 (b) "Judicial services" means a county's reasonable direct costs in
31 providing prosecutor services, assigned counsel and defense services,
32 court services, and court clerk services for civil commitment cases
33 under this chapter and chapter 71.34 RCW.

34 (4) To the extent that resources have shared purpose, the
35 ((~~regional support network~~)) behavioral health organization may only
36 reimburse counties to the extent such resources are necessary for and
37 devoted to judicial services as described in this section.

1 (5) No filing fee may be charged or collected for any civil
2 commitment case subject to reimbursement under this section.

3 **Sec. 88.** RCW 71.05.740 and 2013 c 216 s 2 are each amended to read
4 as follows:

5 By August 1, 2013, all (~~regional support networks~~) behavioral
6 health organizations in the state of Washington must forward historical
7 mental health involuntary commitment information retained by the
8 organization including identifying information and dates of commitment
9 to the department. As soon as feasible, the (~~regional support~~
10 ~~networks~~) behavioral health organizations must arrange to report new
11 commitment data to the department within twenty-four hours. Commitment
12 information under this section does not need to be resent if it is
13 already in the possession of the department. (~~Regional support~~
14 ~~networks~~) Behavioral health organizations and the department shall be
15 immune from liability related to the sharing of commitment information
16 under this section.

17 **Sec. 89.** RCW 71.34.330 and 2011 c 343 s 8 are each amended to read
18 as follows:

19 Attorneys appointed for minors under this chapter shall be
20 compensated for their services as follows:

21 (1) Responsible others shall bear the costs of such legal services
22 if financially able according to standards set by the court of the
23 county in which the proceeding is held.

24 (2) If all responsible others are indigent as determined by these
25 standards, the (~~regional support network~~) behavioral health
26 organization shall reimburse the county in which the proceeding is held
27 for the direct costs of such legal services, as provided in RCW
28 71.05.730.

29 **Sec. 90.** RCW 71.34.415 and 2011 c 343 s 4 are each amended to read
30 as follows:

31 A county may apply to its (~~regional support network~~) behavioral
32 health organization for reimbursement of its direct costs in providing
33 judicial services for civil commitment cases under this chapter, as
34 provided in RCW 71.05.730.

1 **Sec. 91.** RCW 71.36.010 and 2007 c 359 s 2 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) "Agency" means a state, tribal, or local governmental entity or
6 a private not-for-profit organization.

7 (2) "Child" means a person under eighteen years of age, except as
8 expressly provided otherwise in state or federal law.

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

14 (4) "County authority" means the board of county commissioners or
15 county executive.

16 (5) "Department" means the department of social and health
17 services.

18 (6) "Early periodic screening, diagnosis, and treatment" means the
19 component of the federal medicaid program established pursuant to 42
20 U.S.C. Sec. 1396d(r), as amended.

21 (7) "Evidence-based" means a program or practice that has had
22 multiple site random controlled trials across heterogeneous populations
23 demonstrating that the program or practice is effective for the
24 population.

25 (8) "Family" means a child's biological parents, adoptive parents,
26 foster parents, guardian, legal custodian authorized pursuant to Title
27 26 RCW, a relative with whom a child has been placed by the department
28 of social and health services, or a tribe.

29 (9) "Promising practice" or "emerging best practice" means a
30 practice that presents, based upon preliminary information, potential
31 for becoming a research-based or consensus-based practice.

32 (10) "~~((Regional support network))~~ Behavioral health organization"
33 means a county authority or group of county authorities or other
34 nonprofit entity that has entered into contracts with the secretary
35 pursuant to chapter 71.24 RCW.

36 (11) "Research-based" means a program or practice that has some
37 research demonstrating effectiveness, but that does not yet meet the
38 standard of evidence-based practices.

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

2 (13) "Wraparound process" means a family driven planning process
3 designed to address the needs of children and youth by the formation of
4 a team that empowers families to make key decisions regarding the care
5 of the child or youth in partnership with professionals and the
6 family's natural community supports. The team produces a community-
7 based and culturally competent intervention plan which identifies the
8 strengths and needs of the child or youth and family and defines goals
9 that the team collaborates on achieving with respect for the unique
10 cultural values of the family. The "wraparound process" shall
11 emphasize principles of persistence and outcome-based measurements of
12 success.

13 **Sec. 92.** RCW 71.36.025 and 2007 c 359 s 3 are each amended to read
14 as follows:

15 (1) It is the goal of the legislature that, by 2012, the children's
16 mental health system in Washington state include the following
17 elements:

18 (a) A continuum of services from early identification,
19 intervention, and prevention through crisis intervention and inpatient
20 treatment, including peer support and parent mentoring services;

21 (b) Equity in access to services for similarly situated children,
22 including children with co-occurring disorders;

23 (c) Developmentally appropriate, high quality, and culturally
24 competent services available statewide;

25 (d) Treatment of each child in the context of his or her family and
26 other persons that are a source of support and stability in his or her
27 life;

28 (e) A sufficient supply of qualified and culturally competent
29 children's mental health providers;

30 (f) Use of developmentally appropriate evidence-based and
31 research-based practices;

32 (g) Integrated and flexible services to meet the needs of children
33 who, due to mental illness or emotional or behavioral disturbance, are
34 at risk of out-of-home placement or involved with multiple child-
35 serving systems.

36 (2) The effectiveness of the children's mental health system shall
37 be determined through the use of outcome-based performance measures.

1 The department and the evidence-based practice institute established in
2 RCW 71.24.061, in consultation with parents, caregivers, youth,
3 (~~regional support networks~~) behavioral health organizations, mental
4 health services providers, health plans, primary care providers,
5 tribes, and others, shall develop outcome-based performance measures
6 such as:

- 7 (a) Decreased emergency room utilization;
- 8 (b) Decreased psychiatric hospitalization;
- 9 (c) Lessening of symptoms, as measured by commonly used assessment
10 tools;
- 11 (d) Decreased out-of-home placement, including residential, group,
12 and foster care, and increased stability of such placements, when
13 necessary;
- 14 (e) Decreased runaways from home or residential placements;
- 15 (f) Decreased rates of chemical dependency;
- 16 (g) Decreased involvement with the juvenile justice system;
- 17 (h) Improved school attendance and performance;
- 18 (i) Reductions in school or child care suspensions or expulsions;
- 19 (j) Reductions in use of prescribed medication where cognitive
20 behavioral therapies are indicated;
- 21 (k) Improved rates of high school graduation and employment; and
- 22 (l) Decreased use of mental health services upon reaching adulthood
23 for mental disorders other than those that require ongoing treatment to
24 maintain stability.

25 Performance measure reporting for children's mental health services
26 should be integrated into existing performance measurement and
27 reporting systems developed and implemented under chapter 71.24 RCW.

28 **Sec. 93.** RCW 71.36.040 and 2003 c 281 s 2 are each amended to read
29 as follows:

30 (1) The legislature supports recommendations made in the August
31 2002 study of the public mental health system for children conducted by
32 the joint legislative audit and review committee.

33 (2) The department shall, within available funds:

34 (a) Identify internal business operation issues that limit the
35 agency's ability to meet legislative intent to coordinate existing
36 categorical children's mental health programs and funding;

1 (b) Collect reliable mental health cost, service, and outcome data
2 specific to children. This information must be used to identify best
3 practices and methods of improving fiscal management;

4 (c) Revise the early periodic screening diagnosis and treatment
5 plan to reflect the mental health system structure in place on July 27,
6 2003, and thereafter revise the plan as necessary to conform to
7 subsequent changes in the structure.

8 (3) The department and the office of the superintendent of public
9 instruction shall jointly identify school districts where mental health
10 and education systems coordinate services and resources to provide
11 public mental health care for children. The department and the office
12 of the superintendent of public instruction shall work together to
13 share information about these approaches with other school districts,
14 (~~regional support networks~~) behavioral health organizations, and
15 state agencies.

16 **Sec. 94.** RCW 72.09.350 and 1993 c 459 s 1 are each amended to read
17 as follows:

18 (1) The department of corrections and the University of Washington
19 may enter into a collaborative arrangement to provide improved services
20 for (~~mentally ill~~) offenders with mental illness with a focus on
21 prevention, treatment, and reintegration into society. The
22 participants in the collaborative arrangement may develop a strategic
23 plan within sixty days after May 17, 1993, to address the management of
24 (~~mentally ill~~) offenders with mental illness within the correctional
25 system, facilitating their reentry into the community and the mental
26 health system, and preventing the inappropriate incarceration of
27 (~~mentally ill~~) individuals with mental illness. The collaborative
28 arrangement may also specify the establishment and maintenance of a
29 corrections mental health center located at McNeil Island corrections
30 center. The collaborative arrangement shall require that an advisory
31 panel of key stakeholders be established and consulted throughout the
32 development and implementation of the center. The stakeholders
33 advisory panel shall include a broad array of interest groups drawn
34 from representatives of mental health, criminal justice, and
35 correctional systems. The stakeholders advisory panel shall include,
36 but is not limited to, membership from: The department of corrections,
37 the department of social and health services mental health division and

1 division of juvenile rehabilitation, (~~regional support networks~~)
2 behavioral health organizations, local and regional law enforcement
3 agencies, the sentencing guidelines commission, county and city jails,
4 mental health advocacy groups for (~~the mentally ill, developmentally~~
5 ~~disabled~~) individuals with mental illness or developmental
6 disabilities, and the traumatically brain-injured, and the general
7 public. The center established by the department of corrections and
8 University of Washington, in consultation with the stakeholder advisory
9 groups, shall have the authority to:

10 (a) Develop new and innovative treatment approaches for corrections
11 mental health clients;

12 (b) Improve the quality of mental health services within the
13 department and throughout the corrections system;

14 (c) Facilitate mental health staff recruitment and training to meet
15 departmental, county, and municipal needs;

16 (d) Expand research activities within the department in the area of
17 treatment services, the design of delivery systems, the development of
18 organizational models, and training for corrections mental health care
19 professionals;

20 (e) Improve the work environment for correctional employees by
21 developing the skills, knowledge, and understanding of how to work with
22 offenders with special chronic mental health challenges;

23 (f) Establish a more positive rehabilitative environment for
24 offenders;

25 (g) Strengthen multidisciplinary mental health collaboration
26 between the University of Washington, other groups committed to the
27 intent of this section, and the department of corrections;

28 (h) Strengthen department linkages between institutions of higher
29 education, public sector mental health systems, and county and
30 municipal corrections;

31 (i) Assist in the continued formulation of corrections mental
32 health policies;

33 (j) Develop innovative and effective recruitment and training
34 programs for correctional personnel working with (~~mentally ill~~)
35 offenders with mental illness;

36 (k) Assist in the development of a coordinated continuum of mental
37 health care capable of providing services from corrections entry to
38 community return; and

1 (1) Evaluate all current and innovative approaches developed within
2 this center in terms of their effective and efficient achievement of
3 improved mental health of inmates, development and utilization of
4 personnel, the impact of these approaches on the functioning of
5 correctional institutions, and the relationship of the corrections
6 system to mental health and criminal justice systems. Specific
7 attention should be paid to evaluating the effects of programs on the
8 reintegration of (~~mentally ill~~) offenders with mental illness into
9 the community and the prevention of inappropriate incarceration of
10 (~~mentally ill~~) persons with mental illness.

11 (2) The corrections mental health center may conduct research,
12 training, and treatment activities for the (~~mentally ill~~) offender
13 with mental illness within selected sites operated by the department.
14 The department shall provide support services for the center such as
15 food services, maintenance, perimeter security, classification,
16 offender supervision, and living unit functions. The University of
17 Washington may develop, implement, and evaluate the clinical,
18 treatment, research, and evaluation components of the mentally ill
19 offender center. The institute of (~~for~~) for public policy and
20 management may be consulted regarding the development of the center and
21 in the recommendations regarding public policy. As resources permit,
22 training within the center shall be available to state, county, and
23 municipal agencies requiring the services. Other state colleges, state
24 universities, and mental health providers may be involved in activities
25 as required on a subcontract basis. Community mental health
26 organizations, research groups, and community advocacy groups may be
27 critical components of the center's operations and involved as
28 appropriate to annual objectives. (~~Mentally ill~~) Clients with mental
29 illness may be drawn from throughout the department's population and
30 transferred to the center as clinical need, available services, and
31 department jurisdiction permits.

32 (3) The department shall prepare a report of the center's progress
33 toward the attainment of stated goals and provide the report to the
34 legislature annually.

35 **Sec. 95.** RCW 72.09.370 and 2009 c 319 s 3 and 2009 c 28 s 36 are
36 each reenacted and amended to read as follows:

37 (1) The offender reentry community safety program is established to

1 provide intensive services to offenders identified under this
2 subsection and to thereby promote public safety. The secretary shall
3 identify offenders in confinement or partial confinement who: (a) Are
4 reasonably believed to be dangerous to themselves or others; and (b)
5 have a mental disorder. In determining an offender's dangerousness,
6 the secretary shall consider behavior known to the department and
7 factors, based on research, that are linked to an increased risk for
8 dangerousness of offenders with mental illnesses and shall include
9 consideration of an offender's chemical dependency or abuse.

10 (2) Prior to release of an offender identified under this section,
11 a team consisting of representatives of the department of corrections,
12 the division of mental health, and, as necessary, the indeterminate
13 sentence review board, other divisions or administrations within the
14 department of social and health services, specifically including the
15 division of alcohol and substance abuse and the division of
16 developmental disabilities, the appropriate (~~regional support~~
17 ~~network~~) behavioral health organization, and the providers, as
18 appropriate, shall develop a plan, as determined necessary by the team,
19 for delivery of treatment and support services to the offender upon
20 release. In developing the plan, the offender shall be offered
21 assistance in executing a mental health directive under chapter 71.32
22 RCW, after being fully informed of the benefits, scope, and purposes of
23 such directive. The team may include a school district representative
24 for offenders under the age of twenty-one. The team shall consult with
25 the offender's counsel, if any, and, as appropriate, the offender's
26 family and community. The team shall notify the crime victim/witness
27 program, which shall provide notice to all people registered to receive
28 notice under RCW 72.09.712 of the proposed release plan developed by
29 the team. Victims, witnesses, and other interested people notified by
30 the department may provide information and comments to the department
31 on potential safety risk to specific individuals or classes of
32 individuals posed by the specific offender. The team may recommend:
33 (a) That the offender be evaluated by the designated mental health
34 professional, as defined in chapter 71.05 RCW; (b) department-
35 supervised community treatment; or (c) voluntary community mental
36 health or chemical dependency or abuse treatment.

37 (3) Prior to release of an offender identified under this section,
38 the team shall determine whether or not an evaluation by a designated

1 mental health professional is needed. If an evaluation is recommended,
2 the supporting documentation shall be immediately forwarded to the
3 appropriate designated mental health professional. The supporting
4 documentation shall include the offender's criminal history, history of
5 judicially required or administratively ordered involuntary
6 antipsychotic medication while in confinement, and any known history of
7 involuntary civil commitment.

8 (4) If an evaluation by a designated mental health professional is
9 recommended by the team, such evaluation shall occur not more than ten
10 days, nor less than five days, prior to release.

11 (5) A second evaluation by a designated mental health professional
12 shall occur on the day of release if requested by the team, based upon
13 new information or a change in the offender's mental condition, and the
14 initial evaluation did not result in an emergency detention or a
15 summons under chapter 71.05 RCW.

16 (6) If the designated mental health professional determines an
17 emergency detention under chapter 71.05 RCW is necessary, the
18 department shall release the offender only to a state hospital or to a
19 consenting evaluation and treatment facility. The department shall
20 arrange transportation of the offender to the hospital or facility.

21 (7) If the designated mental health professional believes that a
22 less restrictive alternative treatment is appropriate, he or she shall
23 seek a summons, pursuant to the provisions of chapter 71.05 RCW, to
24 require the offender to appear at an evaluation and treatment facility.
25 If a summons is issued, the offender shall remain within the
26 corrections facility until completion of his or her term of confinement
27 and be transported, by corrections personnel on the day of completion,
28 directly to the identified evaluation and treatment facility.

29 (8) The secretary shall adopt rules to implement this section.

30 **Sec. 96.** RCW 72.09.381 and 1999 c 214 s 11 are each amended to
31 read as follows:

32 The secretary of the department of corrections and the secretary of
33 the department of social and health services shall, in consultation
34 with the ((~~regional support networks~~)) behavioral health organizations
35 and provider representatives, each adopt rules as necessary to
36 implement chapter 214, Laws of 1999.

1 **Sec. 97.** RCW 72.10.060 and 1998 c 297 s 48 are each amended to
2 read as follows:

3 The secretary shall, for any person committed to a state
4 correctional facility after July 1, 1998, inquire at the time of
5 commitment whether the person had received outpatient mental health
6 treatment within the two years preceding confinement and the name of
7 the person providing the treatment.

8 The secretary shall inquire of the treatment provider if he or she
9 wishes to be notified of the release of the person from confinement,
10 for purposes of offering treatment upon the inmate's release. If the
11 treatment provider wishes to be notified of the inmate's release, the
12 secretary shall attempt to provide such notice at least seven days
13 prior to release.

14 At the time of an inmate's release if the secretary is unable to
15 locate the treatment provider, the secretary shall notify the
16 (~~regional support network~~) behavioral health organization in the
17 county the inmate will most likely reside following release.

18 If the secretary has, prior to the release from the facility,
19 evaluated the inmate and determined he or she requires postrelease
20 mental health treatment, a copy of relevant records and reports
21 relating to the inmate's mental health treatment or status shall be
22 promptly made available to the offender's present or future treatment
23 provider. The secretary shall determine which records and reports are
24 relevant and may provide a summary in lieu of copies of the records.

25 **Sec. 98.** RCW 72.23.025 and 2011 1st sp.s. c 21 s 1 are each
26 amended to read as follows:

27 (1) It is the intent of the legislature to improve the quality of
28 service at state hospitals, eliminate overcrowding, and more
29 specifically define the role of the state hospitals. The legislature
30 intends that eastern and western state hospitals shall become clinical
31 centers for handling the most complicated long-term care needs of
32 patients with a primary diagnosis of mental disorder. To this end, the
33 legislature intends that funds appropriated for mental health programs,
34 including funds for (~~regional support networks~~) behavioral health
35 organizations and the state hospitals be used for persons with primary
36 diagnosis of mental disorder. The legislature finds that establishment

1 of institutes for the study and treatment of mental disorders at both
2 eastern state hospital and western state hospital will be instrumental
3 in implementing the legislative intent.

4 (2)(a) There is established at eastern state hospital and western
5 state hospital, institutes for the study and treatment of mental
6 disorders. The institutes shall be operated by joint operating
7 agreements between state colleges and universities and the department
8 of social and health services. The institutes are intended to conduct
9 training, research, and clinical program development activities that
10 will directly benefit persons with mental illness who are receiving
11 treatment in Washington state by performing the following activities:

12 (i) Promote recruitment and retention of highly qualified
13 professionals at the state hospitals and community mental health
14 programs;

15 (ii) Improve clinical care by exploring new, innovative, and
16 scientifically based treatment models for persons presenting
17 particularly difficult and complicated clinical syndromes;

18 (iii) Provide expanded training opportunities for existing staff at
19 the state hospitals and community mental health programs;

20 (iv) Promote bilateral understanding of treatment orientation,
21 possibilities, and challenges between state hospital professionals and
22 community mental health professionals.

23 (b) To accomplish these purposes the institutes may, within funds
24 appropriated for this purpose:

25 (i) Enter joint operating agreements with state universities or
26 other institutions of higher education to accomplish the placement and
27 training of students and faculty in psychiatry, psychology, social
28 work, occupational therapy, nursing, and other relevant professions at
29 the state hospitals and community mental health programs;

30 (ii) Design and implement clinical research projects to improve the
31 quality and effectiveness of state hospital services and operations;

32 (iii) Enter into agreements with community mental health service
33 providers to accomplish the exchange of professional staff between the
34 state hospitals and community mental health service providers;

35 (iv) Establish a student loan forgiveness and conditional
36 scholarship program to retain qualified professionals at the state
37 hospitals and community mental health providers when the secretary has
38 determined a shortage of such professionals exists.

1 (c) Notwithstanding any other provisions of law to the contrary,
2 the institutes may enter into agreements with the department or the
3 state hospitals which may involve changes in staffing necessary to
4 implement improved patient care programs contemplated by this section.

5 (d) The institutes are authorized to seek and accept public or
6 private gifts, grants, contracts, or donations to accomplish their
7 purposes under this section.

8 **Sec. 99.** RCW 72.78.020 and 2007 c 483 s 102 are each amended to
9 read as follows:

10 (1) Each county or group of counties shall conduct an inventory of
11 the services and resources available in the county or group of counties
12 to assist offenders in reentering the community.

13 (2) In conducting its inventory, the county or group of counties
14 should consult with the following:

15 (a) The department of corrections, including community corrections
16 officers;

17 (b) The department of social and health services in applicable
18 program areas;

19 (c) Representatives from county human services departments and,
20 where applicable, multicounty (~~regional support networks~~) behavioral
21 health organizations;

22 (d) Local public health jurisdictions;

23 (e) City and county law enforcement;

24 (f) Local probation/supervision programs;

25 (g) Local community and technical colleges;

26 (h) The local worksource center operated under the statewide
27 workforce investment system;

28 (i) Faith-based and nonprofit organizations providing assistance to
29 offenders;

30 (j) Housing providers;

31 (k) Crime victims service providers; and

32 (l) Other community stakeholders interested in reentry efforts.

33 (3) The inventory must include, but is not limited to:

34 (a) A list of programs available through the entities listed in
35 subsection (2) of this section and services currently available in the
36 community for offenders including, but not limited to, housing
37 assistance, employment assistance, education, vocational training,

1 parenting education, financial literacy, treatment for substance abuse,
2 mental health, anger management, life skills training, specialized
3 treatment programs such as batterers treatment and sex offender
4 treatment, and any other service or program that will assist the former
5 offender to successfully transition into the community; and

6 (b) An indication of the availability of community representatives
7 or volunteers to assist the offender with his or her transition.

8 (4) No later than January 1, 2008, each county or group of counties
9 shall present its inventory to the policy advisory committee convened
10 in RCW 72.78.030(8).

11 **Sec. 100.** RCW 74.09.515 and 2011 1st sp.s. c 15 s 26 are each
12 amended to read as follows:

13 (1) The authority shall adopt rules and policies providing that
14 when youth who were enrolled in a medical assistance program
15 immediately prior to confinement are released from confinement, their
16 medical assistance coverage will be fully reinstated on the day of
17 their release, subject to any expedited review of their continued
18 eligibility for medical assistance coverage that is required under
19 federal or state law.

20 (2) The authority, in collaboration with the department, county
21 juvenile court administrators, and (~~regional support networks~~)
22 behavioral health organizations, shall establish procedures for
23 coordination between department field offices, juvenile rehabilitation
24 administration institutions, and county juvenile courts that result in
25 prompt reinstatement of eligibility and speedy eligibility
26 determinations for youth who are likely to be eligible for medical
27 assistance services upon release from confinement. Procedures
28 developed under this subsection must address:

29 (a) Mechanisms for receiving medical assistance services'
30 applications on behalf of confined youth in anticipation of their
31 release from confinement;

32 (b) Expeditious review of applications filed by or on behalf of
33 confined youth and, to the extent practicable, completion of the review
34 before the youth is released; and

35 (c) Mechanisms for providing medical assistance services' identity
36 cards to youth eligible for medical assistance services immediately
37 upon their release from confinement.

1 (3) For purposes of this section, "confined" or "confinement" means
2 detained in a facility operated by or under contract with the
3 department of social and health services, juvenile rehabilitation
4 administration, or detained in a juvenile detention facility operated
5 under chapter 13.04 RCW.

6 (4) The authority shall adopt standardized statewide screening and
7 application practices and forms designed to facilitate the application
8 of a confined youth who is likely to be eligible for a medical
9 assistance program.

10 **Sec. 101.** RCW 74.09.521 and 2011 1st sp.s. c 15 s 28 are each
11 amended to read as follows:

12 (1) To the extent that funds are specifically appropriated for this
13 purpose the authority shall revise its medicaid healthy options managed
14 care and fee-for-service program standards under medicaid, Title XIX of
15 the federal social security act to improve access to mental health
16 services for children who do not meet the (~~regional support network~~)
17 behavioral health organization access to care standards. The program
18 standards shall be revised to allow outpatient therapy services to be
19 provided by licensed mental health professionals, as defined in RCW
20 71.34.020, or by a mental health professional regulated under Title 18
21 RCW who is under the direct supervision of a licensed mental health
22 professional, and up to twenty outpatient therapy hours per calendar
23 year, including family therapy visits integral to a child's treatment.
24 This section shall be administered in a manner consistent with federal
25 early and periodic screening, diagnosis, and treatment requirements
26 related to the receipt of medically necessary services when a child's
27 need for such services is identified through developmental screening.

28 (2) The authority and the children's mental health evidence-based
29 practice institute established in RCW 71.24.061 shall collaborate to
30 encourage and develop incentives for the use of prescribing practices
31 and evidence-based and research-based treatment practices developed
32 under RCW 74.09.490 by mental health professionals serving children
33 under this section.

34 **Sec. 102.** RCW 74.09.555 and 2011 1st sp.s. c 36 s 32 and 2011 1st
35 sp.s c 15 s 34 are each reenacted and amended to read as follows:

36 (1) The authority shall adopt rules and policies providing that

1 when persons with a mental disorder, who were enrolled in medical
2 assistance immediately prior to confinement, are released from
3 confinement, their medical assistance coverage will be fully reinstated
4 on the day of their release, subject to any expedited review of their
5 continued eligibility for medical assistance coverage that is required
6 under federal or state law.

7 (2) The authority, in collaboration with the Washington association
8 of sheriffs and police chiefs, the department of corrections, and the
9 (~~regional support networks~~) behavioral health organizations, shall
10 establish procedures for coordination between the authority and
11 department field offices, institutions for mental disease, and
12 correctional institutions, as defined in RCW 9.94.049, that result in
13 prompt reinstatement of eligibility and speedy eligibility
14 determinations for persons who are likely to be eligible for medical
15 assistance services upon release from confinement. Procedures
16 developed under this subsection must address:

17 (a) Mechanisms for receiving medical assistance services
18 applications on behalf of confined persons in anticipation of their
19 release from confinement;

20 (b) Expeditious review of applications filed by or on behalf of
21 confined persons and, to the extent practicable, completion of the
22 review before the person is released;

23 (c) Mechanisms for providing medical assistance services identity
24 cards to persons eligible for medical assistance services immediately
25 upon their release from confinement; and

26 (d) Coordination with the federal social security administration,
27 through interagency agreements or otherwise, to expedite processing of
28 applications for federal supplemental security income or social
29 security disability benefits, including federal acceptance of
30 applications on behalf of confined persons.

31 (3) Where medical or psychiatric examinations during a person's
32 confinement indicate that the person is disabled, the correctional
33 institution or institution for mental diseases shall provide the
34 authority with that information for purposes of making medical
35 assistance eligibility and enrollment determinations prior to the
36 person's release from confinement. The authority shall, to the maximum
37 extent permitted by federal law, use the examination in making its

1 determination whether the person is disabled and eligible for medical
2 assistance.

3 (4) For purposes of this section, "confined" or "confinement" means
4 incarcerated in a correctional institution, as defined in RCW 9.94.049,
5 or admitted to an institute for mental disease, as defined in 42 C.F.R.
6 part 435, Sec. 1009 on July 24, 2005.

7 (5) For purposes of this section, "likely to be eligible" means
8 that a person:

9 (a) Was enrolled in medicaid or supplemental security income or the
10 medical care services program immediately before he or she was confined
11 and his or her enrollment was terminated during his or her confinement;
12 or

13 (b) Was enrolled in medicaid or supplemental security income or the
14 medical care services program at any time during the five years before
15 his or her confinement, and medical or psychiatric examinations during
16 the person's confinement indicate that the person continues to be
17 disabled and the disability is likely to last at least twelve months
18 following release.

19 (6) The economic services administration within the department
20 shall adopt standardized statewide screening and application practices
21 and forms designed to facilitate the application of a confined person
22 who is likely to be eligible for medicaid.

23 **Sec. 103.** RCW 74.34.068 and 2001 c 233 s 2 are each amended to
24 read as follows:

25 (1) After the investigation is complete, the department may provide
26 a written report of the outcome of the investigation to an agency or
27 program described in this subsection when the department determines
28 from its investigation that an incident of abuse, abandonment,
29 financial exploitation, or neglect occurred. Agencies or programs that
30 may be provided this report are home health, hospice, or home care
31 agencies, or after January 1, 2002, any in-home services agency
32 licensed under chapter 70.127 RCW, a program authorized under chapter
33 71A.12 RCW, an adult day care or day health program, (~~regional support~~
34 ~~networks~~) behavioral health organizations authorized under chapter
35 71.24 RCW, or other agencies. The report may contain the name of the
36 vulnerable adult and the alleged perpetrator. The report shall not
37 disclose the identity of the person who made the report or any witness

1 without the written permission of the reporter or witness. The
2 department shall notify the alleged perpetrator regarding the outcome
3 of the investigation. The name of the vulnerable adult must not be
4 disclosed during this notification.

5 (2) The department may also refer a report or outcome of an
6 investigation to appropriate state or local governmental authorities
7 responsible for licensing or certification of the agencies or programs
8 listed in subsection (1) of this section.

9 (3) The department shall adopt rules necessary to implement this
10 section.

11 **Sec. 104.** RCW 82.04.4277 and 2011 1st sp.s. c 19 s 1 are each
12 amended to read as follows:

13 (1) A health or social welfare organization may deduct from the
14 measure of tax amounts received as compensation for providing mental
15 health services under a government-funded program.

16 (2) A (~~regional support network~~) behavioral health organization
17 may deduct from the measure of tax amounts received from the state of
18 Washington for distribution to a health or social welfare organization
19 that is eligible to deduct the distribution under subsection (1) of
20 this section.

21 (3) A person claiming a deduction under this section must file a
22 complete annual report with the department under RCW 82.32.534.

23 (4) The definitions in this subsection apply to this section.

24 (a) "Health or social welfare organization" has the meaning
25 provided in RCW 82.04.431.

26 (b) "Mental health services" and "~~regional support network~~)
27 behavioral health organization" have the meanings provided in RCW
28 71.24.025.

29 (5) This section expires August 1, 2016.

30 **Sec. 105.** RCW 70.48.100 and 1990 c 3 s 130 are each amended to
31 read as follows:

32 (1) A department of corrections or chief law enforcement officer
33 responsible for the operation of a jail shall maintain a jail register,
34 open to the public, into which shall be entered in a timely basis:

35 (a) The name of each person confined in the jail with the hour,
36 date and cause of the confinement; and

1 (b) The hour, date and manner of each person's discharge.

2 (2) Except as provided in subsection (3) of this section the
3 records of a person confined in jail shall be held in confidence and
4 shall be made available only to criminal justice agencies as defined in
5 RCW 43.43.705; or

6 (a) For use in inspections made pursuant to RCW 70.48.070;

7 (b) In jail certification proceedings;

8 (c) For use in court proceedings upon the written order of the
9 court in which the proceedings are conducted; (~~or~~)

10 (d) To the Washington association of sheriffs and police chiefs;

11 (e) To the Washington institute for public policy, research and
12 data analysis division of the department of social and health services,
13 higher education institutions of Washington state, Washington state
14 health care authority, state auditor's office, caseload forecast
15 council, office of financial management, or the successor entities of
16 these organizations, for the purpose of research in the public
17 interest. Data disclosed for research purposes must comply with
18 relevant state and federal statutes; or

19 (f) Upon the written permission of the person.

20 (3)(a) Law enforcement may use booking photographs of a person
21 arrested or confined in a local or state penal institution to assist
22 them in conducting investigations of crimes.

23 (b) Photographs and information concerning a person convicted of a
24 sex offense as defined in RCW 9.94A.030 may be disseminated as provided
25 in RCW 4.24.550, 9A.44.130, 9A.44.140, 10.01.200, 43.43.540, 43.43.745,
26 46.20.187, 70.48.470, 72.09.330, and section 401, chapter 3, Laws of
27 1990.

28 **Sec. 106.** RCW 70.38.111 and 2012 c 10 s 48 are each amended to
29 read as follows:

30 (1) The department shall not require a certificate of need for the
31 offering of an inpatient tertiary health service by:

32 (a) A health maintenance organization or a combination of health
33 maintenance organizations if (i) the organization or combination of
34 organizations has, in the service area of the organization or the
35 service areas of the organizations in the combination, an enrollment of
36 at least fifty thousand individuals, (ii) the facility in which the
37 service will be provided is or will be geographically located so that

1 the service will be reasonably accessible to such enrolled individuals,
2 and (iii) at least seventy-five percent of the patients who can
3 reasonably be expected to receive the tertiary health service will be
4 individuals enrolled with such organization or organizations in the
5 combination;

6 (b) A health care facility if (i) the facility primarily provides
7 or will provide inpatient health services, (ii) the facility is or will
8 be controlled, directly or indirectly, by a health maintenance
9 organization or a combination of health maintenance organizations which
10 has, in the service area of the organization or service areas of the
11 organizations in the combination, an enrollment of at least fifty
12 thousand individuals, (iii) the facility is or will be geographically
13 located so that the service will be reasonably accessible to such
14 enrolled individuals, and (iv) at least seventy-five percent of the
15 patients who can reasonably be expected to receive the tertiary health
16 service will be individuals enrolled with such organization or
17 organizations in the combination; or

18 (c) A health care facility (or portion thereof) if (i) the facility
19 is or will be leased by a health maintenance organization or
20 combination of health maintenance organizations which has, in the
21 service area of the organization or the service areas of the
22 organizations in the combination, an enrollment of at least fifty
23 thousand individuals and, on the date the application is submitted
24 under subsection (2) of this section, at least fifteen years remain in
25 the term of the lease, (ii) the facility is or will be geographically
26 located so that the service will be reasonably accessible to such
27 enrolled individuals, and (iii) at least seventy-five percent of the
28 patients who can reasonably be expected to receive the tertiary health
29 service will be individuals enrolled with such organization;
30 if, with respect to such offering or obligation by a nursing home, the
31 department has, upon application under subsection (2) of this section,
32 granted an exemption from such requirement to the organization,
33 combination of organizations, or facility.

34 (2) A health maintenance organization, combination of health
35 maintenance organizations, or health care facility shall not be exempt
36 under subsection (1) of this section from obtaining a certificate of
37 need before offering a tertiary health service unless:

1 (a) It has submitted at least thirty days prior to the offering of
2 services reviewable under RCW 70.38.105(4)(d) an application for such
3 exemption; and

4 (b) The application contains such information respecting the
5 organization, combination, or facility and the proposed offering or
6 obligation by a nursing home as the department may require to determine
7 if the organization or combination meets the requirements of subsection
8 (1) of this section or the facility meets or will meet such
9 requirements; and

10 (c) The department approves such application. The department shall
11 approve or disapprove an application for exemption within thirty days
12 of receipt of a completed application. In the case of a proposed
13 health care facility (or portion thereof) which has not begun to
14 provide tertiary health services on the date an application is
15 submitted under this subsection with respect to such facility (or
16 portion), the facility (or portion) shall meet the applicable
17 requirements of subsection (1) of this section when the facility first
18 provides such services. The department shall approve an application
19 submitted under this subsection if it determines that the applicable
20 requirements of subsection (1) of this section are met.

21 (3) A health care facility (or any part thereof) with respect to
22 which an exemption was granted under subsection (1) of this section may
23 not be sold or leased and a controlling interest in such facility or in
24 a lease of such facility may not be acquired and a health care facility
25 described in (1)(c) which was granted an exemption under subsection (1)
26 of this section may not be used by any person other than the lessee
27 described in (1)(c) unless:

28 (a) The department issues a certificate of need approving the sale,
29 lease, acquisition, or use; or

30 (b) The department determines, upon application, that (i) the
31 entity to which the facility is proposed to be sold or leased, which
32 intends to acquire the controlling interest, or which intends to use
33 the facility is a health maintenance organization or a combination of
34 health maintenance organizations which meets the requirements of
35 (1)(a)(i), and (ii) with respect to such facility, meets the
36 requirements of (1)(a)(ii) or (iii) or the requirements of (1)(b)(i)
37 and (ii).

1 (4) In the case of a health maintenance organization, an ambulatory
2 care facility, or a health care facility, which ambulatory or health
3 care facility is controlled, directly or indirectly, by a health
4 maintenance organization or a combination of health maintenance
5 organizations, the department may under the program apply its
6 certificate of need requirements to the offering of inpatient tertiary
7 health services to the extent that such offering is not exempt under
8 the provisions of this section or RCW 70.38.105(7).

9 (5)(a) The department shall not require a certificate of need for
10 the construction, development, or other establishment of a nursing
11 home, or the addition of beds to an existing nursing home, that is
12 owned and operated by a continuing care retirement community that:

13 (i) Offers services only to contractual members;

14 (ii) Provides its members a contractually guaranteed range of
15 services from independent living through skilled nursing, including
16 some assistance with daily living activities;

17 (iii) Contractually assumes responsibility for the cost of services
18 exceeding the member's financial responsibility under the contract, so
19 that no third party, with the exception of insurance purchased by the
20 retirement community or its members, but including the medicaid
21 program, is liable for costs of care even if the member depletes his or
22 her personal resources;

23 (iv) Has offered continuing care contracts and operated a nursing
24 home continuously since January 1, 1988, or has obtained a certificate
25 of need to establish a nursing home;

26 (v) Maintains a binding agreement with the state assuring that
27 financial liability for services to members, including nursing home
28 services, will not fall upon the state;

29 (vi) Does not operate, and has not undertaken a project that would
30 result in a number of nursing home beds in excess of one for every four
31 living units operated by the continuing care retirement community,
32 exclusive of nursing home beds; and

33 (vii) Has obtained a professional review of pricing and long-term
34 solvency within the prior five years which was fully disclosed to
35 members.

36 (b) A continuing care retirement community shall not be exempt
37 under this subsection from obtaining a certificate of need unless:

1 (i) It has submitted an application for exemption at least thirty
2 days prior to commencing construction of, is submitting an application
3 for the licensure of, or is commencing operation of a nursing home,
4 whichever comes first; and

5 (ii) The application documents to the department that the
6 continuing care retirement community qualifies for exemption.

7 (c) The sale, lease, acquisition, or use of part or all of a
8 continuing care retirement community nursing home that qualifies for
9 exemption under this subsection shall require prior certificate of need
10 approval to qualify for licensure as a nursing home unless the
11 department determines such sale, lease, acquisition, or use is by a
12 continuing care retirement community that meets the conditions of (a)
13 of this subsection.

14 (6) A rural hospital, as defined by the department, reducing the
15 number of licensed beds to become a rural primary care hospital under
16 the provisions of Part A Title XVIII of the Social Security Act Section
17 1820, 42 U.S.C., 1395c et seq. may, within three years of the reduction
18 of beds licensed under chapter 70.41 RCW, increase the number of
19 licensed beds to no more than the previously licensed number without
20 being subject to the provisions of this chapter.

21 (7) A rural health care facility licensed under RCW 70.175.100
22 formerly licensed as a hospital under chapter 70.41 RCW may, within
23 three years of the effective date of the rural health care facility
24 license, apply to the department for a hospital license and not be
25 subject to the requirements of RCW 70.38.105(4)(a) as the construction,
26 development, or other establishment of a new hospital, provided there
27 is no increase in the number of beds previously licensed under chapter
28 70.41 RCW and there is no redistribution in the number of beds used for
29 acute care or long-term care, the rural health care facility has been
30 in continuous operation, and the rural health care facility has not
31 been purchased or leased.

32 (8)(a) A nursing home that voluntarily reduces the number of its
33 licensed beds to provide assisted living, licensed assisted living
34 facility care, adult day care, adult day health, respite care, hospice,
35 outpatient therapy services, congregate meals, home health, or senior
36 wellness clinic, or to reduce to one or two the number of beds per room
37 or to otherwise enhance the quality of life for residents in the
38 nursing home, may convert the original facility or portion of the

1 facility back, and thereby increase the number of nursing home beds to
2 no more than the previously licensed number of nursing home beds
3 without obtaining a certificate of need under this chapter, provided
4 the facility has been in continuous operation and has not been
5 purchased or leased. Any conversion to the original licensed bed
6 capacity, or to any portion thereof, shall comply with the same life
7 and safety code requirements as existed at the time the nursing home
8 voluntarily reduced its licensed beds; unless waivers from such
9 requirements were issued, in which case the converted beds shall
10 reflect the conditions or standards that then existed pursuant to the
11 approved waivers.

12 (b) To convert beds back to nursing home beds under this
13 subsection, the nursing home must:

14 (i) Give notice of its intent to preserve conversion options to the
15 department of health no later than thirty days after the effective date
16 of the license reduction; and

17 (ii) Give notice to the department of health and to the department
18 of social and health services of the intent to convert beds back. If
19 construction is required for the conversion of beds back, the notice of
20 intent to convert beds back must be given, at a minimum, one year prior
21 to the effective date of license modification reflecting the restored
22 beds; otherwise, the notice must be given a minimum of ninety days
23 prior to the effective date of license modification reflecting the
24 restored beds. Prior to any license modification to convert beds back
25 to nursing home beds under this section, the licensee must demonstrate
26 that the nursing home meets the certificate of need exemption
27 requirements of this section.

28 The term "construction," as used in (b)(ii) of this subsection, is
29 limited to those projects that are expected to equal or exceed the
30 expenditure minimum amount, as determined under this chapter.

31 (c) Conversion of beds back under this subsection must be completed
32 no later than four years after the effective date of the license
33 reduction. However, for good cause shown, the four-year period for
34 conversion may be extended by the department of health for one
35 additional four-year period.

36 (d) Nursing home beds that have been voluntarily reduced under this
37 section shall be counted as available nursing home beds for the purpose

1 of evaluating need under RCW 70.38.115(2) (a) and (k) so long as the
2 facility retains the ability to convert them back to nursing home use
3 under the terms of this section.

4 (e) When a building owner has secured an interest in the nursing
5 home beds, which are intended to be voluntarily reduced by the licensee
6 under (a) of this subsection, the applicant shall provide the
7 department with a written statement indicating the building owner's
8 approval of the bed reduction.

9 (9)(a) The department shall not require a certificate of need for
10 a hospice agency if:

11 (i) The hospice agency is designed to serve the unique religious or
12 cultural needs of a religious group or an ethnic minority and commits
13 to furnishing hospice services in a manner specifically aimed at
14 meeting the unique religious or cultural needs of the religious group
15 or ethnic minority;

16 (ii) The hospice agency is operated by an organization that:

17 (A) Operates a facility, or group of facilities, that offers a
18 comprehensive continuum of long-term care services, including, at a
19 minimum, a licensed, medicare-certified nursing home, assisted living,
20 independent living, day health, and various community-based support
21 services, designed to meet the unique social, cultural, and religious
22 needs of a specific cultural and ethnic minority group;

23 (B) Has operated the facility or group of facilities for at least
24 ten continuous years prior to the establishment of the hospice agency;

25 (iii) The hospice agency commits to coordinating with existing
26 hospice programs in its community when appropriate;

27 (iv) The hospice agency has a census of no more than forty
28 patients;

29 (v) The hospice agency commits to obtaining and maintaining
30 medicare certification;

31 (vi) The hospice agency only serves patients located in the same
32 county as the majority of the long-term care services offered by the
33 organization that operates the agency; and

34 (vii) The hospice agency is not sold or transferred to another
35 agency.

36 (b) The department shall include the patient census for an agency
37 exempted under this subsection (9) in its calculations for future
38 certificate of need applications.

1 (10) To alleviate the need to board psychiatric patients in
2 emergency departments, for fiscal year 2015 the department shall
3 suspend the certificate of need requirement for a hospital licensed
4 under chapter 70.41 RCW that changes the use of licensed beds to
5 increase the number of beds to provide psychiatric services, including
6 involuntary treatment services. A certificate of need exemption under
7 this section shall be valid for two years.

8 **Sec. 107.** RCW 70.320.020 and 2013 c 320 s 2 are each amended to
9 read as follows:

10 (1) The authority and the department shall base contract
11 performance measures developed under RCW 70.320.030 on the following
12 outcomes when contracting with service contracting entities:
13 Improvements in client health status and wellness; increases in client
14 participation in meaningful activities; reductions in client
15 involvement with criminal justice systems; reductions in avoidable
16 costs in hospitals, emergency rooms, crisis services, and jails and
17 prisons; increases in stable housing in the community; improvements in
18 client satisfaction with quality of life; and reductions in population-
19 level health disparities.

20 (2) The performance measures must demonstrate the manner in which
21 the following principles are achieved within each of the outcomes under
22 subsection (1) of this section:

23 (a) Maximization of the use of evidence-based practices will be
24 given priority over the use of research-based and promising practices,
25 and research-based practices will be given priority over the use of
26 promising practices. The agencies will develop strategies to identify
27 programs that are effective with ethnically diverse clients and to
28 consult with tribal governments, experts within ethnically diverse
29 communities and community organizations that serve diverse communities;

30 (b) The maximization of the client's independence, recovery, and
31 employment;

32 (c) The maximization of the client's participation in treatment
33 decisions; and

34 (d) The collaboration between consumer-based support programs in
35 providing services to the client.

36 (3) In developing performance measures under RCW 70.320.030, the
37 authority and the department shall consider expected outcomes relevant

1 to the general populations that each agency serves. The authority and
2 the department may adapt the outcomes to account for the unique needs
3 and characteristics of discrete subcategories of populations receiving
4 services, including ethnically diverse communities.

5 (4) The authority and the department shall coordinate the
6 establishment of the expected outcomes and the performance measures
7 between each agency as well as each program to identify expected
8 outcomes and performance measures that are common to the clients
9 enrolled in multiple programs and to eliminate conflicting standards
10 among the agencies and programs.

11 (5)(a) The authority and the department shall establish timelines
12 and mechanisms for service contracting entities to report data related
13 to performance measures and outcomes, including phased implementation
14 of public reporting of outcome and performance measures in a form that
15 allows for comparison of performance measures and levels of improvement
16 between geographic regions of Washington.

17 (b) The authority and the department may not release any public
18 reports of client outcomes unless the data have been deidentified and
19 aggregated in such a way that the identity of individual clients cannot
20 be determined through directly identifiable data or the combination of
21 multiple data elements.

22 **Sec. 108.** RCW 18.205.040 and 2008 c 135 s 17 are each amended to
23 read as follows:

24 (1) Except as provided in subsection (2) of this section, nothing
25 in this chapter shall be construed to authorize the use of the title
26 "certified chemical dependency professional" or "certified chemical
27 dependency professional trainee" when treating patients in settings
28 other than programs approved under chapter 70.96A RCW.

29 (2) A person who holds a credential as a "certified chemical
30 dependency professional" or a "certified chemical dependency
31 professional trainee" may use such title when treating patients in
32 settings other than programs approved under chapter 70.96A RCW if the
33 person also holds a license as: An advanced registered nurse
34 practitioner under chapter 18.79 RCW; a marriage and family therapist,
35 mental health counselor, advanced social worker, or independent
36 clinical social health worker under chapter 18.225 RCW; a psychologist
37 under chapter 18.83 RCW; an osteopathic physician under chapter 18.57

1 RCW; an osteopathic physician assistant under chapter 18.57A RCW; a
2 physician under chapter 18.71 RCW; or a physician assistant under
3 chapter 18.71A RCW.

4 NEW SECTION. Sec. 109. A new section is added to chapter 70.320
5 RCW to read as follows:

6 The authority, the department, and service contracting entities
7 shall establish record retention schedules for maintaining data
8 reported by service contracting entities under RCW 70.320.020. For
9 data elements related to the identity of individual clients, the
10 schedules may not allow the retention of data for longer than required
11 by law unless the authority, the department, or service contracting
12 entities require the data for purposes contemplated by RCW 70.320.020
13 or to meet other service requirements. Regardless of how long data
14 reported by service contracting entities under RCW 70.320.020 is kept,
15 it must be protected in a way that prevents improper use or disclosure
16 of confidential client information.

17 NEW SECTION. Sec. 110. A new section is added to chapter 71.24
18 RCW to read as follows:

19 (1) The department and the health care authority shall develop a
20 plan to provide integrated managed health and mental health care for
21 foster children receiving care through the medical assistance program.
22 The plan shall detail the steps necessary to implement and operate a
23 fully integrated program for foster children, including development of
24 a service delivery system, benefit design, reimbursement mechanisms,
25 and standards for contracting with health plans. The plan must be
26 designed so that all of the requirements for providing mental health
27 services to children under the *T.R. v. Dreyfus and Porter* settlement
28 are met. The plan shall include an implementation timeline and funding
29 estimate. The department and the health care authority shall submit
30 the plan to the legislature by December 1, 2014.

31 (2) This section expires July 1, 2015.

32 NEW SECTION. Sec. 111. Section 1 of this act is necessary for the
33 immediate preservation of the public peace, health, or safety, or
34 support of the state government and its existing public institutions,
35 and takes effect immediately.

1 NEW SECTION. **Sec. 112.** Sections 7, 10, 13 through 54, 56 through
2 84, and 86 through 104 of this act take effect April 1, 2016.

3 NEW SECTION. **Sec. 113.** Section 85 of this act takes effect July
4 1, 2018."

5 Correct the title.

EFFECT: Changes the name of regional support networks (RSN) to "behavioral health organizations" (BHO).

 Adds four more legislators to the Adult Behavioral Health Systems Task Force (Task Force) to serve as alternates. 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 and interactions with the federal government.

 Adds to the Task Force's requirements that it provide recommendations related to the means by which services are purchased and delivered for adults with mental illness and chemical dependency, including guidance for creating common regional service areas, key issues for accomplishing integration of chemical dependency into managed care contracts by April 1, 2016, strategies to move toward full integration of medical and behavioral health services by January 1, 2020, review of Department of Social and Health Services (DSHS) and Health Care Authority (HCA) performance measures and outcomes, review of criteria for detailed plans to become a BHO, the creation of a statewide behavioral health ombuds office, the services offered by the state chemical dependency program, obstacles to sharing health care information, and the extent to which there are variations in commitment rates in different jurisdictions. Requires a preliminary report of the Task Force by December 15, 2014, and a final report by December 15, 2015.

 Requires DSHS and HCA to create regional service areas.

 Adds to the contract provisions for behavioral health services that medically necessary chemical dependency treatment services 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. Counties which adopt full integration by January 1, 2016, may receive an incentive payment equal to 10 percent of savings realized by the state within the regional service area.

Requires DSHS and HCA chemical dependency programs to include withdrawal management. Allows the program to include peer support, supported housing, supported employment, crisis diversion, or recovery support services. Requires DSHS to purchase chemical dependency services primarily through managed care contracts, exempting the criminal justice treatment account, by April 1, 2016.

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 system. Requires that the community behavioral health program be fully integrated in a managed care health care system for mental health, chemical dependency, and physical health care by January 1, 2020.

Allows a regional support network or BHO to establish reasonable limitations on the administrative costs charged by agencies that contract with the RSN or BHO.

Allows the release of records of persons confined in jail to the Washington State Institute for Public Policy, DSHS, HCA, higher education institutions of Washington state, State Auditor's Office, Caseload Forecast Council, or Office of Financial Management for the purpose of research in the public interest.

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.

Directs DSHS and HCA to develop a plan to provide integrated managed health and mental health care for foster children enrolled in Medicaid. Requires the plan to address the necessary steps to implement and operate an integrated program for foster children. Requires the plan to meet the requirements for providing mental health services to children under the T.R. v. Dreyfus and Porter settlement. Requires the plan to be submitted to the Legislature by December 1, 2014.

Prohibits DSHS and HCA from releasing any public reports of client outcomes unless the data have been deidentified and aggregated so that client identities cannot be determined. Requires DSHS, HCA, and service contracting entities to establish record retention schedules for maintaining performance measure and outcome data reported by service contracting entities.

Terminology in chapter 70.96A RCW is updated, including replacement of the terms "alcoholic" and "drug addict" with "person with a substance use disorder."

Makes technical and terminology corrections.

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