

2SSB 6312 - H COMM AMD

By Committee on Appropriations

ADOPTED AND ENGROSSED 3/5/14

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 (e) Provisions to require that behavioral health and recovery  
21 organizations offer contracts to managed health care systems under  
22 chapter 74.09 RCW to promote access to the services of chemical  
23 dependency professionals under chapter 18.205 RCW and mental health  
24 professionals, as defined by the department in rule, for the purpose of  
25 integrating such services into primary care settings for individuals  
26 with behavioral health and medical comorbidities;

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

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

36 (h) Standards related to the financial integrity of the responding  
37 organization. The department shall adopt rules establishing the  
38 solvency requirements and other financial integrity standards for

1 behavioral health and recovery organizations. This subsection does not  
2 limit the authority of the department to take action under a contract  
3 upon finding that a behavioral health and recovery organization's  
4 financial status jeopardizes the organization's ability to meet its  
5 contractual obligations;

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

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

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

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

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

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

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

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

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

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

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

1    medicaid, the department and the health care authority must use common  
2    regional service areas. The regional service areas must be established  
3    by the department and the health care authority as provided in section  
4    2 of this act.

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

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

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

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

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

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

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

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

1 (C) All counties within a regional service area that includes more  
2 than one county, which shall form a responding entity through the  
3 adoption of an interlocal agreement. The interlocal agreement must  
4 specify the terms by which the responding entity shall serve as the  
5 behavioral health and recovery organization within the regional service  
6 area.

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

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

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

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

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

31 (1) Access to mental health services for adults (~~(of the state who~~  
32 ~~are acutely mentally ill, chronically mentally ill,)) with acute mental  
33 illness, chronic mental illness, or who are seriously disturbed and  
34 children (~~(of the state who are acutely mentally ill)) with acute  
35 mental illness, or who are severely emotionally disturbed, or seriously  
36 disturbed, which services recognize the special needs of underserved  
37 populations, including minorities, children, the elderly, (~~(disabled))~~)~~~~



1 individuals with disabilities, and low-income persons. Access to  
2 mental health services shall not be limited by a person's history of  
3 confinement in a state, federal, or local correctional facility. It is  
4 also the purpose of this chapter to promote the early identification of  
5 (~~(mentally ill)~~) children with mental illness and to ensure that they  
6 receive the mental health care and treatment which is appropriate to  
7 their developmental level. This care should improve home, school, and  
8 community functioning, maintain children in a safe and nurturing home  
9 environment, and should enable treatment decisions to be made in  
10 response to clinical needs in accordance with sound professional  
11 judgment while also recognizing parents' rights to participate in  
12 treatment decisions for their children;

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

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

29 (4) Minimum service delivery standards;

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

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

1 services, which shall to the maximum extent feasible also include the  
2 families of (~~the mentally ill~~) individuals with mental illness, and  
3 other service providers; and

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

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

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

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

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

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

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

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

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

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

37 (1) By December 1, 2018, the department and the health care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

37 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

24 (ii) Changes in custodial adult;

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

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

30 (v) Drug or alcohol abuse; or

31 (vi) Homelessness.

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

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

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

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

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

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

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

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

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

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

3 (5) The secretary shall:

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

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

17 (A) ~~Outpatient services;~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (b) Members and employees must work together;

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

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

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

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



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

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

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

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

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

22 (17) The secretary shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29 (4) "Chemical dependency" means:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

32 The department shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

32 (a) Gross negligence;

33 (b) Willful or wanton misconduct; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

10          The department must accomplish the following:

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

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

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

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

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

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

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

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

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

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

24 (1) For the purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 (ii) Quality of services provided to enrollees;

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

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

5 (v) Payment rates; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

5 (a) Any firearm;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29 As used in this chapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (18) "Professional person" means:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 (iii) Resolution of internal grievances;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 (33) "Payment" means:



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (h)(i) To appropriate law enforcement agencies and to a person,  
8 when the identity of the person is known to the public or private  
9 agency, whose health and safety has been threatened, or who is known to  
10 have been repeatedly harassed, by the patient. The person may  
11 designate a representative to receive the disclosure. The disclosure  
12 must be made by the professional person in charge of the public or  
13 private agency or his or her designee and must include the dates of  
14 commitment, admission, discharge, or release, authorized or  
15 unauthorized absence from the agency's facility, and only any other  
16 information that is pertinent to the threat or harassment. The agency  
17 or its employees are not civilly liable for the decision to disclose or  
18 not, so long as the decision was reached in good faith and without  
19 gross negligence.

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

22 (i)(i) To appropriate corrections and law enforcement agencies all  
23 necessary and relevant information in the event of a crisis or emergent  
24 situation that poses a significant and imminent risk to the public.  
25 The mental health service agency or its employees are not civilly  
26 liable for the decision to disclose or not so long as the decision was  
27 reached in good faith and without gross negligence.

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

30 (j) To the persons designated in RCW 71.05.425 for the purposes  
31 described in those sections;

32 (k) Upon the death of a person. The person's next of kin, personal  
33 representative, guardian, or conservator, if any, must be notified.  
34 Next of kin who are of legal age and competent must be notified under  
35 this section in the following order: Spouse, parents, children,  
36 brothers and sisters, and other relatives according to the degree of  
37 relation. Access to all records and information compiled, obtained, or

1 maintained in the course of providing services to a deceased patient  
2 are governed by RCW 70.02.140;

3 (l) To mark headstones or otherwise memorialize patients interred  
4 at state hospital cemeteries. The department of social and health  
5 services shall make available the name, date of birth, and date of  
6 death of patients buried in state hospital cemeteries fifty years after  
7 the death of a patient;

8 (m) To law enforcement officers and to prosecuting attorneys as are  
9 necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of information  
10 that may be released is limited as follows:

11 (i) Only the fact, place, and date of involuntary commitment, an  
12 official copy of any order or orders of commitment, and an official  
13 copy of any written or oral notice of ineligibility to possess a  
14 firearm that was provided to the person pursuant to RCW 9.41.047(1),  
15 must be disclosed upon request;

16 (ii) The law enforcement and prosecuting attorneys may only release  
17 the information obtained to the person's attorney as required by court  
18 rule and to a jury or judge, if a jury is waived, that presides over  
19 any trial at which the person is charged with violating RCW  
20 9.41.040(2)(a)(ii);

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

24 (n) When a patient would otherwise be subject to the provisions of  
25 this section and disclosure is necessary for the protection of the  
26 patient or others due to his or her unauthorized disappearance from the  
27 facility, and his or her whereabouts is unknown, notice of the  
28 disappearance, along with relevant information, may be made to  
29 relatives, the department of corrections when the person is under the  
30 supervision of the department, and governmental law enforcement  
31 agencies designated by the physician or psychiatric advanced registered  
32 nurse practitioner in charge of the patient or the professional person  
33 in charge of the facility, or his or her professional designee;

34 (o) Pursuant to lawful order of a court;

35 (p) To qualified staff members of the department, to the director  
36 of (~~regional support networks~~) behavioral health and recovery  
37 organizations, to resource management services responsible for serving  
38 a patient, or to service providers designated by resource management

1 services as necessary to determine the progress and adequacy of  
2 treatment and to determine whether the person should be transferred to  
3 a less restrictive or more appropriate treatment modality or facility;

4 (q) Within the treatment facility where the patient is receiving  
5 treatment, confidential information may be disclosed to persons  
6 employed, serving in bona fide training programs, or participating in  
7 supervised volunteer programs, at the facility when it is necessary to  
8 perform their duties;

9 (r) Within the department as necessary to coordinate treatment for  
10 mental illness, developmental disabilities, alcoholism, or drug abuse  
11 of persons who are under the supervision of the department;

12 (s) To a licensed physician or psychiatric advanced registered  
13 nurse practitioner who has determined that the life or health of the  
14 person is in danger and that treatment without the information  
15 contained in the mental health treatment records could be injurious to  
16 the patient's health. Disclosure must be limited to the portions of  
17 the records necessary to meet the medical emergency;

18 (t) Consistent with the requirements of the federal health  
19 information portability and accountability act, to a licensed mental  
20 health professional or a health care professional licensed under  
21 chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is  
22 providing care to a person, or to whom a person has been referred for  
23 evaluation or treatment, to assure coordinated care and treatment of  
24 that person. Psychotherapy notes, as defined in 45 C.F.R. Sec.  
25 164.501, may not be released without authorization of the person who is  
26 the subject of the request for release of information;

27 (u) To administrative and office support staff designated to obtain  
28 medical records for those licensed professionals listed in (t) of this  
29 subsection;

30 (v) To a facility that is to receive a person who is involuntarily  
31 committed under chapter 71.05 RCW, or upon transfer of the person from  
32 one treatment facility to another. The release of records under this  
33 subsection is limited to the mental health treatment records required  
34 by law, a record or summary of all somatic treatments, and a discharge  
35 summary. The discharge summary may include a statement of the  
36 patient's problem, the treatment goals, the type of treatment which has  
37 been provided, and recommendation for future treatment, but may not  
38 include the patient's complete treatment record;

1 (w) To the person's counsel or guardian ad litem, without  
2 modification, at any time in order to prepare for involuntary  
3 commitment or recommitment proceedings, reexaminations, appeals, or  
4 other actions relating to detention, admission, commitment, or  
5 patient's rights under chapter 71.05 RCW;

6 (x) To staff members of the protection and advocacy agency or to  
7 staff members of a private, nonprofit corporation for the purpose of  
8 protecting and advocating the rights of persons with mental disorders  
9 or developmental disabilities. Resource management services may limit  
10 the release of information to the name, birthdate, and county of  
11 residence of the patient, information regarding whether the patient was  
12 voluntarily admitted, or involuntarily committed, the date and place of  
13 admission, placement, or commitment, the name and address of a guardian  
14 of the patient, and the date and place of the guardian's appointment.  
15 Any staff member who wishes to obtain additional information must  
16 notify the patient's resource management services in writing of the  
17 request and of the resource management services' right to object. The  
18 staff member shall send the notice by mail to the guardian's address.  
19 If the guardian does not object in writing within fifteen days after  
20 the notice is mailed, the staff member may obtain the additional  
21 information. If the guardian objects in writing within fifteen days  
22 after the notice is mailed, the staff member may not obtain the  
23 additional information;

24 (y) To all current treating providers of the patient with  
25 prescriptive authority who have written a prescription for the patient  
26 within the last twelve months. For purposes of coordinating health  
27 care, the department may release without written authorization of the  
28 patient, information acquired for billing and collection purposes as  
29 described in RCW 70.02.050(1)(e). The department shall notify the  
30 patient that billing and collection information has been released to  
31 named providers, and provide the substance of the information released  
32 and the dates of such release. The department may not release  
33 counseling, inpatient psychiatric hospitalization, or drug and alcohol  
34 treatment information without a signed written release from the client;

35 (z)(i) To the secretary of social and health services for either  
36 program evaluation or research, or both so long as the secretary adopts  
37 rules for the conduct of the evaluation or research, or both. Such



1 rules must include, but need not be limited to, the requirement that  
2 all evaluators and researchers sign an oath of confidentiality  
3 substantially as follows:

4 "As a condition of conducting evaluation or research concerning  
5 persons who have received services from (fill in the facility, agency,  
6 or person) I, . . . . ., agree not to divulge, publish, or otherwise  
7 make known to unauthorized persons or the public any information  
8 obtained in the course of such evaluation or research regarding persons  
9 who have received services such that the person who received such  
10 services is identifiable.

11 I recognize that unauthorized release of confidential information  
12 may subject me to civil liability under the provisions of state law.

13 /s/ . . . . ."

14 (ii) Nothing in this chapter may be construed to prohibit the  
15 compilation and publication of statistical data for use by government  
16 or researchers under standards, including standards to assure  
17 maintenance of confidentiality, set forth by the secretary.

18 (3) Whenever federal law or federal regulations restrict the  
19 release of information contained in the treatment records of any  
20 patient who receives treatment for chemical dependency, the department  
21 may restrict the release of the information as necessary to comply with  
22 federal law and regulations.

23 (4) Civil liability and immunity for the release of information  
24 about a particular person who is committed to the department of social  
25 and health services under RCW 71.05.280(3) and 71.05.320(3)(c) after  
26 dismissal of a sex offense as defined in RCW 9.94A.030, is governed by  
27 RCW 4.24.550.

28 (5) The fact of admission to a provider of mental health services,  
29 as well as all records, files, evidence, findings, or orders made,  
30 prepared, collected, or maintained pursuant to chapter 71.05 RCW are  
31 not admissible as evidence in any legal proceeding outside that chapter  
32 without the written authorization of the person who was the subject of  
33 the proceeding except as provided in RCW 70.02.260, in a subsequent  
34 criminal prosecution of a person committed pursuant to RCW 71.05.280(3)  
35 or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter  
36 10.77 RCW due to incompetency to stand trial, in a civil commitment  
37 proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor,  
38 a guardianship or dependency proceeding. The records and files

1 maintained in any court proceeding pursuant to chapter 71.05 RCW must  
2 be confidential and available subsequent to such proceedings only to  
3 the person who was the subject of the proceeding or his or her  
4 attorney. In addition, the court may order the subsequent release or  
5 use of such records or files only upon good cause shown if the court  
6 finds that appropriate safeguards for strict confidentiality are and  
7 will be maintained.

8 (6)(a) Except as provided in RCW 4.24.550, any person may bring an  
9 action against an individual who has willfully released confidential  
10 information or records concerning him or her in violation of the  
11 provisions of this section, for the greater of the following amounts:

12 (i) One thousand dollars; or

13 (ii) Three times the amount of actual damages sustained, if any.

14 (b) It is not a prerequisite to recovery under this subsection that  
15 the plaintiff suffered or was threatened with special, as contrasted  
16 with general, damages.

17 (c) Any person may bring an action to enjoin the release of  
18 confidential information or records concerning him or her or his or her  
19 ward, in violation of the provisions of this section, and may in the  
20 same action seek damages as provided in this subsection.

21 (d) The court may award to the plaintiff, should he or she prevail  
22 in any action authorized by this subsection, reasonable attorney fees  
23 in addition to those otherwise provided by law.

24 (e) If an action is brought under this subsection, no action may be  
25 brought under RCW 70.02.170.

26 **Sec. 59.** RCW 70.02.250 and 2013 c 200 s 9 are each amended to read  
27 as follows:

28 (1) Information and records related to mental health services  
29 delivered to a person subject to chapter 9.94A or 9.95 RCW must be  
30 released, upon request, by a mental health service agency to department  
31 of corrections personnel for whom the information is necessary to carry  
32 out the responsibilities of their office. The information must be  
33 provided only for the purpose of completing presentence investigations,  
34 supervision of an incarcerated person, planning for and provision of  
35 supervision of a person, or assessment of a person's risk to the  
36 community. The request must be in writing and may not require the  
37 consent of the subject of the records.

1 (2) The information to be released to the department of corrections  
2 must include all relevant records and reports, as defined by rule,  
3 necessary for the department of corrections to carry out its duties,  
4 including those records and reports identified in subsection (1) of  
5 this section.

6 (3) The department shall, subject to available resources,  
7 electronically, or by the most cost-effective means available, provide  
8 the department of corrections with the names, last dates of services,  
9 and addresses of specific (~~regional support networks~~) behavioral  
10 health and recovery organizations and mental health service agencies  
11 that delivered mental health services to a person subject to chapter  
12 9.94A or 9.95 RCW pursuant to an agreement between the departments.

13 (4) The department and the department of corrections, in  
14 consultation with (~~regional support networks~~) behavioral health and  
15 recovery organizations, mental health service agencies as defined in  
16 RCW 70.02.010, mental health consumers, and advocates for persons with  
17 mental illness, shall adopt rules to implement the provisions of this  
18 section related to the type and scope of information to be released.  
19 These rules must:

20 (a) Enhance and facilitate the ability of the department of  
21 corrections to carry out its responsibility of planning and ensuring  
22 community protection with respect to persons subject to sentencing  
23 under chapter 9.94A or 9.95 RCW, including accessing and releasing or  
24 disclosing information of persons who received mental health services  
25 as a minor; and

26 (b) Establish requirements for the notification of persons under  
27 the supervision of the department of corrections regarding the  
28 provisions of this section.

29 (5) The information received by the department of corrections under  
30 this section must remain confidential and subject to the limitations on  
31 disclosure outlined in chapter 71.34 RCW, except as provided in RCW  
32 72.09.585.

33 (6) No mental health service agency or individual employed by a  
34 mental health service agency may be held responsible for information  
35 released to or used by the department of corrections under the  
36 provisions of this section or rules adopted under this section.

37 (7) Whenever federal law or federal regulations restrict the  
38 release of information contained in the treatment records of any

1 patient who receives treatment for alcoholism or drug dependency, the  
2 release of the information may be restricted as necessary to comply  
3 with federal law and regulations.

4 (8) This section does not modify the terms and conditions of  
5 disclosure of information related to sexually transmitted diseases  
6 under this chapter.

7 **Sec. 60.** RCW 70.320.010 and 2013 c 320 s 1 are each amended to  
8 read as follows:

9 The definitions in this section apply throughout this chapter  
10 unless the context clearly requires otherwise.

11 (1) "Authority" means the health care authority.

12 (2) "Department" means the department of social and health  
13 services.

14 (3) "Emerging best practice" or "promising practice" means a  
15 program or practice that, based on statistical analyses or a well-  
16 established theory of change, shows potential for meeting the evidence-  
17 based or research-based criteria, which may include the use of a  
18 program that is evidence-based for outcomes other than those listed in  
19 this section.

20 (4) "Evidence-based" means a program or practice that has been  
21 tested in heterogeneous or intended populations with multiple  
22 randomized, or statistically controlled evaluations, or both; or one  
23 large multiple site randomized, or statistically controlled evaluation,  
24 or both, where the weight of the evidence from a systemic review  
25 demonstrates sustained improvements in at least one outcome.  
26 "Evidence-based" also means a program or practice that can be  
27 implemented with a set of procedures to allow successful replication in  
28 Washington and, when possible, is determined to be cost-beneficial.

29 (5) "Research-based" means a program or practice that has been  
30 tested with a single randomized, or statistically controlled  
31 evaluation, or both, demonstrating sustained desirable outcomes; or  
32 where the weight of the evidence from a systemic review supports  
33 sustained outcomes as described in this subsection but does not meet  
34 the full criteria for evidence-based.

35 (6) "Service coordination organization" or "service contracting  
36 entity" means the authority and department, or an entity that may  
37 contract with the state to provide, directly or through subcontracts,

1 a comprehensive delivery system of medical, behavioral, long-term care,  
2 or social support services, including entities such as (~~regional~~  
3 ~~support networks~~) behavioral health and recovery organizations as  
4 defined in RCW 71.24.025, managed care organizations that provide  
5 medical services to clients under chapter 74.09 RCW, counties providing  
6 chemical dependency services under chapters 74.50 and 70.96A RCW, and  
7 area agencies on aging providing case management services under chapter  
8 74.39A RCW.

9 **Sec. 61.** RCW 70.96B.010 and 2011 c 89 s 10 are each amended to  
10 read as follows:

11 The definitions in this section apply throughout this chapter  
12 unless the context clearly requires otherwise.

13 (1) "Admission" or "admit" means a decision by a physician that a  
14 person should be examined or treated as a patient in a hospital, an  
15 evaluation and treatment facility, or other inpatient facility, or a  
16 decision by a professional person in charge or his or her designee that  
17 a person should be detained as a patient for evaluation and treatment  
18 in a secure detoxification facility or other certified chemical  
19 dependency provider.

20 (2) "Antipsychotic medications" means that class of drugs primarily  
21 used to treat serious manifestations of mental illness associated with  
22 thought disorders, which includes but is not limited to atypical  
23 antipsychotic medications.

24 (3) "Approved treatment program" means a discrete program of  
25 chemical dependency treatment provided by a treatment program certified  
26 by the department as meeting standards adopted under chapter 70.96A  
27 RCW.

28 (4) "Attending staff" means any person on the staff of a public or  
29 private agency having responsibility for the care and treatment of a  
30 patient.

31 (5) "Chemical dependency" means:

32 (a) Alcoholism;

33 (b) Drug addiction; or

34 (c) Dependence on alcohol and one or more other psychoactive  
35 chemicals, as the context requires.

36 (6) "Chemical dependency professional" means a person certified as

1 a chemical dependency professional by the department of health under  
2 chapter 18.205 RCW.

3 (7) "Commitment" means the determination by a court that a person  
4 should be detained for a period of either evaluation or treatment, or  
5 both, in an inpatient or a less restrictive setting.

6 (8) "Conditional release" means a revocable modification of a  
7 commitment that may be revoked upon violation of any of its terms.

8 (9) "Custody" means involuntary detention under either chapter  
9 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of  
10 unconditional release from commitment from a facility providing  
11 involuntary care and treatment.

12 (10) "Department" means the department of social and health  
13 services.

14 (11) "Designated chemical dependency specialist" or "specialist"  
15 means a person designated by the county alcoholism and other drug  
16 addiction program coordinator designated under RCW 70.96A.310 to  
17 perform the commitment duties described in RCW 70.96A.140 and this  
18 chapter, and qualified to do so by meeting standards adopted by the  
19 department.

20 (12) "Designated crisis responder" means a person designated by the  
21 county or (~~regional support network~~) behavioral health and recovery  
22 organization to perform the duties specified in this chapter.

23 (13) "Designated mental health professional" means a mental health  
24 professional designated by the county or other authority authorized in  
25 rule to perform the duties specified in this chapter.

26 (14) "Detention" or "detain" means the lawful confinement of a  
27 person under this chapter, or chapter 70.96A or 71.05 RCW.

28 (15) "Developmental disabilities professional" means a person who  
29 has specialized training and three years of experience in directly  
30 treating or working with individuals with developmental disabilities  
31 and is a psychiatrist, psychologist, or social worker, and such other  
32 developmental disabilities professionals as may be defined by rules  
33 adopted by the secretary.

34 (16) "Developmental disability" means that condition defined in RCW  
35 71A.10.020.

36 (17) "Discharge" means the termination of facility authority. The  
37 commitment may remain in place, be terminated, or be amended by court  
38 order.

1 (18) "Evaluation and treatment facility" means any facility that  
2 can provide directly, or by direct arrangement with other public or  
3 private agencies, emergency evaluation and treatment, outpatient care,  
4 and timely and appropriate inpatient care to persons suffering from a  
5 mental disorder, and that is certified as such by the department. A  
6 physically separate and separately operated portion of a state hospital  
7 may be designated as an evaluation and treatment facility. A facility  
8 that is part of, or operated by, the department or any federal agency  
9 does not require certification. No correctional institution or  
10 facility, or jail, may be an evaluation and treatment facility within  
11 the meaning of this chapter.

12 (19) "Facility" means either an evaluation and treatment facility  
13 or a secure detoxification facility.

14 (20) "Gravely disabled" means a condition in which a person, as a  
15 result of a mental disorder, or as a result of the use of alcohol or  
16 other psychoactive chemicals:

17 (a) Is in danger of serious physical harm resulting from a failure  
18 to provide for his or her essential human needs of health or safety; or

19 (b) Manifests severe deterioration in routine functioning evidenced  
20 by repeated and escalating loss of cognitive or volitional control over  
21 his or her actions and is not receiving such care as is essential for  
22 his or her health or safety.

23 (21) "History of one or more violent acts" refers to the period of  
24 time ten years before the filing of a petition under this chapter, or  
25 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any  
26 violent acts committed, in a mental health facility or a long-term  
27 alcoholism or drug treatment facility, or in confinement as a result of  
28 a criminal conviction.

29 (22) "Imminent" means the state or condition of being likely to  
30 occur at any moment or near at hand, rather than distant or remote.

31 (23) "Intoxicated person" means a person whose mental or physical  
32 functioning is substantially impaired as a result of the use of alcohol  
33 or other psychoactive chemicals.

34 (24) "Judicial commitment" means a commitment by a court under this  
35 chapter.

36 (25) "Licensed physician" means a person licensed to practice  
37 medicine or osteopathic medicine and surgery in the state of  
38 Washington.

1 (26) "Likelihood of serious harm" means:  
2 (a) A substantial risk that:  
3 (i) Physical harm will be inflicted by a person upon his or her own  
4 person, as evidenced by threats or attempts to commit suicide or  
5 inflict physical harm on oneself;  
6 (ii) Physical harm will be inflicted by a person upon another, as  
7 evidenced by behavior that has caused such harm or that places another  
8 person or persons in reasonable fear of sustaining such harm; or  
9 (iii) Physical harm will be inflicted by a person upon the property  
10 of others, as evidenced by behavior that has caused substantial loss or  
11 damage to the property of others; or  
12 (b) The person has threatened the physical safety of another and  
13 has a history of one or more violent acts.  
14 (27) "Mental disorder" means any organic, mental, or emotional  
15 impairment that has substantial adverse effects on a person's cognitive  
16 or volitional functions.  
17 (28) "Mental health professional" means a psychiatrist,  
18 psychologist, psychiatric nurse, or social worker, and such other  
19 mental health professionals as may be defined by rules adopted by the  
20 secretary under the authority of chapter 71.05 RCW.  
21 (29) "Peace officer" means a law enforcement official of a public  
22 agency or governmental unit, and includes persons specifically given  
23 peace officer powers by any state law, local ordinance, or judicial  
24 order of appointment.  
25 (30) "Person in charge" means a physician or chemical dependency  
26 counselor as defined in rule by the department, who is empowered by a  
27 certified treatment program with authority to make assessment,  
28 admission, continuing care, and discharge decisions on behalf of the  
29 certified program.  
30 (31) "Private agency" means any person, partnership, corporation,  
31 or association that is not a public agency, whether or not financed in  
32 whole or in part by public funds, that constitutes an evaluation and  
33 treatment facility or private institution, or hospital, or approved  
34 treatment program, that is conducted for, or includes a department or  
35 ward conducted for, the care and treatment of persons who are mentally  
36 ill and/or chemically dependent.  
37 (32) "Professional person" means a mental health professional or



1 chemical dependency professional and shall also mean a physician,  
2 registered nurse, and such others as may be defined by rules adopted by  
3 the secretary pursuant to the provisions of this chapter.

4 (33) "Psychiatrist" means a person having a license as a physician  
5 and surgeon in this state who has in addition completed three years of  
6 graduate training in psychiatry in a program approved by the American  
7 medical association or the American osteopathic association and is  
8 certified or eligible to be certified by the American board of  
9 psychiatry and neurology.

10 (34) "Psychologist" means a person who has been licensed as a  
11 psychologist under chapter 18.83 RCW.

12 (35) "Public agency" means any evaluation and treatment facility or  
13 institution, or hospital, or approved treatment program that is  
14 conducted for, or includes a department or ward conducted for, the care  
15 and treatment of persons who are mentally ill and/or chemically  
16 dependent, if the agency is operated directly by federal, state,  
17 county, or municipal government, or a combination of such governments.

18 (36) "Registration records" means all the records of the  
19 department, (~~regional support networks~~) behavioral health and  
20 recovery organizations, treatment facilities, and other persons  
21 providing services to the department, county departments, or facilities  
22 which identify persons who are receiving or who at any time have  
23 received services for mental illness.

24 (37) "Release" means legal termination of the commitment under  
25 chapter 70.96A or 71.05 RCW or this chapter.

26 (38) "Secretary" means the secretary of the department or the  
27 secretary's designee.

28 (39) "Secure detoxification facility" means a facility operated by  
29 either a public or private agency or by the program of an agency that  
30 serves the purpose of providing evaluation and assessment, and acute  
31 and/or subacute detoxification services for intoxicated persons and  
32 includes security measures sufficient to protect the patients, staff,  
33 and community.

34 (40) "Social worker" means a person with a master's or further  
35 advanced degree from a social work educational program accredited and  
36 approved as provided in RCW 18.320.010.

37 (41) "Treatment records" means registration records and all other  
38 records concerning persons who are receiving or who at any time have

1 received services for mental illness, which are maintained by the  
2 department, by ((~~regional support networks~~)) behavioral health and  
3 recovery organizations and their staffs, and by treatment facilities.  
4 Treatment records do not include notes or records maintained for  
5 personal use by a person providing treatment services for the  
6 department, ((~~regional support networks~~)) behavioral health and  
7 recovery organizations, or a treatment facility if the notes or records  
8 are not available to others.

9 (42) "Violent act" means behavior that resulted in homicide,  
10 attempted suicide, nonfatal injuries, or substantial damage to  
11 property.

12 **Sec. 62.** RCW 70.96B.020 and 2005 c 504 s 203 are each amended to  
13 read as follows:

14 (1) The secretary, after consulting with the Washington state  
15 association of counties, shall select and contract with ((~~regional~~  
16 ~~support networks~~)) behavioral health and recovery organizations or  
17 counties to provide two integrated crisis response and involuntary  
18 treatment pilot programs for adults and shall allocate resources for  
19 both integrated services and secure detoxification services in the  
20 pilot areas. In selecting the two ((~~regional support networks~~))  
21 behavioral health and recovery organizations or counties, the secretary  
22 shall endeavor to site one in an urban and one in a rural ((~~regional~~  
23 ~~support network~~)) behavioral health and recovery organization or  
24 county; and to site them in counties other than those selected pursuant  
25 to RCW 70.96A.800, to the extent necessary to facilitate evaluation of  
26 pilot project results.

27 (2) The ((~~regional support networks~~)) behavioral health and  
28 recovery organizations or counties shall implement the pilot programs  
29 by providing integrated crisis response and involuntary treatment to  
30 persons with a chemical dependency, a mental disorder, or both,  
31 consistent with this chapter. The pilot programs shall:

32 (a) Combine the crisis responder functions of a designated mental  
33 health professional under chapter 71.05 RCW and a designated chemical  
34 dependency specialist under chapter 70.96A RCW by establishing a new  
35 designated crisis responder who is authorized to conduct investigations  
36 and detain persons up to seventy-two hours to the proper facility;

1 (b) Provide training to the crisis responders as required by the  
2 department;

3 (c) Provide sufficient staff and resources to ensure availability  
4 of an adequate number of crisis responders twenty-four hours a day,  
5 seven days a week;

6 (d) Provide the administrative and court-related staff, resources,  
7 and processes necessary to facilitate the legal requirements of the  
8 initial detention and the commitment hearings for persons with a  
9 chemical dependency;

10 (e) Participate in the evaluation and report to assess the outcomes  
11 of the pilot programs including providing data and information as  
12 requested;

13 (f) Provide the other services necessary to the implementation of  
14 the pilot programs, consistent with this chapter as determined by the  
15 secretary in contract; and

16 (g) Collaborate with the department of corrections where persons  
17 detained or committed are also subject to supervision by the department  
18 of corrections.

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

21 **Sec. 63.** RCW 70.96B.030 and 2005 c 504 s 204 are each amended to  
22 read as follows:

23 To qualify as a designated crisis responder, a person must have  
24 received chemical dependency training as determined by the department  
25 and be a:

26 (1) Psychiatrist, psychologist, psychiatric nurse, or social  
27 worker;

28 (2) Person with a master's degree or further advanced degree in  
29 counseling or one of the social sciences from an accredited college or  
30 university and who have, in addition, at least two years of experience  
31 in direct treatment of persons with mental illness or emotional  
32 disturbance, such experience gained under the direction of a mental  
33 health professional;

34 (3) Person who meets the waiver criteria of RCW 71.24.260, which  
35 waiver was granted before 1986;

36 (4) Person who had an approved waiver to perform the duties of a

1 mental health professional that was requested by the (~~regional support~~  
2 ~~network~~) behavioral health and recovery organization and granted by  
3 the department before July 1, 2001; or

4 (5) Person who has been granted a time-limited exception of the  
5 minimum requirements of a mental health professional by the department  
6 consistent with rules adopted by the secretary.

7 **Sec. 64.** RCW 70.96C.010 and 2005 c 504 s 601 are each amended to  
8 read as follows:

9 (1) The department of social and health services, in consultation  
10 with the members of the team charged with developing the state plan for  
11 co-occurring mental and substance abuse disorders, shall adopt, not  
12 later than January 1, 2006, an integrated and comprehensive screening  
13 and assessment process for chemical dependency and mental disorders and  
14 co-occurring chemical dependency and mental disorders.

15 (a) The process adopted shall include, at a minimum:

16 (i) An initial screening tool that can be used by intake personnel  
17 system-wide and which will identify the most common types of co-  
18 occurring disorders;

19 (ii) An assessment process for those cases in which assessment is  
20 indicated that provides an appropriate degree of assessment for most  
21 situations, which can be expanded for complex situations;

22 (iii) Identification of triggers in the screening that indicate the  
23 need to begin an assessment;

24 (iv) Identification of triggers after or outside the screening that  
25 indicate a need to begin or resume an assessment;

26 (v) The components of an assessment process and a protocol for  
27 determining whether part or all of the assessment is necessary, and at  
28 what point; and

29 (vi) Emphasis that the process adopted under this section is to  
30 replace and not to duplicate existing intake, screening, and assessment  
31 tools and processes.

32 (b) The department shall consider existing models, including those  
33 already adopted by other states, and to the extent possible, adopt an  
34 established, proven model.

35 (c) The integrated, comprehensive screening and assessment process  
36 shall be implemented statewide by all chemical dependency and mental

1 health treatment providers as well as all designated mental health  
2 professionals, designated chemical dependency specialists, and  
3 designated crisis responders not later than January 1, 2007.

4 (2) The department shall provide adequate training to effect  
5 statewide implementation by the dates designated in this section and  
6 shall report the rates of co-occurring disorders and the stage of  
7 screening or assessment at which the co-occurring disorder was  
8 identified to the appropriate committees of the legislature.

9 (3) The department shall establish contractual penalties to  
10 contracted treatment providers, the ((~~regional support networks~~))  
11 behavioral health and recovery organizations, and their contracted  
12 providers for failure to implement the integrated screening and  
13 assessment process by July 1, 2007.

14 **Sec. 65.** RCW 70.97.010 and 2011 c 89 s 11 are each amended to read  
15 as follows:

16 The definitions in this section apply throughout this chapter  
17 unless the context clearly requires otherwise.

18 (1) "Antipsychotic medications" means that class of drugs primarily  
19 used to treat serious manifestations of mental illness associated with  
20 thought disorders, which includes but is not limited to atypical  
21 antipsychotic medications.

22 (2) "Attending staff" means any person on the staff of a public or  
23 private agency having responsibility for the care and treatment of a  
24 patient.

25 (3) "Chemical dependency" means alcoholism, drug addiction, or  
26 dependence on alcohol and one or more other psychoactive chemicals, as  
27 the context requires and as those terms are defined in chapter 70.96A  
28 RCW.

29 (4) "Chemical dependency professional" means a person certified as  
30 a chemical dependency professional by the department of health under  
31 chapter 18.205 RCW.

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

35 (6) "Conditional release" means a modification of a commitment that  
36 may be revoked upon violation of any of its terms.

1 (7) "Custody" means involuntary detention under chapter 71.05 or  
2 70.96A RCW, uninterrupted by any period of unconditional release from  
3 commitment from a facility providing involuntary care and treatment.

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

6 (9) "Designated responder" means a designated mental health  
7 professional, a designated chemical dependency specialist, or a  
8 designated crisis responder as those terms are defined in chapter  
9 70.96A, 71.05, or 70.96B RCW.

10 (10) "Detention" or "detain" means the lawful confinement of an  
11 individual under chapter 70.96A or 71.05 RCW.

12 (11) "Discharge" means the termination of facility authority. The  
13 commitment may remain in place, be terminated, or be amended by court  
14 order.

15 (12) "Enhanced services facility" means a facility that provides  
16 treatment and services to persons for whom acute inpatient treatment is  
17 not medically necessary and who have been determined by the department  
18 to be inappropriate for placement in other licensed facilities due to  
19 the complex needs that result in behavioral and security issues.

20 (13) "Expanded community services program" means a nonsecure  
21 program of enhanced behavioral and residential support provided to  
22 long-term and residential care providers serving specifically eligible  
23 clients who would otherwise be at risk for hospitalization at state  
24 hospital geriatric units.

25 (14) "Facility" means an enhanced services facility.

26 (15) "Gravely disabled" means a condition in which an individual,  
27 as a result of a mental disorder, as a result of the use of alcohol or  
28 other psychoactive chemicals, or both:

29 (a) Is in danger of serious physical harm resulting from a failure  
30 to provide for his or her essential human needs of health or safety; or

31 (b) Manifests severe deterioration in routine functioning evidenced  
32 by repeated and escalating loss of cognitive or volitional control over  
33 his or her actions and is not receiving such care as is essential for  
34 his or her health or safety.

35 (16) "History of one or more violent acts" refers to the period of  
36 time ten years before the filing of a petition under this chapter, or  
37 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any

1 violent acts committed, in a mental health facility or a long-term  
2 alcoholism or drug treatment facility, or in confinement as a result of  
3 a criminal conviction.

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

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

8 (a) A substantial risk that:

9 (i) Physical harm will be inflicted by an individual upon his or  
10 her own person, as evidenced by threats or attempts to commit suicide  
11 or inflict physical harm on oneself;

12 (ii) Physical harm will be inflicted by an individual upon another,  
13 as evidenced by behavior that has caused such harm or that places  
14 another person or persons in reasonable fear of sustaining such harm;  
15 or

16 (iii) Physical harm will be inflicted by an individual upon the  
17 property of others, as evidenced by behavior that has caused  
18 substantial loss or damage to the property of others; or

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

21 (19) "Mental disorder" means any organic, mental, or emotional  
22 impairment that has substantial adverse effects on an individual's  
23 cognitive or volitional functions.

24 (20) "Mental health professional" means a psychiatrist,  
25 psychologist, psychiatric nurse, or social worker, and such other  
26 mental health professionals as may be defined by rules adopted by the  
27 secretary under the authority of chapter 71.05 RCW.

28 (21) "Professional person" means a mental health professional and  
29 also means a physician, registered nurse, and such others as may be  
30 defined in rules adopted by the secretary pursuant to the provisions of  
31 this chapter.

32 (22) "Psychiatrist" means a person having a license as a physician  
33 and surgeon in this state who has in addition completed three years of  
34 graduate training in psychiatry in a program approved by the American  
35 medical association or the American osteopathic association and is  
36 certified or eligible to be certified by the American board of  
37 psychiatry and neurology.

1 (23) "Psychologist" means a person who has been licensed as a  
2 psychologist under chapter 18.83 RCW.

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

9 (25) "Release" means legal termination of the commitment under  
10 chapter 70.96A or 71.05 RCW.

11 (26) "Resident" means a person admitted to an enhanced services  
12 facility.

13 (27) "Secretary" means the secretary of the department or the  
14 secretary's designee.

15 (28) "Significant change" means:

16 (a) A deterioration in a resident's physical, mental, or  
17 psychosocial condition that has caused or is likely to cause clinical  
18 complications or life-threatening conditions; or

19 (b) An improvement in the resident's physical, mental, or  
20 psychosocial condition that may make the resident eligible for release  
21 or for treatment in a less intensive or less secure setting.

22 (29) "Social worker" means a person with a master's or further  
23 advanced degree from a social work educational program accredited and  
24 approved as provided in RCW 18.320.010.

25 (30) "Treatment" means the broad range of emergency,  
26 detoxification, residential, inpatient, and outpatient services and  
27 care, including diagnostic evaluation, mental health or chemical  
28 dependency education and counseling, medical, psychiatric,  
29 psychological, and social service care, vocational rehabilitation, and  
30 career counseling, which may be extended to persons with mental  
31 disorders, chemical dependency disorders, or both, and their families.

32 (31) "Treatment records" include registration and all other records  
33 concerning individuals who are receiving or who at any time have  
34 received services for mental illness, which are maintained by the  
35 department, by (~~regional support networks~~) behavioral health and  
36 recovery organizations and their staffs, and by treatment facilities.

37 "Treatment records" do not include notes or records maintained for  
38 personal use by an individual providing treatment services for the



1 department, (~~regional support networks~~) behavioral health and  
2 recovery organizations, or a treatment facility if the notes or records  
3 are not available to others.

4 (32) "Violent act" means behavior that resulted in homicide,  
5 attempted suicide, nonfatal injuries, or substantial damage to  
6 property.

7 **Sec. 66.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are  
8 each reenacted and amended to read as follows:

9 The definitions in this section apply throughout this chapter  
10 unless the context clearly requires otherwise.

11 (1) "Admission" or "admit" means a decision by a physician or  
12 psychiatric advanced registered nurse practitioner that a person should  
13 be examined or treated as a patient in a hospital;

14 (2) "Antipsychotic medications" means that class of drugs primarily  
15 used to treat serious manifestations of mental illness associated with  
16 thought disorders, which includes, but is not limited to atypical  
17 antipsychotic medications;

18 (3) "Attending staff" means any person on the staff of a public or  
19 private agency having responsibility for the care and treatment of a  
20 patient;

21 (4) "Commitment" means the determination by a court that a person  
22 should be detained for a period of either evaluation or treatment, or  
23 both, in an inpatient or a less restrictive setting;

24 (5) "Conditional release" means a revocable modification of a  
25 commitment, which may be revoked upon violation of any of its terms;

26 (6) "Crisis stabilization unit" means a short-term facility or a  
27 portion of a facility licensed by the department of health and  
28 certified by the department of social and health services under RCW  
29 71.24.035, such as an evaluation and treatment facility or a hospital,  
30 which has been designed to assess, diagnose, and treat individuals  
31 experiencing an acute crisis without the use of long-term  
32 hospitalization;

33 (7) "Custody" means involuntary detention under the provisions of  
34 this chapter or chapter 10.77 RCW, uninterrupted by any period of  
35 unconditional release from commitment from a facility providing  
36 involuntary care and treatment;

1 (8) "Department" means the department of social and health  
2 services;

3 (9) "Designated chemical dependency specialist" means a person  
4 designated by the county alcoholism and other drug addiction program  
5 coordinator designated under RCW 70.96A.310 to perform the commitment  
6 duties described in chapters 70.96A and 70.96B RCW;

7 (10) "Designated crisis responder" means a mental health  
8 professional appointed by the county or the (~~regional support~~  
9 ~~network~~) behavioral health and recovery organization to perform the  
10 duties specified in this chapter;

11 (11) "Designated mental health professional" means a mental health  
12 professional designated by the county or other authority authorized in  
13 rule to perform the duties specified in this chapter;

14 (12) "Detention" or "detain" means the lawful confinement of a  
15 person, under the provisions of this chapter;

16 (13) "Developmental disabilities professional" means a person who  
17 has specialized training and three years of experience in directly  
18 treating or working with persons with developmental disabilities and is  
19 a psychiatrist, psychologist, psychiatric advanced registered nurse  
20 practitioner, or social worker, and such other developmental  
21 disabilities professionals as may be defined by rules adopted by the  
22 secretary;

23 (14) "Developmental disability" means that condition defined in RCW  
24 71A.10.020(~~(+3)~~)(4);

25 (15) "Discharge" means the termination of hospital medical  
26 authority. The commitment may remain in place, be terminated, or be  
27 amended by court order;

28 (16) "Evaluation and treatment facility" means any facility which  
29 can provide directly, or by direct arrangement with other public or  
30 private agencies, emergency evaluation and treatment, outpatient care,  
31 and timely and appropriate inpatient care to persons suffering from a  
32 mental disorder, and which is certified as such by the department. A  
33 physically separate and separately operated portion of a state hospital  
34 may be designated as an evaluation and treatment facility. A facility  
35 which is part of, or operated by, the department or any federal agency  
36 will not require certification. No correctional institution or  
37 facility, or jail, shall be an evaluation and treatment facility within  
38 the meaning of this chapter;

1 (17) "Gravely disabled" means a condition in which a person, as a  
2 result of a mental disorder: (a) Is in danger of serious physical harm  
3 resulting from a failure to provide for his or her essential human  
4 needs of health or safety; or (b) manifests severe deterioration in  
5 routine functioning evidenced by repeated and escalating loss of  
6 cognitive or volitional control over his or her actions and is not  
7 receiving such care as is essential for his or her health or safety;

8 (18) "Habilitative services" means those services provided by  
9 program personnel to assist persons in acquiring and maintaining life  
10 skills and in raising their levels of physical, mental, social, and  
11 vocational functioning. Habilitative services include education,  
12 training for employment, and therapy. The habilitative process shall  
13 be undertaken with recognition of the risk to the public safety  
14 presented by the person being assisted as manifested by prior charged  
15 criminal conduct;

16 (19) "History of one or more violent acts" refers to the period of  
17 time ten years prior to the filing of a petition under this chapter,  
18 excluding any time spent, but not any violent acts committed, in a  
19 mental health facility or in confinement as a result of a criminal  
20 conviction;

21 (20) "Imminent" means the state or condition of being likely to  
22 occur at any moment or near at hand, rather than distant or remote;

23 (21) "Individualized service plan" means a plan prepared by a  
24 developmental disabilities professional with other professionals as a  
25 team, for a person with developmental disabilities, which shall state:

26 (a) The nature of the person's specific problems, prior charged  
27 criminal behavior, and habilitation needs;

28 (b) The conditions and strategies necessary to achieve the purposes  
29 of habilitation;

30 (c) The intermediate and long-range goals of the habilitation  
31 program, with a projected timetable for the attainment;

32 (d) The rationale for using this plan of habilitation to achieve  
33 those intermediate and long-range goals;

34 (e) The staff responsible for carrying out the plan;

35 (f) Where relevant in light of past criminal behavior and due  
36 consideration for public safety, the criteria for proposed movement to  
37 less-restrictive settings, criteria for proposed eventual discharge or  
38 release, and a projected possible date for discharge or release; and

1 (g) The type of residence immediately anticipated for the person  
2 and possible future types of residences;

3 (22) "Information related to mental health services" means all  
4 information and records compiled, obtained, or maintained in the course  
5 of providing services to either voluntary or involuntary recipients of  
6 services by a mental health service provider. This may include  
7 documents of legal proceedings under this chapter or chapter 71.34 or  
8 10.77 RCW, or somatic health care information;

9 (23) "Judicial commitment" means a commitment by a court pursuant  
10 to the provisions of this chapter;

11 (24) "Legal counsel" means attorneys and staff employed by county  
12 prosecutor offices or the state attorney general acting in their  
13 capacity as legal representatives of public mental health service  
14 providers under RCW 71.05.130;

15 (25) "Likelihood of serious harm" means:

16 (a) A substantial risk that: (i) Physical harm will be inflicted  
17 by a person upon his or her own person, as evidenced by threats or  
18 attempts to commit suicide or inflict physical harm on oneself; (ii)  
19 physical harm will be inflicted by a person upon another, as evidenced  
20 by behavior which has caused such harm or which places another person  
21 or persons in reasonable fear of sustaining such harm; or (iii)  
22 physical harm will be inflicted by a person upon the property of  
23 others, as evidenced by behavior which has caused substantial loss or  
24 damage to the property of others; or

25 (b) The person has threatened the physical safety of another and  
26 has a history of one or more violent acts;

27 (26) "Mental disorder" means any organic, mental, or emotional  
28 impairment which has substantial adverse effects on a person's  
29 cognitive or volitional functions;

30 (27) "Mental health professional" means a psychiatrist,  
31 psychologist, psychiatric advanced registered nurse practitioner,  
32 psychiatric nurse, or social worker, and such other mental health  
33 professionals as may be defined by rules adopted by the secretary  
34 pursuant to the provisions of this chapter;

35 (28) "Mental health service provider" means a public or private  
36 agency that provides mental health services to persons with mental  
37 disorders as defined under this section and receives funding from  
38 public sources. This includes, but is not limited to, hospitals

1 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
2 as defined in this section, community mental health service delivery  
3 systems or community mental health programs as defined in RCW  
4 71.24.025, facilities conducting competency evaluations and restoration  
5 under chapter 10.77 RCW, and correctional facilities operated by state  
6 and local governments;

7 (29) "Peace officer" means a law enforcement official of a public  
8 agency or governmental unit, and includes persons specifically given  
9 peace officer powers by any state law, local ordinance, or judicial  
10 order of appointment;

11 (30) "Private agency" means any person, partnership, corporation,  
12 or association that is not a public agency, whether or not financed in  
13 whole or in part by public funds, which constitutes an evaluation and  
14 treatment facility or private institution, or hospital, which is  
15 conducted for, or includes a department or ward conducted for, the care  
16 and treatment of persons who are mentally ill;

17 (31) "Professional person" means a mental health professional and  
18 shall also mean a physician, psychiatric advanced registered nurse  
19 practitioner, registered nurse, and such others as may be defined by  
20 rules adopted by the secretary pursuant to the provisions of this  
21 chapter;

22 (32) "Psychiatric advanced registered nurse practitioner" means a  
23 person who is licensed as an advanced registered nurse practitioner  
24 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
25 practice psychiatric and mental health nursing;

26 (33) "Psychiatrist" means a person having a license as a physician  
27 and surgeon in this state who has in addition completed three years of  
28 graduate training in psychiatry in a program approved by the American  
29 medical association or the American osteopathic association and is  
30 certified or eligible to be certified by the American board of  
31 psychiatry and neurology;

32 (34) "Psychologist" means a person who has been licensed as a  
33 psychologist pursuant to chapter 18.83 RCW;

34 (35) "Public agency" means any evaluation and treatment facility or  
35 institution, or hospital which is conducted for, or includes a  
36 department or ward conducted for, the care and treatment of persons  
37 with mental illness, if the agency is operated directly by, federal,

1 state, county, or municipal government, or a combination of such  
2 governments;

3 (36) "Registration records" include all the records of the  
4 department, (~~regional support networks~~) behavioral health and  
5 recovery organizations, treatment facilities, and other persons  
6 providing services to the department, county departments, or facilities  
7 which identify persons who are receiving or who at any time have  
8 received services for mental illness;

9 (37) "Release" means legal termination of the commitment under the  
10 provisions of this chapter;

11 (38) "Resource management services" has the meaning given in  
12 chapter 71.24 RCW;

13 (39) "Secretary" means the secretary of the department of social  
14 and health services, or his or her designee;

15 (40) "Serious violent offense" has the same meaning as provided in  
16 RCW 9.94A.030;

17 (41) "Social worker" means a person with a master's or further  
18 advanced degree from a social work educational program accredited and  
19 approved as provided in RCW 18.320.010;

20 (42) "Therapeutic court personnel" means the staff of a mental  
21 health court or other therapeutic court which has jurisdiction over  
22 defendants who are dually diagnosed with mental disorders, including  
23 court personnel, probation officers, a court monitor, prosecuting  
24 attorney, or defense counsel acting within the scope of therapeutic  
25 court duties;

26 (43) "Triage facility" means a short-term facility or a portion of  
27 a facility licensed by the department of health and certified by the  
28 department of social and health services under RCW 71.24.035, which is  
29 designed as a facility to assess and stabilize an individual or  
30 determine the need for involuntary commitment of an individual, and  
31 must meet department of health residential treatment facility  
32 standards. A triage facility may be structured as a voluntary or  
33 involuntary placement facility;

34 (44) "Treatment records" include registration and all other records  
35 concerning persons who are receiving or who at any time have received  
36 services for mental illness, which are maintained by the department, by  
37 (~~regional support networks~~) behavioral health and recovery  
38 organizations and their staffs, and by treatment facilities. Treatment

1 records include mental health information contained in a medical bill  
2 including but not limited to mental health drugs, a mental health  
3 diagnosis, provider name, and dates of service stemming from a medical  
4 service. Treatment records do not include notes or records maintained  
5 for personal use by a person providing treatment services for the  
6 department, (~~regional support networks~~) behavioral health and  
7 recovery organizations, or a treatment facility if the notes or records  
8 are not available to others;

9 (45) "Violent act" means behavior that resulted in homicide,  
10 attempted suicide, nonfatal injuries, or substantial damage to  
11 property.

12 **Sec. 67.** RCW 71.05.025 and 2000 c 94 s 2 are each amended to read  
13 as follows:

14 The legislature intends that the procedures and services authorized  
15 in this chapter be integrated with those in chapter 71.24 RCW to the  
16 maximum extent necessary to assure a continuum of care to persons (~~who~~  
17 ~~are mentally ill~~) with mental illness or who have mental disorders, as  
18 defined in either or both this chapter and chapter 71.24 RCW. To this  
19 end, (~~regional support networks~~) behavioral health and recovery  
20 organizations established in accordance with chapter 71.24 RCW shall  
21 institute procedures which require timely consultation with resource  
22 management services by (~~county~~) designated mental health  
23 professionals and evaluation and treatment facilities to assure that  
24 determinations to admit, detain, commit, treat, discharge, or release  
25 persons with mental disorders under this chapter are made only after  
26 appropriate information regarding such person's treatment history and  
27 current treatment plan has been sought from resource management  
28 services.

29 **Sec. 68.** RCW 71.05.026 and 2006 c 333 s 301 are each amended to  
30 read as follows:

31 (1) Except for monetary damage claims which have been reduced to  
32 final judgment by a superior court, this section applies to all claims  
33 against the state, state agencies, state officials, or state employees  
34 that exist on or arise after March 29, 2006.

35 (2) Except as expressly provided in contracts entered into between  
36 the department and the (~~regional support networks~~) behavioral health

1 and recovery organizations after March 29, 2006, the entities  
2 identified in subsection (3) of this section shall have no claim for  
3 declaratory relief, injunctive relief, judicial review under chapter  
4 34.05 RCW, or civil liability against the state or state agencies for  
5 actions or inactions performed pursuant to the administration of this  
6 chapter with regard to the following: (a) The allocation or payment of  
7 federal or state funds; (b) the use or allocation of state hospital  
8 beds; or (c) financial responsibility for the provision of inpatient  
9 mental health care.

10 (3) This section applies to counties, (~~regional support networks~~)  
11 behavioral health and recovery organizations, and entities which  
12 contract to provide (~~regional support network~~) behavioral health and  
13 recovery organization services and their subcontractors, agents, or  
14 employees.

15 **Sec. 69.** RCW 71.05.027 and 2005 c 504 s 103 are each amended to  
16 read as follows:

17 (1) Not later than January 1, 2007, all persons providing treatment  
18 under this chapter shall also implement the integrated comprehensive  
19 screening and assessment process for chemical dependency and mental  
20 disorders adopted pursuant to RCW 70.96C.010 and shall document the  
21 numbers of clients with co-occurring mental and substance abuse  
22 disorders based on a quadrant system of low and high needs.

23 (2) Treatment providers and (~~regional support networks~~)  
24 behavioral health and recovery organizations who fail to implement the  
25 integrated comprehensive screening and assessment process for chemical  
26 dependency and mental disorders by July 1, 2007, shall be subject to  
27 contractual penalties established under RCW 70.96C.010.

28 **Sec. 70.** RCW 71.05.110 and 2011 c 343 s 5 are each amended to read  
29 as follows:

30 Attorneys appointed for persons pursuant to this chapter shall be  
31 compensated for their services as follows: (1) The person for whom an  
32 attorney is appointed shall, if he or she is financially able pursuant  
33 to standards as to financial capability and indigency set by the  
34 superior court of the county in which the proceeding is held, bear the  
35 costs of such legal services; (2) if such person is indigent pursuant  
36 to such standards, the (~~regional support network~~) behavioral health



1 and recovery organization shall reimburse the county in which the  
2 proceeding is held for the direct costs of such legal services, as  
3 provided in RCW 71.05.730.

4 **Sec. 71.** RCW 71.05.300 and 2009 c 293 s 5 and 2009 c 217 s 4 are  
5 each reenacted and amended to read as follows:

6 (1) The petition for ninety day treatment shall be filed with the  
7 clerk of the superior court at least three days before expiration of  
8 the fourteen-day period of intensive treatment. At the time of filing  
9 such petition, the clerk shall set a time for the person to come before  
10 the court on the next judicial day after the day of filing unless such  
11 appearance is waived by the person's attorney, and the clerk shall  
12 notify the designated mental health professional. The designated  
13 mental health professional shall immediately notify the person  
14 detained, his or her attorney, if any, and his or her guardian or  
15 conservator, if any, the prosecuting attorney, and the (~~regional~~  
16 ~~support network~~) behavioral health and recovery organization  
17 administrator, and provide a copy of the petition to such persons as  
18 soon as possible. The (~~regional support network~~) behavioral health  
19 and recovery organization administrator or designee may review the  
20 petition and may appear and testify at the full hearing on the  
21 petition.

22 (2) At the time set for appearance the detained person shall be  
23 brought before the court, unless such appearance has been waived and  
24 the court shall advise him or her of his or her right to be represented  
25 by an attorney, his or her right to a jury trial, and his or her loss  
26 of firearm rights if involuntarily committed. If the detained person  
27 is not represented by an attorney, or is indigent or is unwilling to  
28 retain an attorney, the court shall immediately appoint an attorney to  
29 represent him or her. The court shall, if requested, appoint a  
30 reasonably available licensed physician, psychiatric advanced  
31 registered nurse practitioner, psychologist, or psychiatrist,  
32 designated by the detained person to examine and testify on behalf of  
33 the detained person.

34 (3) The court may, if requested, also appoint a professional person  
35 as defined in RCW 71.05.020 to seek less restrictive alternative  
36 courses of treatment and to testify on behalf of the detained person.  
37 In the case of a person with a developmental disability who has been

1 determined to be incompetent pursuant to RCW 10.77.086(4), then the  
2 appointed professional person under this section shall be a  
3 developmental disabilities professional.

4 (4) The court shall also set a date for a full hearing on the  
5 petition as provided in RCW 71.05.310.

6 **Sec. 72.** RCW 71.05.365 and 2013 c 338 s 4 are each amended to read  
7 as follows:

8 When a person has been involuntarily committed for treatment to a  
9 hospital for a period of ninety or one hundred eighty days, and the  
10 superintendent or professional person in charge of the hospital  
11 determines that the person no longer requires active psychiatric  
12 treatment at an inpatient level of care, the (~~regional support~~  
13 ~~network~~) behavioral health and recovery organization responsible for  
14 resource management services for the person must work with the hospital  
15 to develop an individualized discharge plan and arrange for a  
16 transition to the community in accordance with the person's  
17 individualized discharge plan within twenty-one days of the  
18 determination.

19 **Sec. 73.** RCW 71.05.445 and 2013 c 200 s 31 are each amended to  
20 read as follows:

21 (1)(a) When a mental health service provider conducts its initial  
22 assessment for a person receiving court-ordered treatment, the service  
23 provider shall inquire and shall be told by the offender whether he or  
24 she is subject to supervision by the department of corrections.

25 (b) When a person receiving court-ordered treatment or treatment  
26 ordered by the department of corrections discloses to his or her mental  
27 health service provider that he or she is subject to supervision by the  
28 department of corrections, the mental health service provider shall  
29 notify the department of corrections that he or she is treating the  
30 offender and shall notify the offender that his or her community  
31 corrections officer will be notified of the treatment, provided that if  
32 the offender has received relief from disclosure pursuant to RCW  
33 9.94A.562, 70.96A.155, or 71.05.132 and the offender has provided the  
34 mental health service provider with a copy of the order granting relief  
35 from disclosure pursuant to RCW 9.94A.562, 70.96A.155, or 71.05.132,  
36 the mental health service provider is not required to notify the

1 department of corrections that the mental health service provider is  
2 treating the offender. The notification may be written or oral and  
3 shall not require the consent of the offender. If an oral notification  
4 is made, it must be confirmed by a written notification. For purposes  
5 of this section, a written notification includes notification by e-mail  
6 or facsimile, so long as the notifying mental health service provider  
7 is clearly identified.

8 (2) The information to be released to the department of corrections  
9 shall include all relevant records and reports, as defined by rule,  
10 necessary for the department of corrections to carry out its duties.

11 (3) The department and the department of corrections, in  
12 consultation with (~~regional support networks~~) behavioral health and  
13 recovery organizations, mental health service providers as defined in  
14 RCW 71.05.020, mental health consumers, and advocates for persons with  
15 mental illness, shall adopt rules to implement the provisions of this  
16 section related to the type and scope of information to be released.  
17 These rules shall:

18 (a) Enhance and facilitate the ability of the department of  
19 corrections to carry out its responsibility of planning and ensuring  
20 community protection with respect to persons subject to sentencing  
21 under chapter 9.94A or 9.95 RCW, including accessing and releasing or  
22 disclosing information of persons who received mental health services  
23 as a minor; and

24 (b) Establish requirements for the notification of persons under  
25 the supervision of the department of corrections regarding the  
26 provisions of this section.

27 (4) The information received by the department of corrections under  
28 this section shall remain confidential and subject to the limitations  
29 on disclosure outlined in chapter 71.05 RCW, except as provided in RCW  
30 72.09.585.

31 (5) No mental health service provider or individual employed by a  
32 mental health service provider shall be held responsible for  
33 information released to or used by the department of corrections under  
34 the provisions of this section or rules adopted under this section.

35 (6) Whenever federal law or federal regulations restrict the  
36 release of information contained in the treatment records of any  
37 patient who receives treatment for alcoholism or drug dependency, the

1 release of the information may be restricted as necessary to comply  
2 with federal law and regulations.

3 (7) This section does not modify the terms and conditions of  
4 disclosure of information related to sexually transmitted diseases  
5 under chapter 70.24 RCW.

6 (8) The department shall, subject to available resources,  
7 electronically, or by the most cost-effective means available, provide  
8 the department of corrections with the names, last dates of services,  
9 and addresses of specific (~~regional support networks~~) behavioral  
10 health and recovery organizations and mental health service providers  
11 that delivered mental health services to a person subject to chapter  
12 9.94A or 9.95 RCW pursuant to an agreement between the departments.

13 **Sec. 74.** RCW 71.05.730 and 2011 c 343 s 2 are each amended to read  
14 as follows:

15 (1) A county may apply to its (~~regional support network~~)  
16 behavioral health and recovery organization on a quarterly basis for  
17 reimbursement of its direct costs in providing judicial services for  
18 civil commitment cases under this chapter and chapter 71.34 RCW. The  
19 (~~regional support network~~) behavioral health and recovery  
20 organization shall in turn be entitled to reimbursement from the  
21 (~~regional support network~~) behavioral health and recovery  
22 organization that serves the county of residence of the individual who  
23 is the subject of the civil commitment case. Reimbursements under this  
24 section shall be paid out of the (~~regional support network's~~)  
25 behavioral health and recovery organization's nonmedicaid  
26 appropriation.

27 (2) Reimbursement for judicial services shall be provided per civil  
28 commitment case at a rate to be determined based on an independent  
29 assessment of the county's actual direct costs. This assessment must  
30 be based on an average of the expenditures for judicial services within  
31 the county over the past three years. In the event that a baseline  
32 cannot be established because there is no significant history of  
33 similar cases within the county, the reimbursement rate shall be equal  
34 to eighty percent of the median reimbursement rate of counties included  
35 in the independent assessment.

36 (3) For the purposes of this section:

1 (a) "Civil commitment case" includes all judicial hearings related  
2 to a single episode of hospitalization, or less restrictive alternative  
3 detention in lieu of hospitalization, except that the filing of a  
4 petition for a one hundred eighty-day commitment under this chapter or  
5 a petition for a successive one hundred eighty-day commitment under  
6 chapter 71.34 RCW shall be considered to be a new case regardless of  
7 whether there has been a break in detention. "Civil commitment case"  
8 does not include the filing of a petition for a one hundred eighty-day  
9 commitment under this chapter on behalf of a patient at a state  
10 psychiatric hospital.

11 (b) "Judicial services" means a county's reasonable direct costs in  
12 providing prosecutor services, assigned counsel and defense services,  
13 court services, and court clerk services for civil commitment cases  
14 under this chapter and chapter 71.34 RCW.

15 (4) To the extent that resources have shared purpose, the  
16 (~~regional support network~~) behavioral health and recovery  
17 organization may only reimburse counties to the extent such resources  
18 are necessary for and devoted to judicial services as described in this  
19 section.

20 (5) No filing fee may be charged or collected for any civil  
21 commitment case subject to reimbursement under this section.

22 **Sec. 75.** RCW 71.05.740 and 2013 c 216 s 2 are each amended to read  
23 as follows:

24 By August 1, 2013, all (~~regional support networks~~) behavioral  
25 health and recovery organizations in the state of Washington must  
26 forward historical mental health involuntary commitment information  
27 retained by the organization including identifying information and  
28 dates of commitment to the department. As soon as feasible, the  
29 (~~regional support networks~~) behavioral health and recovery  
30 organizations must arrange to report new commitment data to the  
31 department within twenty-four hours. Commitment information under this  
32 section does not need to be resent if it is already in the possession  
33 of the department. (~~Regional support networks~~) Behavioral health and  
34 recovery organizations and the department shall be immune from  
35 liability related to the sharing of commitment information under this  
36 section.

1       **Sec. 76.** RCW 71.34.330 and 2011 c 343 s 8 are each amended to read  
2 as follows:

3       Attorneys appointed for minors under this chapter shall be  
4 compensated for their services as follows:

5       (1) Responsible others shall bear the costs of such legal services  
6 if financially able according to standards set by the court of the  
7 county in which the proceeding is held.

8       (2) If all responsible others are indigent as determined by these  
9 standards, the ((~~regional support network~~)) behavioral health and  
10 recovery organization shall reimburse the county in which the  
11 proceeding is held for the direct costs of such legal services, as  
12 provided in RCW 71.05.730.

13       **Sec. 77.** RCW 71.34.415 and 2011 c 343 s 4 are each amended to read  
14 as follows:

15       A county may apply to its ((~~regional support network~~)) behavioral  
16 health and recovery organization for reimbursement of its direct costs  
17 in providing judicial services for civil commitment cases under this  
18 chapter, as provided in RCW 71.05.730.

19       **Sec. 78.** RCW 71.36.010 and 2007 c 359 s 2 are each amended to read  
20 as follows:

21       Unless the context clearly requires otherwise, the definitions in  
22 this section apply throughout this chapter.

23       (1) "Agency" means a state, tribal, or local governmental entity or  
24 a private not-for-profit organization.

25       (2) "Child" means a person under eighteen years of age, except as  
26 expressly provided otherwise in state or federal law.

27       (3) "Consensus-based" means a program or practice that has general  
28 support among treatment providers and experts, based on experience or  
29 professional literature, and may have anecdotal or case study support,  
30 or that is agreed but not possible to perform studies with random  
31 assignment and controlled groups.

32       (4) "County authority" means the board of county commissioners or  
33 county executive.

34       (5) "Department" means the department of social and health  
35 services.

1 (6) "Early periodic screening, diagnosis, and treatment" means the  
2 component of the federal medicaid program established pursuant to 42  
3 U.S.C. Sec. 1396d(r), as amended.

4 (7) "Evidence-based" means a program or practice that has had  
5 multiple site random controlled trials across heterogeneous populations  
6 demonstrating that the program or practice is effective for the  
7 population.

8 (8) "Family" means a child's biological parents, adoptive parents,  
9 foster parents, guardian, legal custodian authorized pursuant to Title  
10 26 RCW, a relative with whom a child has been placed by the department  
11 of social and health services, or a tribe.

12 (9) "Promising practice" or "emerging best practice" means a  
13 practice that presents, based upon preliminary information, potential  
14 for becoming a research-based or consensus-based practice.

15 (10) "~~((Regional support network))~~ Behavioral health and recovery  
16 organization" means a county authority or group of county authorities  
17 or other nonprofit entity that has entered into contracts with the  
18 secretary pursuant to chapter 71.24 RCW.

19 (11) "Research-based" means a program or practice that has some  
20 research demonstrating effectiveness, but that does not yet meet the  
21 standard of evidence-based practices.

22 (12) "Secretary" means the secretary of social and health services.

23 (13) "Wraparound process" means a family driven planning process  
24 designed to address the needs of children and youth by the formation of  
25 a team that empowers families to make key decisions regarding the care  
26 of the child or youth in partnership with professionals and the  
27 family's natural community supports. The team produces a community-  
28 based and culturally competent intervention plan which identifies the  
29 strengths and needs of the child or youth and family and defines goals  
30 that the team collaborates on achieving with respect for the unique  
31 cultural values of the family. The "wraparound process" shall  
32 emphasize principles of persistence and outcome-based measurements of  
33 success.

34 **Sec. 79.** RCW 71.36.025 and 2007 c 359 s 3 are each amended to read  
35 as follows:

36 (1) It is the goal of the legislature that, by 2012, the children's

1 mental health system in Washington state include the following  
2 elements:

3 (a) A continuum of services from early identification,  
4 intervention, and prevention through crisis intervention and inpatient  
5 treatment, including peer support and parent mentoring services;

6 (b) Equity in access to services for similarly situated children,  
7 including children with co-occurring disorders;

8 (c) Developmentally appropriate, high quality, and culturally  
9 competent services available statewide;

10 (d) Treatment of each child in the context of his or her family and  
11 other persons that are a source of support and stability in his or her  
12 life;

13 (e) A sufficient supply of qualified and culturally competent  
14 children's mental health providers;

15 (f) Use of developmentally appropriate evidence-based and  
16 research-based practices;

17 (g) Integrated and flexible services to meet the needs of children  
18 who, due to mental illness or emotional or behavioral disturbance, are  
19 at risk of out-of-home placement or involved with multiple child-  
20 serving systems.

21 (2) The effectiveness of the children's mental health system shall  
22 be determined through the use of outcome-based performance measures.  
23 The department and the evidence-based practice institute established in  
24 RCW 71.24.061, in consultation with parents, caregivers, youth,  
25 (~~regional support networks~~) behavioral health and recovery  
26 organizations, mental health services providers, health plans, primary  
27 care providers, tribes, and others, shall develop outcome-based  
28 performance measures such as:

29 (a) Decreased emergency room utilization;

30 (b) Decreased psychiatric hospitalization;

31 (c) Lessening of symptoms, as measured by commonly used assessment  
32 tools;

33 (d) Decreased out-of-home placement, including residential, group,  
34 and foster care, and increased stability of such placements, when  
35 necessary;

36 (e) Decreased runaways from home or residential placements;

37 (f) Decreased rates of chemical dependency;

38 (g) Decreased involvement with the juvenile justice system;



- 1 (h) Improved school attendance and performance;
- 2 (i) Reductions in school or child care suspensions or expulsions;
- 3 (j) Reductions in use of prescribed medication where cognitive
- 4 behavioral therapies are indicated;
- 5 (k) Improved rates of high school graduation and employment; and
- 6 (l) Decreased use of mental health services upon reaching adulthood
- 7 for mental disorders other than those that require ongoing treatment to
- 8 maintain stability.

9 Performance measure reporting for children's mental health services

10 should be integrated into existing performance measurement and

11 reporting systems developed and implemented under chapter 71.24 RCW.

12 **Sec. 80.** RCW 71.36.040 and 2003 c 281 s 2 are each amended to read

13 as follows:

14 (1) The legislature supports recommendations made in the August

15 2002 study of the public mental health system for children conducted by

16 the joint legislative audit and review committee.

17 (2) The department shall, within available funds:

18 (a) Identify internal business operation issues that limit the

19 agency's ability to meet legislative intent to coordinate existing

20 categorical children's mental health programs and funding;

21 (b) Collect reliable mental health cost, service, and outcome data

22 specific to children. This information must be used to identify best

23 practices and methods of improving fiscal management;

24 (c) Revise the early periodic screening diagnosis and treatment

25 plan to reflect the mental health system structure in place on July 27,

26 2003, and thereafter revise the plan as necessary to conform to

27 subsequent changes in the structure.

28 (3) The department and the office of the superintendent of public

29 instruction shall jointly identify school districts where mental health

30 and education systems coordinate services and resources to provide

31 public mental health care for children. The department and the office

32 of the superintendent of public instruction shall work together to

33 share information about these approaches with other school districts,

34 (~~regional support networks~~) behavioral health and recovery

35 organizations, and state agencies.

1       **Sec. 81.** RCW 72.09.350 and 1993 c 459 s 1 are each amended to read  
2 as follows:

3       (1) The department of corrections and the University of Washington  
4 may enter into a collaborative arrangement to provide improved services  
5 for (~~mentally ill~~) offenders with mental illness with a focus on  
6 prevention, treatment, and reintegration into society. The  
7 participants in the collaborative arrangement may develop a strategic  
8 plan within sixty days after May 17, 1993, to address the management of  
9 (~~mentally ill~~) offenders with mental illness within the correctional  
10 system, facilitating their reentry into the community and the mental  
11 health system, and preventing the inappropriate incarceration of  
12 (~~mentally ill~~) individuals with mental illness. The collaborative  
13 arrangement may also specify the establishment and maintenance of a  
14 corrections mental health center located at McNeil Island corrections  
15 center. The collaborative arrangement shall require that an advisory  
16 panel of key stakeholders be established and consulted throughout the  
17 development and implementation of the center. The stakeholders  
18 advisory panel shall include a broad array of interest groups drawn  
19 from representatives of mental health, criminal justice, and  
20 correctional systems. The stakeholders advisory panel shall include,  
21 but is not limited to, membership from: The department of corrections,  
22 the department of social and health services mental health division and  
23 division of juvenile rehabilitation, (~~regional support networks~~)  
24 behavioral health and recovery organizations, local and regional law  
25 enforcement agencies, the sentencing guidelines commission, county and  
26 city jails, mental health advocacy groups for (~~the mentally ill,~~  
27 ~~developmentally disabled~~) individuals with mental illness or  
28 developmental disabilities, and the traumatically brain-injured, and  
29 the general public. The center established by the department of  
30 corrections and University of Washington, in consultation with the  
31 stakeholder advisory groups, shall have the authority to:

32       (a) Develop new and innovative treatment approaches for corrections  
33 mental health clients;

34       (b) Improve the quality of mental health services within the  
35 department and throughout the corrections system;

36       (c) Facilitate mental health staff recruitment and training to meet  
37 departmental, county, and municipal needs;

1 (d) Expand research activities within the department in the area of  
2 treatment services, the design of delivery systems, the development of  
3 organizational models, and training for corrections mental health care  
4 professionals;

5 (e) Improve the work environment for correctional employees by  
6 developing the skills, knowledge, and understanding of how to work with  
7 offenders with special chronic mental health challenges;

8 (f) Establish a more positive rehabilitative environment for  
9 offenders;

10 (g) Strengthen multidisciplinary mental health collaboration  
11 between the University of Washington, other groups committed to the  
12 intent of this section, and the department of corrections;

13 (h) Strengthen department linkages between institutions of higher  
14 education, public sector mental health systems, and county and  
15 municipal corrections;

16 (i) Assist in the continued formulation of corrections mental  
17 health policies;

18 (j) Develop innovative and effective recruitment and training  
19 programs for correctional personnel working with (~~mentally ill~~)  
20 offenders with mental illness;

21 (k) Assist in the development of a coordinated continuum of mental  
22 health care capable of providing services from corrections entry to  
23 community return; and

24 (l) Evaluate all current and innovative approaches developed within  
25 this center in terms of their effective and efficient achievement of  
26 improved mental health of inmates, development and utilization of  
27 personnel, the impact of these approaches on the functioning of  
28 correctional institutions, and the relationship of the corrections  
29 system to mental health and criminal justice systems. Specific  
30 attention should be paid to evaluating the effects of programs on the  
31 reintegration of (~~mentally ill~~) offenders with mental illness into  
32 the community and the prevention of inappropriate incarceration of  
33 (~~mentally ill~~) persons with mental illness.

34 (2) The corrections mental health center may conduct research,  
35 training, and treatment activities for the (~~mentally ill~~) offender  
36 with mental illness within selected sites operated by the department.  
37 The department shall provide support services for the center such as  
38 food services, maintenance, perimeter security, classification,

1 offender supervision, and living unit functions. The University of  
2 Washington may develop, implement, and evaluate the clinical,  
3 treatment, research, and evaluation components of the mentally ill  
4 offender center. The institute of (~~for~~) for public policy and  
5 management may be consulted regarding the development of the center and  
6 in the recommendations regarding public policy. As resources permit,  
7 training within the center shall be available to state, county, and  
8 municipal agencies requiring the services. Other state colleges, state  
9 universities, and mental health providers may be involved in activities  
10 as required on a subcontract basis. Community mental health  
11 organizations, research groups, and community advocacy groups may be  
12 critical components of the center's operations and involved as  
13 appropriate to annual objectives. (~~Mentally ill~~) Clients with mental  
14 illness may be drawn from throughout the department's population and  
15 transferred to the center as clinical need, available services, and  
16 department jurisdiction permits.

17 (3) The department shall prepare a report of the center's progress  
18 toward the attainment of stated goals and provide the report to the  
19 legislature annually.

20 **Sec. 82.** RCW 72.09.370 and 2009 c 319 s 3 and 2009 c 28 s 36 are  
21 each reenacted and amended to read as follows:

22 (1) The offender reentry community safety program is established to  
23 provide intensive services to offenders identified under this  
24 subsection and to thereby promote public safety. The secretary shall  
25 identify offenders in confinement or partial confinement who: (a) Are  
26 reasonably believed to be dangerous to themselves or others; and (b)  
27 have a mental disorder. In determining an offender's dangerousness,  
28 the secretary shall consider behavior known to the department and  
29 factors, based on research, that are linked to an increased risk for  
30 dangerousness of offenders with mental illnesses and shall include  
31 consideration of an offender's chemical dependency or abuse.

32 (2) Prior to release of an offender identified under this section,  
33 a team consisting of representatives of the department of corrections,  
34 the division of mental health, and, as necessary, the indeterminate  
35 sentence review board, other divisions or administrations within the  
36 department of social and health services, specifically including the  
37 division of alcohol and substance abuse and the division of

1 developmental disabilities, the appropriate (~~regional support~~  
2 ~~network~~) behavioral health and recovery organization, and the  
3 providers, as appropriate, shall develop a plan, as determined  
4 necessary by the team, for delivery of treatment and support services  
5 to the offender upon release. In developing the plan, the offender  
6 shall be offered assistance in executing a mental health directive  
7 under chapter 71.32 RCW, after being fully informed of the benefits,  
8 scope, and purposes of such directive. The team may include a school  
9 district representative for offenders under the age of twenty-one. The  
10 team shall consult with the offender's counsel, if any, and, as  
11 appropriate, the offender's family and community. The team shall  
12 notify the crime victim/witness program, which shall provide notice to  
13 all people registered to receive notice under RCW 72.09.712 of the  
14 proposed release plan developed by the team. Victims, witnesses, and  
15 other interested people notified by the department may provide  
16 information and comments to the department on potential safety risk to  
17 specific individuals or classes of individuals posed by the specific  
18 offender. The team may recommend: (a) That the offender be evaluated  
19 by the designated mental health professional, as defined in chapter  
20 71.05 RCW; (b) department-supervised community treatment; or (c)  
21 voluntary community mental health or chemical dependency or abuse  
22 treatment.

23 (3) Prior to release of an offender identified under this section,  
24 the team shall determine whether or not an evaluation by a designated  
25 mental health professional is needed. If an evaluation is recommended,  
26 the supporting documentation shall be immediately forwarded to the  
27 appropriate designated mental health professional. The supporting  
28 documentation shall include the offender's criminal history, history of  
29 judicially required or administratively ordered involuntary  
30 antipsychotic medication while in confinement, and any known history of  
31 involuntary civil commitment.

32 (4) If an evaluation by a designated mental health professional is  
33 recommended by the team, such evaluation shall occur not more than ten  
34 days, nor less than five days, prior to release.

35 (5) A second evaluation by a designated mental health professional  
36 shall occur on the day of release if requested by the team, based upon  
37 new information or a change in the offender's mental condition, and the

1 initial evaluation did not result in an emergency detention or a  
2 summons under chapter 71.05 RCW.

3 (6) If the designated mental health professional determines an  
4 emergency detention under chapter 71.05 RCW is necessary, the  
5 department shall release the offender only to a state hospital or to a  
6 consenting evaluation and treatment facility. The department shall  
7 arrange transportation of the offender to the hospital or facility.

8 (7) If the designated mental health professional believes that a  
9 less restrictive alternative treatment is appropriate, he or she shall  
10 seek a summons, pursuant to the provisions of chapter 71.05 RCW, to  
11 require the offender to appear at an evaluation and treatment facility.  
12 If a summons is issued, the offender shall remain within the  
13 corrections facility until completion of his or her term of confinement  
14 and be transported, by corrections personnel on the day of completion,  
15 directly to the identified evaluation and treatment facility.

16 (8) The secretary shall adopt rules to implement this section.

17 **Sec. 83.** RCW 72.09.381 and 1999 c 214 s 11 are each amended to  
18 read as follows:

19 The secretary of the department of corrections and the secretary of  
20 the department of social and health services shall, in consultation  
21 with the (~~regional support networks~~) behavioral health and recovery  
22 organizations and provider representatives, each adopt rules as  
23 necessary to implement chapter 214, Laws of 1999.

24 **Sec. 84.** RCW 72.10.060 and 1998 c 297 s 48 are each amended to  
25 read as follows:

26 The secretary shall, for any person committed to a state  
27 correctional facility after July 1, 1998, inquire at the time of  
28 commitment whether the person had received outpatient mental health  
29 treatment within the two years preceding confinement and the name of  
30 the person providing the treatment.

31 The secretary shall inquire of the treatment provider if he or she  
32 wishes to be notified of the release of the person from confinement,  
33 for purposes of offering treatment upon the inmate's release. If the  
34 treatment provider wishes to be notified of the inmate's release, the  
35 secretary shall attempt to provide such notice at least seven days  
36 prior to release.

1 At the time of an inmate's release if the secretary is unable to  
2 locate the treatment provider, the secretary shall notify the  
3 (~~regional support network~~) behavioral health and recovery  
4 organization in the county the inmate will most likely reside following  
5 release.

6 If the secretary has, prior to the release from the facility,  
7 evaluated the inmate and determined he or she requires postrelease  
8 mental health treatment, a copy of relevant records and reports  
9 relating to the inmate's mental health treatment or status shall be  
10 promptly made available to the offender's present or future treatment  
11 provider. The secretary shall determine which records and reports are  
12 relevant and may provide a summary in lieu of copies of the records.

13 **Sec. 85.** RCW 72.23.025 and 2011 1st sp.s. c 21 s 1 are each  
14 amended to read as follows:

15 (1) It is the intent of the legislature to improve the quality of  
16 service at state hospitals, eliminate overcrowding, and more  
17 specifically define the role of the state hospitals. The legislature  
18 intends that eastern and western state hospitals shall become clinical  
19 centers for handling the most complicated long-term care needs of  
20 patients with a primary diagnosis of mental disorder. To this end, the  
21 legislature intends that funds appropriated for mental health programs,  
22 including funds for (~~regional support networks~~) behavioral health and  
23 recovery organizations and the state hospitals be used for persons with  
24 primary diagnosis of mental disorder. The legislature finds that  
25 establishment of institutes for the study and treatment of mental  
26 disorders at both eastern state hospital and western state hospital  
27 will be instrumental in implementing the legislative intent.

28 (2)(a) There is established at eastern state hospital and western  
29 state hospital, institutes for the study and treatment of mental  
30 disorders. The institutes shall be operated by joint operating  
31 agreements between state colleges and universities and the department  
32 of social and health services. The institutes are intended to conduct  
33 training, research, and clinical program development activities that  
34 will directly benefit persons with mental illness who are receiving  
35 treatment in Washington state by performing the following activities:

36 (i) Promote recruitment and retention of highly qualified

1 professionals at the state hospitals and community mental health  
2 programs;

3 (ii) Improve clinical care by exploring new, innovative, and  
4 scientifically based treatment models for persons presenting  
5 particularly difficult and complicated clinical syndromes;

6 (iii) Provide expanded training opportunities for existing staff at  
7 the state hospitals and community mental health programs;

8 (iv) Promote bilateral understanding of treatment orientation,  
9 possibilities, and challenges between state hospital professionals and  
10 community mental health professionals.

11 (b) To accomplish these purposes the institutes may, within funds  
12 appropriated for this purpose:

13 (i) Enter joint operating agreements with state universities or  
14 other institutions of higher education to accomplish the placement and  
15 training of students and faculty in psychiatry, psychology, social  
16 work, occupational therapy, nursing, and other relevant professions at  
17 the state hospitals and community mental health programs;

18 (ii) Design and implement clinical research projects to improve the  
19 quality and effectiveness of state hospital services and operations;

20 (iii) Enter into agreements with community mental health service  
21 providers to accomplish the exchange of professional staff between the  
22 state hospitals and community mental health service providers;

23 (iv) Establish a student loan forgiveness and conditional  
24 scholarship program to retain qualified professionals at the state  
25 hospitals and community mental health providers when the secretary has  
26 determined a shortage of such professionals exists.

27 (c) Notwithstanding any other provisions of law to the contrary,  
28 the institutes may enter into agreements with the department or the  
29 state hospitals which may involve changes in staffing necessary to  
30 implement improved patient care programs contemplated by this section.

31 (d) The institutes are authorized to seek and accept public or  
32 private gifts, grants, contracts, or donations to accomplish their  
33 purposes under this section.

34 **Sec. 86.** RCW 74.09.515 and 2011 1st sp.s. c 15 s 26 are each  
35 amended to read as follows:

36 (1) The authority shall adopt rules and policies providing that  
37 when youth who were enrolled in a medical assistance program



1 immediately prior to confinement are released from confinement, their  
2 medical assistance coverage will be fully reinstated on the day of  
3 their release, subject to any expedited review of their continued  
4 eligibility for medical assistance coverage that is required under  
5 federal or state law.

6 (2) The authority, in collaboration with the department, county  
7 juvenile court administrators, and (~~regional support networks~~)  
8 behavioral health and recovery organizations, shall establish  
9 procedures for coordination between department field offices, juvenile  
10 rehabilitation administration institutions, and county juvenile courts  
11 that result in prompt reinstatement of eligibility and speedy  
12 eligibility determinations for youth who are likely to be eligible for  
13 medical assistance services upon release from confinement. Procedures  
14 developed under this subsection must address:

15 (a) Mechanisms for receiving medical assistance services'  
16 applications on behalf of confined youth in anticipation of their  
17 release from confinement;

18 (b) Expeditious review of applications filed by or on behalf of  
19 confined youth and, to the extent practicable, completion of the review  
20 before the youth is released; and

21 (c) Mechanisms for providing medical assistance services' identity  
22 cards to youth eligible for medical assistance services immediately  
23 upon their release from confinement.

24 (3) For purposes of this section, "confined" or "confinement" means  
25 detained in a facility operated by or under contract with the  
26 department of social and health services, juvenile rehabilitation  
27 administration, or detained in a juvenile detention facility operated  
28 under chapter 13.04 RCW.

29 (4) The authority shall adopt standardized statewide screening and  
30 application practices and forms designed to facilitate the application  
31 of a confined youth who is likely to be eligible for a medical  
32 assistance program.

33 **Sec. 87.** RCW 74.09.521 and 2011 1st sp.s. c 15 s 28 are each  
34 amended to read as follows:

35 (1) To the extent that funds are specifically appropriated for this  
36 purpose the authority shall revise its medicaid healthy options managed  
37 care and fee-for-service program standards under medicaid, Title XIX of

1 the federal social security act to improve access to mental health  
2 services for children who do not meet the (~~regional support network~~)  
3 behavioral health and recovery organization access to care standards.  
4 The program standards shall be revised to allow outpatient therapy  
5 services to be provided by licensed mental health professionals, as  
6 defined in RCW 71.34.020, or by a mental health professional regulated  
7 under Title 18 RCW who is under the direct supervision of a licensed  
8 mental health professional, and up to twenty outpatient therapy hours  
9 per calendar year, including family therapy visits integral to a  
10 child's treatment. This section shall be administered in a manner  
11 consistent with federal early and periodic screening, diagnosis, and  
12 treatment requirements related to the receipt of medically necessary  
13 services when a child's need for such services is identified through  
14 developmental screening.

15 (2) The authority and the children's mental health evidence-based  
16 practice institute established in RCW 71.24.061 shall collaborate to  
17 encourage and develop incentives for the use of prescribing practices  
18 and evidence-based and research-based treatment practices developed  
19 under RCW 74.09.490 by mental health professionals serving children  
20 under this section.

21 **Sec. 88.** RCW 74.09.555 and 2011 1st sp.s. c 36 s 32 and 2011 1st  
22 sp.s c 15 s 34 are each reenacted and amended to read as follows:

23 (1) The authority shall adopt rules and policies providing that  
24 when persons with a mental disorder, who were enrolled in medical  
25 assistance immediately prior to confinement, are released from  
26 confinement, their medical assistance coverage will be fully reinstated  
27 on the day of their release, subject to any expedited review of their  
28 continued eligibility for medical assistance coverage that is required  
29 under federal or state law.

30 (2) The authority, in collaboration with the Washington association  
31 of sheriffs and police chiefs, the department of corrections, and the  
32 (~~regional support networks~~) behavioral health and recovery  
33 organizations, shall establish procedures for coordination between the  
34 authority and department field offices, institutions for mental  
35 disease, and correctional institutions, as defined in RCW 9.94.049,  
36 that result in prompt reinstatement of eligibility and speedy

1 eligibility determinations for persons who are likely to be eligible  
2 for medical assistance services upon release from confinement.  
3 Procedures developed under this subsection must address:

4 (a) Mechanisms for receiving medical assistance services  
5 applications on behalf of confined persons in anticipation of their  
6 release from confinement;

7 (b) Expeditious review of applications filed by or on behalf of  
8 confined persons and, to the extent practicable, completion of the  
9 review before the person is released;

10 (c) Mechanisms for providing medical assistance services identity  
11 cards to persons eligible for medical assistance services immediately  
12 upon their release from confinement; and

13 (d) Coordination with the federal social security administration,  
14 through interagency agreements or otherwise, to expedite processing of  
15 applications for federal supplemental security income or social  
16 security disability benefits, including federal acceptance of  
17 applications on behalf of confined persons.

18 (3) Where medical or psychiatric examinations during a person's  
19 confinement indicate that the person is disabled, the correctional  
20 institution or institution for mental diseases shall provide the  
21 authority with that information for purposes of making medical  
22 assistance eligibility and enrollment determinations prior to the  
23 person's release from confinement. The authority shall, to the maximum  
24 extent permitted by federal law, use the examination in making its  
25 determination whether the person is disabled and eligible for medical  
26 assistance.

27 (4) For purposes of this section, "confined" or "confinement" means  
28 incarcerated in a correctional institution, as defined in RCW 9.94.049,  
29 or admitted to an institute for mental disease, as defined in 42 C.F.R.  
30 part 435, Sec. 1009 on July 24, 2005.

31 (5) For purposes of this section, "likely to be eligible" means  
32 that a person:

33 (a) Was enrolled in medicaid or supplemental security income or the  
34 medical care services program immediately before he or she was confined  
35 and his or her enrollment was terminated during his or her confinement;  
36 or

37 (b) Was enrolled in medicaid or supplemental security income or the  
38 medical care services program at any time during the five years before

1 his or her confinement, and medical or psychiatric examinations during  
2 the person's confinement indicate that the person continues to be  
3 disabled and the disability is likely to last at least twelve months  
4 following release.

5 (6) The economic services administration within the department  
6 shall adopt standardized statewide screening and application practices  
7 and forms designed to facilitate the application of a confined person  
8 who is likely to be eligible for medicaid.

9 **Sec. 89.** RCW 74.34.068 and 2001 c 233 s 2 are each amended to read  
10 as follows:

11 (1) After the investigation is complete, the department may provide  
12 a written report of the outcome of the investigation to an agency or  
13 program described in this subsection when the department determines  
14 from its investigation that an incident of abuse, abandonment,  
15 financial exploitation, or neglect occurred. Agencies or programs that  
16 may be provided this report are home health, hospice, or home care  
17 agencies, or after January 1, 2002, any in-home services agency  
18 licensed under chapter 70.127 RCW, a program authorized under chapter  
19 71A.12 RCW, an adult day care or day health program, (~~regional support~~  
20 ~~networks~~) behavioral health and recovery organizations authorized  
21 under chapter 71.24 RCW, or other agencies. The report may contain the  
22 name of the vulnerable adult and the alleged perpetrator. The report  
23 shall not disclose the identity of the person who made the report or  
24 any witness without the written permission of the reporter or witness.  
25 The department shall notify the alleged perpetrator regarding the  
26 outcome of the investigation. The name of the vulnerable adult must  
27 not be disclosed during this notification.

28 (2) The department may also refer a report or outcome of an  
29 investigation to appropriate state or local governmental authorities  
30 responsible for licensing or certification of the agencies or programs  
31 listed in subsection (1) of this section.

32 (3) The department shall adopt rules necessary to implement this  
33 section.

34 **Sec. 90.** RCW 82.04.4277 and 2011 1st sp.s. c 19 s 1 are each  
35 amended to read as follows:

1 (1) A health or social welfare organization may deduct from the  
2 measure of tax amounts received as compensation for providing mental  
3 health services under a government-funded program.

4 (2) A (~~regional support network~~) behavioral health and recovery  
5 organization may deduct from the measure of tax amounts received from  
6 the state of Washington for distribution to a health or social welfare  
7 organization that is eligible to deduct the distribution under  
8 subsection (1) of this section.

9 (3) A person claiming a deduction under this section must file a  
10 complete annual report with the department under RCW 82.32.534.

11 (4) The definitions in this subsection apply to this section.

12 (a) "Health or social welfare organization" has the meaning  
13 provided in RCW 82.04.431.

14 (b) "Mental health services" and "~~regional support network~~)  
15 behavioral health and recovery organization" have the meanings provided  
16 in RCW 71.24.025.

17 (5) This section expires August 1, 2016.

18 **Sec. 91.** RCW 70.38.111 and 2012 c 10 s 48 are each amended to read  
19 as follows:

20 (1) The department shall not require a certificate of need for the  
21 offering of an inpatient tertiary health service by:

22 (a) A health maintenance organization or a combination of health  
23 maintenance organizations if (i) the organization or combination of  
24 organizations has, in the service area of the organization or the  
25 service areas of the organizations in the combination, an enrollment of  
26 at least fifty thousand individuals, (ii) the facility in which the  
27 service will be provided is or will be geographically located so that  
28 the service will be reasonably accessible to such enrolled individuals,  
29 and (iii) at least seventy-five percent of the patients who can  
30 reasonably be expected to receive the tertiary health service will be  
31 individuals enrolled with such organization or organizations in the  
32 combination;

33 (b) A health care facility if (i) the facility primarily provides  
34 or will provide inpatient health services, (ii) the facility is or will  
35 be controlled, directly or indirectly, by a health maintenance  
36 organization or a combination of health maintenance organizations which  
37 has, in the service area of the organization or service areas of the

1 organizations in the combination, an enrollment of at least fifty  
2 thousand individuals, (iii) the facility is or will be geographically  
3 located so that the service will be reasonably accessible to such  
4 enrolled individuals, and (iv) at least seventy-five percent of the  
5 patients who can reasonably be expected to receive the tertiary health  
6 service will be individuals enrolled with such organization or  
7 organizations in the combination; or

8 (c) A health care facility (or portion thereof) if (i) the facility  
9 is or will be leased by a health maintenance organization or  
10 combination of health maintenance organizations which has, in the  
11 service area of the organization or the service areas of the  
12 organizations in the combination, an enrollment of at least fifty  
13 thousand individuals and, on the date the application is submitted  
14 under subsection (2) of this section, at least fifteen years remain in  
15 the term of the lease, (ii) the facility is or will be geographically  
16 located so that the service will be reasonably accessible to such  
17 enrolled individuals, and (iii) at least seventy-five percent of the  
18 patients who can reasonably be expected to receive the tertiary health  
19 service will be individuals enrolled with such organization;  
20 if, with respect to such offering or obligation by a nursing home, the  
21 department has, upon application under subsection (2) of this section,  
22 granted an exemption from such requirement to the organization,  
23 combination of organizations, or facility.

24 (2) A health maintenance organization, combination of health  
25 maintenance organizations, or health care facility shall not be exempt  
26 under subsection (1) of this section from obtaining a certificate of  
27 need before offering a tertiary health service unless:

28 (a) It has submitted at least thirty days prior to the offering of  
29 services reviewable under RCW 70.38.105(4)(d) an application for such  
30 exemption; and

31 (b) The application contains such information respecting the  
32 organization, combination, or facility and the proposed offering or  
33 obligation by a nursing home as the department may require to determine  
34 if the organization or combination meets the requirements of subsection  
35 (1) of this section or the facility meets or will meet such  
36 requirements; and

37 (c) The department approves such application. The department shall  
38 approve or disapprove an application for exemption within thirty days

1 of receipt of a completed application. In the case of a proposed  
2 health care facility (or portion thereof) which has not begun to  
3 provide tertiary health services on the date an application is  
4 submitted under this subsection with respect to such facility (or  
5 portion), the facility (or portion) shall meet the applicable  
6 requirements of subsection (1) of this section when the facility first  
7 provides such services. The department shall approve an application  
8 submitted under this subsection if it determines that the applicable  
9 requirements of subsection (1) of this section are met.

10 (3) A health care facility (or any part thereof) with respect to  
11 which an exemption was granted under subsection (1) of this section may  
12 not be sold or leased and a controlling interest in such facility or in  
13 a lease of such facility may not be acquired and a health care facility  
14 described in (1)(c) which was granted an exemption under subsection (1)  
15 of this section may not be used by any person other than the lessee  
16 described in (1)(c) unless:

17 (a) The department issues a certificate of need approving the sale,  
18 lease, acquisition, or use; or

19 (b) The department determines, upon application, that (i) the  
20 entity to which the facility is proposed to be sold or leased, which  
21 intends to acquire the controlling interest, or which intends to use  
22 the facility is a health maintenance organization or a combination of  
23 health maintenance organizations which meets the requirements of  
24 (1)(a)(i), and (ii) with respect to such facility, meets the  
25 requirements of (1)(a)(ii) or (iii) or the requirements of (1)(b)(i)  
26 and (ii).

27 (4) In the case of a health maintenance organization, an ambulatory  
28 care facility, or a health care facility, which ambulatory or health  
29 care facility is controlled, directly or indirectly, by a health  
30 maintenance organization or a combination of health maintenance  
31 organizations, the department may under the program apply its  
32 certificate of need requirements to the offering of inpatient tertiary  
33 health services to the extent that such offering is not exempt under  
34 the provisions of this section or RCW 70.38.105(7).

35 (5)(a) The department shall not require a certificate of need for  
36 the construction, development, or other establishment of a nursing  
37 home, or the addition of beds to an existing nursing home, that is  
38 owned and operated by a continuing care retirement community that:

1 (i) Offers services only to contractual members;

2 (ii) Provides its members a contractually guaranteed range of  
3 services from independent living through skilled nursing, including  
4 some assistance with daily living activities;

5 (iii) Contractually assumes responsibility for the cost of services  
6 exceeding the member's financial responsibility under the contract, so  
7 that no third party, with the exception of insurance purchased by the  
8 retirement community or its members, but including the medicaid  
9 program, is liable for costs of care even if the member depletes his or  
10 her personal resources;

11 (iv) Has offered continuing care contracts and operated a nursing  
12 home continuously since January 1, 1988, or has obtained a certificate  
13 of need to establish a nursing home;

14 (v) Maintains a binding agreement with the state assuring that  
15 financial liability for services to members, including nursing home  
16 services, will not fall upon the state;

17 (vi) Does not operate, and has not undertaken a project that would  
18 result in a number of nursing home beds in excess of one for every four  
19 living units operated by the continuing care retirement community,  
20 exclusive of nursing home beds; and

21 (vii) Has obtained a professional review of pricing and long-term  
22 solvency within the prior five years which was fully disclosed to  
23 members.

24 (b) A continuing care retirement community shall not be exempt  
25 under this subsection from obtaining a certificate of need unless:

26 (i) It has submitted an application for exemption at least thirty  
27 days prior to commencing construction of, is submitting an application  
28 for the licensure of, or is commencing operation of a nursing home,  
29 whichever comes first; and

30 (ii) The application documents to the department that the  
31 continuing care retirement community qualifies for exemption.

32 (c) The sale, lease, acquisition, or use of part or all of a  
33 continuing care retirement community nursing home that qualifies for  
34 exemption under this subsection shall require prior certificate of need  
35 approval to qualify for licensure as a nursing home unless the  
36 department determines such sale, lease, acquisition, or use is by a  
37 continuing care retirement community that meets the conditions of (a)  
38 of this subsection.



1 (6) A rural hospital, as defined by the department, reducing the  
2 number of licensed beds to become a rural primary care hospital under  
3 the provisions of Part A Title XVIII of the Social Security Act Section  
4 1820, 42 U.S.C., 1395c et seq. may, within three years of the reduction  
5 of beds licensed under chapter 70.41 RCW, increase the number of  
6 licensed beds to no more than the previously licensed number without  
7 being subject to the provisions of this chapter.

8 (7) A rural health care facility licensed under RCW 70.175.100  
9 formerly licensed as a hospital under chapter 70.41 RCW may, within  
10 three years of the effective date of the rural health care facility  
11 license, apply to the department for a hospital license and not be  
12 subject to the requirements of RCW 70.38.105(4)(a) as the construction,  
13 development, or other establishment of a new hospital, provided there  
14 is no increase in the number of beds previously licensed under chapter  
15 70.41 RCW and there is no redistribution in the number of beds used for  
16 acute care or long-term care, the rural health care facility has been  
17 in continuous operation, and the rural health care facility has not  
18 been purchased or leased.

19 (8)(a) A nursing home that voluntarily reduces the number of its  
20 licensed beds to provide assisted living, licensed assisted living  
21 facility care, adult day care, adult day health, respite care, hospice,  
22 outpatient therapy services, congregate meals, home health, or senior  
23 wellness clinic, or to reduce to one or two the number of beds per room  
24 or to otherwise enhance the quality of life for residents in the  
25 nursing home, may convert the original facility or portion of the  
26 facility back, and thereby increase the number of nursing home beds to  
27 no more than the previously licensed number of nursing home beds  
28 without obtaining a certificate of need under this chapter, provided  
29 the facility has been in continuous operation and has not been  
30 purchased or leased. Any conversion to the original licensed bed  
31 capacity, or to any portion thereof, shall comply with the same life  
32 and safety code requirements as existed at the time the nursing home  
33 voluntarily reduced its licensed beds; unless waivers from such  
34 requirements were issued, in which case the converted beds shall  
35 reflect the conditions or standards that then existed pursuant to the  
36 approved waivers.

37 (b) To convert beds back to nursing home beds under this  
38 subsection, the nursing home must:

1 (i) Give notice of its intent to preserve conversion options to the  
2 department of health no later than thirty days after the effective date  
3 of the license reduction; and

4 (ii) Give notice to the department of health and to the department  
5 of social and health services of the intent to convert beds back. If  
6 construction is required for the conversion of beds back, the notice of  
7 intent to convert beds back must be given, at a minimum, one year prior  
8 to the effective date of license modification reflecting the restored  
9 beds; otherwise, the notice must be given a minimum of ninety days  
10 prior to the effective date of license modification reflecting the  
11 restored beds. Prior to any license modification to convert beds back  
12 to nursing home beds under this section, the licensee must demonstrate  
13 that the nursing home meets the certificate of need exemption  
14 requirements of this section.

15 The term "construction," as used in (b)(ii) of this subsection, is  
16 limited to those projects that are expected to equal or exceed the  
17 expenditure minimum amount, as determined under this chapter.

18 (c) Conversion of beds back under this subsection must be completed  
19 no later than four years after the effective date of the license  
20 reduction. However, for good cause shown, the four-year period for  
21 conversion may be extended by the department of health for one  
22 additional four-year period.

23 (d) Nursing home beds that have been voluntarily reduced under this  
24 section shall be counted as available nursing home beds for the purpose  
25 of evaluating need under RCW 70.38.115(2) (a) and (k) so long as the  
26 facility retains the ability to convert them back to nursing home use  
27 under the terms of this section.

28 (e) When a building owner has secured an interest in the nursing  
29 home beds, which are intended to be voluntarily reduced by the licensee  
30 under (a) of this subsection, the applicant shall provide the  
31 department with a written statement indicating the building owner's  
32 approval of the bed reduction.

33 (9)(a) The department shall not require a certificate of need for  
34 a hospice agency if:

35 (i) The hospice agency is designed to serve the unique religious or  
36 cultural needs of a religious group or an ethnic minority and commits  
37 to furnishing hospice services in a manner specifically aimed at

1 meeting the unique religious or cultural needs of the religious group  
2 or ethnic minority;

3 (ii) The hospice agency is operated by an organization that:

4 (A) Operates a facility, or group of facilities, that offers a  
5 comprehensive continuum of long-term care services, including, at a  
6 minimum, a licensed, medicare-certified nursing home, assisted living,  
7 independent living, day health, and various community-based support  
8 services, designed to meet the unique social, cultural, and religious  
9 needs of a specific cultural and ethnic minority group;

10 (B) Has operated the facility or group of facilities for at least  
11 ten continuous years prior to the establishment of the hospice agency;

12 (iii) The hospice agency commits to coordinating with existing  
13 hospice programs in its community when appropriate;

14 (iv) The hospice agency has a census of no more than forty  
15 patients;

16 (v) The hospice agency commits to obtaining and maintaining  
17 medicare certification;

18 (vi) The hospice agency only serves patients located in the same  
19 county as the majority of the long-term care services offered by the  
20 organization that operates the agency; and

21 (vii) The hospice agency is not sold or transferred to another  
22 agency.

23 (b) The department shall include the patient census for an agency  
24 exempted under this subsection (9) in its calculations for future  
25 certificate of need applications.

26 (10) To alleviate the need to board psychiatric patients in  
27 emergency departments, for fiscal year 2015 the department shall  
28 suspend the certificate of need requirement for a hospital licensed  
29 under chapter 70.41 RCW that changes the use of licensed beds to  
30 increase the number of beds to provide psychiatric services, including  
31 involuntary treatment services. A certificate of need exemption under  
32 this section shall be valid for two years.

33 **Sec. 92.** RCW 18.205.040 and 2008 c 135 s 17 are each amended to  
34 read as follows:

35 (1) Except as provided in subsection (2) of this section, nothing  
36 in this chapter shall be construed to authorize the use of the title

1 "certified chemical dependency professional" or "certified chemical  
2 dependency professional trainee" when treating patients in settings  
3 other than programs approved under chapter 70.96A RCW.

4 (2) A person who holds a credential as a "certified chemical  
5 dependency professional" or a "certified chemical dependency  
6 professional trainee" may use such title when treating patients in  
7 settings other than programs approved under chapter 70.96A RCW if the  
8 person also holds a license as: An advanced registered nurse  
9 practitioner under chapter 18.79 RCW; a marriage and family therapist,  
10 mental health counselor, advanced social worker, or independent  
11 clinical social health worker under chapter 18.225 RCW; a psychologist  
12 under chapter 18.83 RCW; an osteopathic physician under chapter 18.57  
13 RCW; an osteopathic physician assistant under chapter 18.57A RCW; a  
14 physician under chapter 18.71 RCW; or a physician assistant under  
15 chapter 18.71A RCW.

16 **Sec. 93.** RCW 70.96A.350 and 2013 2nd sp.s. c 4 s 990 are each  
17 amended to read as follows:

18 (1) The criminal justice treatment account is created in the state  
19 treasury. Moneys in the account may be expended solely for: (a)  
20 Substance abuse treatment and treatment support services for offenders  
21 with an addiction or a substance abuse problem that, if not treated,  
22 would result in addiction, against whom charges are filed by a  
23 prosecuting attorney in Washington state; (b) the provision of drug and  
24 alcohol treatment services and treatment support services for  
25 nonviolent offenders within a drug court program; (c) the  
26 administrative and overhead costs associated with the operation of a  
27 drug court; and (d) during the 2011-2013 biennium, the legislature may  
28 appropriate up to three million dollars from the account in order to  
29 offset reductions in the state general fund for treatment services  
30 provided by counties. This amount is not subject to the requirements  
31 of subsections (5) through (9) of this section. During the 2013-2015  
32 fiscal biennium, the legislature may transfer from the criminal justice  
33 treatment account to the state general fund amounts as reflect the  
34 state savings associated with the implementation of the medicaid  
35 expansion of the federal affordable care act. Moneys in the account  
36 may be spent only after appropriation.

37 (2) For purposes of this section:

1 (a) "Treatment" means services that are critical to a participant's  
2 successful completion of his or her substance abuse treatment program,  
3 but does not include the following services: Housing other than that  
4 provided as part of an inpatient substance abuse treatment program,  
5 vocational training, and mental health counseling; and

6 (b) "Treatment support" means transportation to or from inpatient  
7 or outpatient treatment services when no viable alternative exists, and  
8 child care services that are necessary to ensure a participant's  
9 ability to attend outpatient treatment sessions.

10 (3) Revenues to the criminal justice treatment account consist of:  
11 (a) Funds transferred to the account pursuant to this section; and (b)  
12 any other revenues appropriated to or deposited in the account.

13 (4)(a) For the fiscal biennium beginning July 1, 2003, the state  
14 treasurer shall transfer eight million nine hundred fifty thousand  
15 dollars from the general fund into the criminal justice treatment  
16 account, divided into eight equal quarterly payments. For the fiscal  
17 year beginning July 1, 2005, and each subsequent fiscal year, the state  
18 treasurer shall transfer eight million two hundred fifty thousand  
19 dollars from the general fund to the criminal justice treatment  
20 account, divided into four equal quarterly payments. For the fiscal  
21 year beginning July 1, 2006, and each subsequent fiscal year, the  
22 amount transferred shall be increased on an annual basis by the  
23 implicit price deflator as published by the federal bureau of labor  
24 statistics.

25 (b) In each odd-numbered year, the legislature shall appropriate  
26 the amount transferred to the criminal justice treatment account in (a)  
27 of this subsection to the division of alcohol and substance abuse for  
28 the purposes of subsection (5) of this section.

29 (5) Moneys appropriated to the division of alcohol and substance  
30 abuse from the criminal justice treatment account shall be distributed  
31 as specified in this subsection. The department shall serve as the  
32 fiscal agent for purposes of distribution. Until July 1, 2004, the  
33 department may not use moneys appropriated from the criminal justice  
34 treatment account for administrative expenses and shall distribute all  
35 amounts appropriated under subsection (4)(b) of this section in  
36 accordance with this subsection. Beginning in July 1, 2004, the  
37 department may retain up to three percent of the amount appropriated  
38 under subsection (4)(b) of this section for its administrative costs.

1 (a) Seventy percent of amounts appropriated to the division from  
2 the account shall be distributed to counties pursuant to the  
3 distribution formula adopted under this section. The division of  
4 alcohol and substance abuse, in consultation with the department of  
5 corrections, the Washington state association of counties, the  
6 Washington state association of drug court professionals, the superior  
7 court judges' association, the Washington association of prosecuting  
8 attorneys, representatives of the criminal defense bar, representatives  
9 of substance abuse treatment providers, and any other person deemed by  
10 the division to be necessary, shall establish a fair and reasonable  
11 methodology for distribution to counties of moneys in the criminal  
12 justice treatment account. County or regional plans submitted for the  
13 expenditure of formula funds must be approved by the panel established  
14 in (b) of this subsection.

15 (b) Thirty percent of the amounts appropriated to the division from  
16 the account shall be distributed as grants for purposes of treating  
17 offenders against whom charges are filed by a county prosecuting  
18 attorney. The division shall appoint a panel of representatives from  
19 the Washington association of prosecuting attorneys, the Washington  
20 association of sheriffs and police chiefs, the superior court judges'  
21 association, the Washington state association of counties, the  
22 Washington defender's association or the Washington association of  
23 criminal defense lawyers, the department of corrections, the Washington  
24 state association of drug court professionals, substance abuse  
25 treatment providers, and the division. The panel shall review county  
26 or regional plans for funding under (a) of this subsection and grants  
27 approved under this subsection. The panel shall attempt to ensure that  
28 treatment as funded by the grants is available to offenders statewide.

29 (6) The county alcohol and drug coordinator, county prosecutor,  
30 county sheriff, county superior court, a substance abuse treatment  
31 provider appointed by the county legislative authority, a member of the  
32 criminal defense bar appointed by the county legislative authority,  
33 and, in counties with a drug court, a representative of the drug court  
34 shall jointly submit a plan, approved by the county legislative  
35 authority or authorities, to the panel established in subsection (5)(b)  
36 of this section, for disposition of all the funds provided from the  
37 criminal justice treatment account within that county. The funds shall  
38 be used solely to provide approved alcohol and substance abuse

1 treatment pursuant to RCW 70.96A.090, treatment support services, and  
2 for the administrative and overhead costs associated with the operation  
3 of a drug court.

4 (a) No more than ten percent of the total moneys received under  
5 subsections (4) and (5) of this section by a county or group of  
6 counties participating in a regional agreement shall be spent on the  
7 administrative and overhead costs associated with the operation of a  
8 drug court.

9 (b) No more than ten percent of the total moneys received under  
10 subsections (4) and (5) of this section by a county or group of  
11 counties participating in a regional agreement shall be spent for  
12 treatment support services.

13 (7) Counties are encouraged to consider regional agreements and  
14 submit regional plans for the efficient delivery of treatment under  
15 this section.

16 (8) Moneys allocated under this section shall be used to  
17 supplement, not supplant, other federal, state, and local funds used  
18 for substance abuse treatment.

19 (9) Counties must meet the criteria established in RCW  
20 2.28.170(3)(b).

21 (10) The authority under this section to use funds from the  
22 criminal justice treatment account for the administrative and overhead  
23 costs associated with the operation of a drug court expires June 30,  
24 2015.

25 (11) Expenditures from the criminal justice treatment account may  
26 only be used for the purposes set out in this section and does not  
27 include managed care purchasing for medicaid enrollees.

28 **Sec. 94.** RCW 70.320.020 and 2013 c 320 s 2 are each amended to  
29 read as follows:

30 (1) The authority and the department shall base contract  
31 performance measures developed under RCW 70.320.030 on the following  
32 outcomes when contracting with service contracting entities:  
33 Improvements in client health status and wellness; increases in client  
34 participation in meaningful activities; reductions in client  
35 involvement with criminal justice systems; reductions in avoidable  
36 costs in hospitals, emergency rooms, crisis services, and jails and

1 prisons; increases in stable housing in the community; improvements in  
2 client satisfaction with quality of life; and reductions in population-  
3 level health disparities.

4 (2) The performance measures must demonstrate the manner in which  
5 the following principles are achieved within each of the outcomes under  
6 subsection (1) of this section:

7 (a) Maximization of the use of evidence-based practices will be  
8 given priority over the use of research-based and promising practices,  
9 and research-based practices will be given priority over the use of  
10 promising practices. The agencies will develop strategies to identify  
11 programs that are effective with ethnically diverse clients and to  
12 consult with tribal governments, experts within ethnically diverse  
13 communities and community organizations that serve diverse communities;

14 (b) The maximization of the client's independence, recovery, and  
15 employment;

16 (c) The maximization of the client's participation in treatment  
17 decisions; and

18 (d) The collaboration between consumer-based support programs in  
19 providing services to the client.

20 (3) In developing performance measures under RCW 70.320.030, the  
21 authority and the department shall consider expected outcomes relevant  
22 to the general populations that each agency serves. The authority and  
23 the department may adapt the outcomes to account for the unique needs  
24 and characteristics of discrete subcategories of populations receiving  
25 services, including ethnically diverse communities.

26 (4) The authority and the department shall coordinate the  
27 establishment of the expected outcomes and the performance measures  
28 between each agency as well as each program to identify expected  
29 outcomes and performance measures that are common to the clients  
30 enrolled in multiple programs and to eliminate conflicting standards  
31 among the agencies and programs.

32 (5)(a) The authority and the department shall establish timelines  
33 and mechanisms for service contracting entities to report data related  
34 to performance measures and outcomes, including phased implementation  
35 of public reporting of outcome and performance measures in a form that  
36 allows for comparison of performance measures and levels of improvement  
37 between geographic regions of Washington.



