E2SHB 2639 - S COMM AMD

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By Committee on Human Services & Corrections

- 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.
 - (i) The president of the senate shall appoint one member from each of the two largest caucuses of the senate.
- 10 (ii) The speaker of the house of representatives shall appoint one 11 member from each of the two largest caucuses in the house of 12 representatives.
 - (iii) The governor shall appoint five members consisting of the secretary of the department of social and health services or the secretary's designee, the director of the health care authority or the director's designee, the director of the office of financial management or the director's designee, the secretary of the department of corrections or the secretary's designee, and a representative of the governor.
- 20 (iv) The Washington state association of counties shall appoint 21 three members.
- 22 <u>(v)</u> The governor shall request participation by a representative of tribal governments.
- 24 (b) The task force shall choose two cochairs from among its 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 Behavioral health service recipients and their families; local

- government; representatives of regional 1 support networks; 2 representatives of county coordinators; law enforcement; city and county jails; tribal representatives; behavioral health service 3 providers; housing providers; labor representatives; counties with 4 state hospitals; mental health advocates; public defenders with 5 6 involuntary mental health commitment or mental health court experience; medicaid managed care plan representatives; long-term care service 7 8 providers; the Washington state hospital association; and individuals 9 with expertise in evidence-based and research-based behavioral health service practices. Leadership of subcommittees formed by the task 10 11 force may be drawn from this body of invited participants.
 - (2) The task force shall undertake a systemwide review of the adult behavioral health system and make recommendations for reform concerning, but not limited to, the following:

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- (a) The means by which services are <u>purchased and</u> delivered for adults with mental illness and chemical dependency disorders <u>through</u> the department of social and health services and the health care authority, including:
- (i) Advice concerning the proposal for the creation of common regional service areas for purchasing behavioral health and medical care services by the department and the authority, taking into consideration any proposal submitted by the Washington state association of counties under section 2 of this act;
- (ii) Recommendations related to the design and requirements of future medicaid behavioral health and health care delivery systems and purchasing;
- (iii) Advice regarding state interactions with the federal centers for medicare and medicaid services regarding Washington state's method of purchasing medicaid mental health services, provided that the federal centers provide written guidance to Washington detailing their rationale for changing state purchasing; and
- (iv) Whether a statewide behavioral health ombuds office should be created;
- 34 (b) Availability of effective means to promote recovery and prevent 35 harm associated with mental illness;
- 36 (c) Crisis services, including boarding of mental health patients 37 outside of regularly certified treatment beds;

- 1 (d) Best practices for cross-system collaboration between 2 behavioral health treatment providers, medical care providers, long-3 term care service providers, entities providing health home services to 4 high-risk medicaid clients, law enforcement, and criminal justice 5 agencies; and
 - (e) Public safety practices involving persons with mental illness with forensic involvement.
 - (3) Staff support for the task force must be provided by the senate committee services and the house of representatives office of program research.
- 11 (4) Legislative members of the task force must be reimbursed for 12 travel expenses in accordance with RCW 44.04.120. Nonlegislative 13 members, except those representing an employer or organization, are 14 entitled to be reimbursed for travel expenses in accordance with RCW 15 43.03.050 and 43.03.060.
 - (5) The expenses of the task force must be paid jointly by the senate and house of representatives. Task force expenditures are subject to approval by the senate facilities and operations committee and the house of representatives executive rules committee, or their successor committees.
 - (6) The task force shall report its findings and recommendations to the governor and the appropriate committees of the legislature by January 1, 2015, except that recommendations under subsection (2)(a)(i) through (iii) of this section must be submitted to the governor by October 1, 2014.
 - (7) This section expires June 1, 2015.

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- NEW SECTION. Sec. 2. A new section is added to chapter 71.24 RCW to read as follows:
- (1) If establishment of regional service areas is recommended by the adult behavioral health system task force established in section 1, chapter 338, Laws of 2013, the department and the health care authority may jointly establish regional service areas by March 1, 2015, or at an earlier date agreed to by the department, the health care authority, and the Washington association of counties, as provided in this section.
 - (2) Counties, through the Washington state association of counties,

1 must be given the opportunity to propose the composition of regional 2 service areas. Each service area must:

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- (a) Include a sufficient number of medicaid lives to support full financial risk managed care contracting for services included in contracts with the department or the health care authority;
 - (b) Include full counties that are contiguous with one another; and
- (c) Reflect natural medical and behavioral health service referral patterns and shared clinical, health care service, behavioral health service, and behavioral health crisis response resources.
- 10 (3) The Washington state association of counties may submit its 11 recommendations to the department, the health care authority, and the 12 task force described in section 1 of this act on or before September 1, 13 2014.
- NEW SECTION. Sec. 3. A new section is added to chapter 43.20A RCW to read as follows:
- (1) Any agreement or contract by the department or the health care authority to provide behavioral health services as defined under RCW 71.24.025 to persons eligible for benefits under medicaid, Title XIX of the social security act, and to persons not eligible for medicaid must include the following:
- 21 (a) Contractual provisions consistent with the intent expressed in 22 RCW 71.24.015, 71.36.005, 70.96A.010, and 70.96A.011;
 - (b) Standards regarding the quality of services to be provided, including increased use of evidence-based, research-based, and promising practices, as defined in RCW 71.24.025;
 - (c) Accountability for the client outcomes established in RCW 43.20A.895 and 71.36.025 and performance measures linked to those outcomes;
 - (d) Standards requiring regional support networks to maintain a network of appropriate providers that is supported by written agreements sufficient to provide adequate access to all services covered under the contract with the department or the health care authority and to protect essential existing behavioral health system infrastructure and capacity;
- 35 (e) Standards requiring the use of behavioral health service 36 provider reimbursement methods that incentivize improved performance 37 with respect to the client outcomes established in RCW 43.20A.895 and

71.36.025, integration of behavioral health and primary care services at the clinical level, and improved care coordination for individuals with complex care needs;

- (f) Standards related to the financial integrity of the responding organization. The department shall adopt rules establishing the solvency requirements and other financial integrity standards for regional support networks. This subsection does not limit the authority of the department to take action under a contract upon finding that a regional support network's financial status seriously jeopardizes the organization's ability to meet its contractual obligations;
- (g) Mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, receivership, and reprocurement of the contract;
- (h) Provisions to maintain the decision-making independence of designated mental health professionals; and
- (i) Provisions stating that public funds appropriated by the legislature may not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.
- 23 (2) The following factors must be given significant weight in any purchasing process:
 - (a) Demonstrated commitment and experience in serving low-income populations;
 - (b) Demonstrated commitment and experience serving persons who have severe mental illness or chemical dependency;
 - (c) Demonstrated commitment to and experience with partnerships with county and municipal criminal justice systems, housing services, and other critical support services necessary to achieve the outcomes established in RCW 43.20A.895 and 71.36.025;
 - (d) Recognition that meeting enrollees' physical and behavioral health care needs is a shared responsibility of contracted regional support networks, managed health care systems, service providers, the state, and communities, and that the delivery of better integrated, person-centered care requires the full spectrum of an individual's health care needs be addressed;

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

- (f) The ability to meet requirements established by the department.
- (3) For purposes of purchasing behavioral health services and medical care services for persons eligible for benefits under medicaid, Title XIX of the social security act and for persons not eligible for medicaid, the department and the health care authority must use common regional service areas. The regional service areas must be established by the department and the health care authority as provided in section 2 of this act.
- 12 (4) Consideration must be given to using multiple-year contracting periods.
- **Sec. 4.** RCW 71.24.015 and 2005 c 503 s 1 are each amended to read 15 as follows:

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

(1) Access to mental health services for adults ((of the state who are acutely mentally ill, chronically mentally ill,)) with acute mental illness, chronic mental illness, or who are seriously disturbed and children ((of the state who are acutely mentally ill)) with acute mental illness, or who are severely emotionally disturbed, or seriously disturbed, which services recognize the special needs of underserved populations, including minorities, children, the elderly, ((disabled)) individuals with disabilities, and low-income persons. Access to mental health services shall not be limited by a person's history of confinement in a state, federal, or local correctional facility. It is also the purpose of this chapter to promote the early identification of ((mentally ill)) children with mental illness and to ensure that they receive the mental health care and treatment which is appropriate to their developmental level. This care should improve home, school, and community functioning, maintain children in a safe and nurturing home

- environment, and should enable treatment decisions to be made in response to clinical needs in accordance with sound professional judgment while also recognizing parents' rights to participate in treatment decisions for their children;
 - (2) The involvement of persons with mental illness, their family members, and advocates in designing and implementing mental health services that reduce unnecessary hospitalization and incarceration and promote the recovery and employment of persons with mental illness. To improve the quality of services available and promote the rehabilitation, recovery, and reintegration of persons with mental illness, consumer and advocate participation in mental health services is an integral part of the community mental health system and shall be supported;
 - (3) Accountability of efficient and effective services through state-of-the-art outcome and performance measures and statewide standards for monitoring client and system outcomes, performance, and reporting of client and system outcome information. These processes shall be designed so as to maximize the use of available resources for direct care of people with a mental illness and to assure uniform data collection across the state;
 - (4) Minimum service delivery standards;

- (5) Priorities for the use of available resources for the care of ((the mentally ill)) individuals with mental illness consistent with the priorities defined in the statute;
- (6) Coordination of services within the department, including those divisions within the department that provide services to children, between the department and the office of the superintendent of public instruction, and among state mental hospitals, county authorities, regional support networks, community mental health services, and other support services, which shall to the maximum extent feasible also include the families of ((the mentally ill)) individuals with mental illness, and other service providers; and
- (7) Coordination of services aimed at reducing duplication in service delivery and promoting complementary services among all entities that provide mental health services to adults and children.

It is the policy of the state to encourage the provision of a full range of treatment and rehabilitation services in the state for mental disorders including services operated by consumers and advocates. The

legislature intends to encourage the development of regional mental 1 2 health services with adequate local flexibility to assure eligible people in need of care access to the least-restrictive treatment 3 4 alternative appropriate to their needs, and the availability of treatment components to assure continuity of care. 5 To this end, 6 counties ((are encouraged to)) <u>must</u> enter into joint operating agreements with other counties to form regional systems of care that 7 are consistent with the regional service areas established under 8 9 section 2 of this act. Regional systems of care, whether operated by 10 a county, group of counties, or another entity shall integrate planning, administration, and service delivery duties under chapters 11 12 71.05 and 71.24 RCW to consolidate administration, reduce 13 administrative layering, and reduce administrative costs. The legislature hereby finds and declares that sound fiscal management 14 requires vigilance to ensure that funds appropriated by the legislature 15 for the provision of needed community mental health programs and 16 17 services are ultimately expended solely for the purpose for which they 18 were appropriated, and not for any other purpose.

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

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- Sec. 5. RCW 71.24.016 and 2006 c 333 s 102 are each amended to read as follows:
- (1) The legislature intends that eastern and western state hospitals shall operate as clinical centers for handling the most complicated long-term care needs of patients with a primary diagnosis of mental disorder. It is further the intent of the legislature that the community mental health service delivery system focus on maintaining ((mentally ill)) individuals with mental illness in the community. The program shall be evaluated and managed through a limited number of outcome and performance measures ((designed to hold each regional support network accountable for program success)), as provided in RCW 43.20A.895 and 71.36.025.
- 36 (2) The legislature intends to address the needs of people with 37 mental disorders with a targeted, coordinated, and comprehensive set of

- 1 evidence-based practices that are effective in serving individuals in
- 2 their community and will reduce the need for placements in state mental
- 3 hospitals. The legislature further intends to explicitly hold regional
- 4 support networks accountable for serving people with mental disorders
- 5 within <u>the boundaries of</u> their ((geographic boundaries)) <u>procurement</u>
- 6 <u>regions</u> and for not exceeding their allocation of state hospital beds.
- 7 Within funds appropriated by the legislature for this purpose, regional
- 8 support networks shall develop the means to serve the needs of people
- 9 with mental disorders within ((their geographic)) the boundaries of
- 10 their procurement region. Elements of the program may include:
 - (a) Crisis ((triage)) diversion services;
- 12 (b) Evaluation and treatment and community hospital beds;
- 13 (c) Residential beds;

- (d) Programs for community treatment teams; ((and))
- (e) Outpatient services:
- (f) Peer support services;
- 17 <u>(g) Community support services;</u>
- 18 (h) Resource management services; and
- 19 (i) Supported housing and supported employment services.
- 20 (3) The regional support network shall have the flexibility, within
- 21 the funds appropriated by the legislature for this purpose <u>and the</u>
- 22 <u>terms of their contract</u>, to design the mix of services that will be
- 23 most effective within their service area of meeting the needs of people
- 24 with mental disorders and avoiding placement of such individuals at the
- 25 state mental hospital. Regional support networks are encouraged to
- 26 maximize the use of evidence-based practices and alternative resources
- 27 with the goal of substantially reducing and potentially eliminating the
- 28 use of institutions for mental diseases.
- 29 **Sec. 6.** RCW 71.24.025 and 2013 c 338 s 5 are each amended to read 30 as follows:
- 31 Unless the context clearly requires otherwise, the definitions in 32 this section apply throughout this chapter.
- 33 (1) "Acutely mentally ill" means a condition which is limited to a 34 short-term severe crisis episode of:
- 35 (a) A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;

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

- (c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.
- (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.
- (3) "Behavioral health services" means mental health services as described in this chapter and chemical dependency treatment services as described in chapter 70.96A RCW.
 - (4) "Child" means a person under the age of eighteen years.
- $((\frac{4}{1}))$ (5) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:
- (a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or
- (b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
- (c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.
- $((\frac{5}{}))$ $(\frac{6}{})$ "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.
- $((\frac{(6)}{(6)}))$ <u>(7)</u> "Community mental health program" means all mental health services, activities, or programs using available resources.
- $((\frac{7}{}))$ (8) "Community mental health service delivery system" means

public or private agencies that provide services specifically to persons with mental disorders as defined under RCW 71.05.020 and receive funding from public sources.

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

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

 $((\frac{10}{10}))$ (11) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.

 $((\frac{11}{11}))$ <u>(12)</u> "Department" means the department of social and health services.

 $((\frac{12}{12}))$ <u>(13)</u> "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

 $((\frac{13}{13}))$ $\underline{(14)}$ "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the

evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (((14))) (15) of this section.

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

((\(\frac{(15)}{15}\))) (16) "Licensed service provider" means an entity licensed according to this chapter or chapter 71.05 RCW or an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, that meets state minimum standards or persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

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

 $((\frac{17}{17}))$ (18) "Mental health services" means all services provided by regional support networks and other services provided by the state for persons who are mentally ill.

 $((\frac{(18)}{(19)}))$ "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), $((\frac{(4)}{(27)}, \frac{(28)}{(28)}))$ (5), (28), and (29) of this section.

 $((\frac{(19)}{(19)}))$ "Recovery" means the process in which people are able to live, work, learn, and participate fully in their communities.

 $((\frac{20}{10}))$ (21) "Regional support network" means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined $(\frac{20}{10})$ regional service area.

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(((21))) (22) "Registration records" include all the records of the department, regional support networks, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

 $((\frac{22}{2}))$ (23) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection $((\frac{14}{2}))$ (15) of this section but does not meet the full criteria for evidence-based.

 $((\frac{23}{23}))$ (24) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the regional support network to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

 $((\frac{24}{1}))$ <u>(25)</u> "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.

 $((\frac{25}{1}))$ (26) "Resource management services" mean the planning, coordination, and authorization of residential services and community

- support services administered pursuant to an individual service plan 1 2 for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely 3 emotionally disturbed; or (d) adults who are seriously disturbed and 4 determined solely by a regional support network to be at risk of 5 becoming acutely or chronically mentally ill. Such planning, 6 7 coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic 8 screening, diagnosis, and treatment program. Resource management 9 10 services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are 11 12 mentally ill in services and their individual service plan to 13 designated mental health professionals, evaluation and treatment facilities, and others as determined by the regional support network. 14
- 15 $((\frac{(26)}{(26)}))$ "Secretary" means the secretary of social and health services.

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- $((\frac{27}{27}))$ (28) "Seriously disturbed person" means a person who:
- (a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;
- (b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;
- (c) Has a mental disorder which causes major impairment in several areas of daily living;
 - (d) Exhibits suicidal preoccupation or attempts; or
- (e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.
- (((28))) (29) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the regional support network to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is

- clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
- 3 (a) Has undergone inpatient treatment or placement outside of the 4 home related to a mental disorder within the last two years;
- 5 (b) Has undergone involuntary treatment under chapter 71.34 RCW 6 within the last two years;
 - (c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;
 - (d) Is at risk of escalating maladjustment due to:
- 11 (i) Chronic family dysfunction involving a caretaker who is 12 mentally ill or inadequate;
 - (ii) Changes in custodial adult;
- (iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
 - (iv) Subject to repeated physical abuse or neglect;
 - (v) Drug or alcohol abuse; or
- 20 (vi) Homelessness.

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- ((\(\frac{(29\)}{29\)})) (30) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.
- ((\(\frac{(30)}{)}\)) (31) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not available to others.
- 35 (((31))) <u>(32)</u> "Tribal authority," for the purposes of this section 36 and RCW 71.24.300 only, means: The federally recognized Indian tribes 37 and the major Indian organizations recognized by the secretary insofar

- as these organizations do not have a financial relationship with any regional support network that would present a conflict of interest.
- **Sec. 7.** RCW 71.24.035 and 2013 c 200 s 24 are each amended to read 4 as follows:
 - (1) The department is designated as the state mental health authority.
 - (2) The secretary shall provide for public, client, and licensed service provider participation in developing the state mental health program, developing contracts with regional support networks, and any waiver request to the federal government under medicaid.
 - (3) The secretary shall provide for participation in developing the state mental health program for children and other underserved populations, by including representatives on any committee established to provide oversight to the state mental health program.
 - (4) The secretary shall be designated as the regional support network if the regional support network fails to meet state minimum standards or refuses to exercise responsibilities under RCW 71.24.045, until such time as a new regional support network is designated under RCW 71.24.320.
 - (5) The secretary shall:

- (a) Develop a biennial state mental health program that incorporates regional biennial needs assessments and regional mental health service plans and state services for adults and children with mental illness((. The secretary shall also develop a six-year state mental health plan));
- (b) Assure that any regional <u>support network</u> or county community mental health program provides ((access to treatment for the region's residents, including parents who are respondents in dependency cases, in the following order of priority: (i) Persons with acute mental illness; (ii) adults with chronic mental illness and children who are severely emotionally disturbed; and (iii) persons who are seriously disturbed. Such programs shall provide:
 - (A) Outpatient services;
- 34 (B) Emergency care services for twenty-four hours per day;
- 35 (C) Day treatment for persons with mental illness which includes 36 training in basic living and social skills, supported work, vocational 37 rehabilitation, and day activities. Such services may include

therapeutic treatment. In the case of a child, day treatment includes age appropriate basic living and social skills, educational and prevocational services, day activities, and therapeutic treatment;

- (D) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of admission;
- (E) Employment services, which may include supported employment, transitional work, placement in competitive employment, and other work-related services, that result in persons with mental illness becoming engaged in meaningful and gainful full or part-time work. Other sources of funding such as the division of vocational rehabilitation may be utilized by the secretary to maximize federal funding and provide for integration of services;
 - (F) Consultation and education services; and

- (G) Community support services)) medically necessary services to medicaid recipients consistent with the state's medicaid state plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;
- (c) Develop and adopt rules establishing state minimum standards for the delivery of mental health services pursuant to RCW 71.24.037 including, but not limited to:
- (i) Licensed service providers. These rules shall permit a county-operated mental health program to be licensed as a service provider subject to compliance with applicable statutes and rules. The secretary shall provide for deeming of compliance with state minimum standards for those entities accredited by recognized behavioral health accrediting bodies recognized and having a current agreement with the department;
 - (ii) Regional support networks; and
- (iii) Inpatient services, evaluation and treatment services and facilities under chapter 71.05 RCW, resource management services, and community support services;
- (d) Assure that the special needs of persons who are minorities, elderly, disabled, children, low-income, and parents who are respondents in dependency cases are met within the priorities established in this section;
- (e) Establish a standard contract or contracts, consistent with state minimum standards, RCW 71.24.320 and 71.24.330, which shall be used in contracting with regional support networks. The standard

contract shall include a maximum fund balance, which shall be consistent with that required by federal regulations or waiver stipulations;

- (f) Establish, to the extent possible, a standardized auditing procedure which is designed to assure compliance with contractual agreements authorized by this chapter and minimizes paperwork requirements of regional support networks and licensed service providers. The audit procedure shall focus on the outcomes of service ((and not the processes for accomplishing them)) as provided in RCW 43.20A.895 and 71.36.025;
- (g) Develop and maintain an information system to be used by the state and regional support networks that includes a tracking method which allows the department and regional support networks to identify mental health clients' participation in any mental health service or public program on an immediate basis. The information system shall not include individual patient's case history files. Confidentiality of client information and records shall be maintained as provided in this chapter and chapter 70.02 RCW;
 - (h) License service providers who meet state minimum standards;
- (i) ((Certify regional support networks that meet state minimum standards;
- (j))) Periodically monitor the compliance of certified regional support networks and their network of licensed service providers for compliance with the contract between the department, the regional support network, and federal and state rules at reasonable times and in a reasonable manner;
- $((\frac{k}{k}))$ <u>(j)</u> Fix fees to be paid by evaluation and treatment centers to the secretary for the required inspections;
 - $((\frac{1}{2}))$ <u>(k)</u> Monitor and audit regional support networks and licensed service providers as needed to assure compliance with contractual agreements authorized by this chapter;
- $((\frac{m}{m}))$ <u>(1)</u> Adopt such rules as are necessary to implement the department's responsibilities under this chapter;
- (((n))) <u>(m)</u> Assure the availability of an appropriate amount, as determined by the legislature in the operating budget by amounts appropriated for this specific purpose, of community-based, geographically distributed residential services;

(((++++))) (n) Certify crisis stabilization units that meet state 2 minimum standards;

- $((\frac{p}{p}))$ (o) Certify clubhouses that meet state minimum standards; and
 - $((\frac{q}{q}))$ (p) Certify triage facilities that meet state minimum standards.
 - (6) The secretary shall use available resources only for regional support networks, except:
 - (a) To the extent authorized, and in accordance with any priorities or conditions specified, in the biennial appropriations act; or
 - (b) To incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895 and 71.36.025, integration of behavioral health and primary care services at the clinical level, and improved care coordination for individuals with complex care needs.
 - (7) Each certified regional support network and licensed service provider shall file with the secretary, on request, such data, statistics, schedules, and information as the secretary reasonably requires. A certified regional support network or licensed service provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent reports thereof, may have its certification or license revoked or suspended.
 - (8) The secretary may suspend, revoke, limit, or restrict a certification or license, or refuse to grant a certification or license for failure to conform to: (a) The law; (b) applicable rules and regulations; (c) applicable standards; or (d) state minimum standards.
 - (9) The superior court may restrain any regional support network or service provider from operating without certification or a license or any other violation of this section. The court may also review, pursuant to procedures contained in chapter 34.05 RCW, any denial, suspension, limitation, restriction, or revocation of certification or license, and grant other relief required to enforce the provisions of this chapter.
 - (10) Upon petition by the secretary, and after hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the secretary authorizing him or her to enter at reasonable times, and examine the records, books, and

accounts of any regional support network or service provider refusing to consent to inspection or examination by the authority.

- (11) Notwithstanding the existence or pursuit of any other remedy, the secretary may file an action for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, or operation of a regional support network or service provider without certification or a license under this chapter.
- (12) The standards for certification of evaluation and treatment facilities shall include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall otherwise assure the effectuation of the purposes of these chapters.
- (13) The standards for certification of crisis stabilization units shall include standards that:
- (a) Permit location of the units at a jail facility if the unit is physically separate from the general population of the jail;
 - (b) Require administration of the unit by mental health professionals who direct the stabilization and rehabilitation efforts; and
 - (c) Provide an environment affording security appropriate with the alleged criminal behavior and necessary to protect the public safety.
 - (14) The standards for certification of a clubhouse shall at a minimum include:
 - (a) The facilities may be peer-operated and must be recovery-focused;
 - (b) Members and employees must work together;
 - (c) Members must have the opportunity to participate in all the work of the clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, advocacy, and evaluation of clubhouse effectiveness;
 - (d) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;
- (e) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;

- (f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;
 - (g) Clubhouse programs must focus on strengths, talents, and abilities of its members;
 - (h) The work-ordered day may not include medication clinics, day treatment, or other therapy programs within the clubhouse.
 - (15) The department shall distribute appropriated state and federal funds in accordance with any priorities, terms, or conditions specified in the appropriations act.
 - (16) The secretary shall assume all duties assigned to the nonparticipating regional support networks under chapters 71.05 and 71.34 RCW and this chapter. Such responsibilities shall include those which would have been assigned to the nonparticipating counties in regions where there are not participating regional support networks.

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

(17) The secretary shall:

- (a) Disburse funds for the regional support networks within sixty days of approval of the biennial contract. The department must either approve or reject the biennial contract within sixty days of receipt.
- (b) Enter into biennial contracts with regional support networks. The contracts shall be consistent with available resources. No contract shall be approved that does not include progress toward meeting the goals of this chapter by taking responsibility for: (i) Short-term commitments; (ii) residential care; and (iii) emergency response systems.
- (c) Notify regional support networks of their allocation of available resources at least sixty days prior to the start of a new biennial contract period.
- (d) Deny all or part of the funding allocations to regional support networks based solely upon formal findings of noncompliance with the terms of the regional support network's contract with the department.

- Regional support networks disputing the decision of the secretary to withhold funding allocations are limited to the remedies provided in the department's contracts with the regional support networks.
 - (18) The department, in cooperation with the state congressional delegation, shall actively seek waivers of federal requirements and such modifications of federal regulations as are necessary to allow federal medicaid reimbursement for services provided by freestanding evaluation and treatment facilities certified under chapter 71.05 RCW. The department shall periodically report its efforts to the appropriate committees of the senate and the house of representatives.
- **Sec. 8.** RCW 71.24.045 and 2006 c 333 s 105 are each amended to read as follows:

The regional support network shall:

- (1) Contract as needed with licensed service providers. The regional support network may, in the absence of a licensed service provider entity, become a licensed service provider entity pursuant to minimum standards required for licensing by the department for the purpose of providing services not available from licensed service providers;
- (2) Operate as a licensed service provider if it deems that doing so is more efficient and cost effective than contracting for services. When doing so, the regional support network shall comply with rules promulgated by the secretary that shall provide measurements to determine when a regional support network provided service is more efficient and cost effective;
- (3) Monitor and perform biennial fiscal audits of licensed service providers who have contracted with the regional support network to provide services required by this chapter. The monitoring and audits shall be performed by means of a formal process which insures that the licensed service providers and professionals designated in this subsection meet the terms of their contracts;
- (4) Assure that the special needs of minorities, the elderly, ((disabled)) individuals with disabilities, children, and low-income persons are met within the priorities established in this chapter;
- 35 (5) Maintain patient tracking information in a central location as 36 required for resource management services and the department's 37 information system;

1 (6) Collaborate to ensure that policies do not result in an adverse 2 shift of ((mentally ill)) persons with mental illness into state and 3 local correctional facilities;

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- (7) Work with the department to expedite the enrollment or reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases;
- (8) ((If a regional support network is not operated by the county,)) Work closely with the county designated mental health professional or county designated crisis responder to maximize appropriate placement of persons into community services; and
- (9) Coordinate services for individuals who have received services through the community mental health system and who become patients at a state mental hospital to ensure they are transitioned into the community in accordance with mutually agreed upon discharge plans and upon determination by the medical director of the state mental hospital that they no longer need intensive inpatient care.
- 17 **Sec. 9.** RCW 71.24.100 and 2012 c 117 s 442 are each amended to 18 read as follows:

A county authority or a group of county authorities may enter into a joint operating agreement to form a regional support network whose boundaries are consistent with the regional service areas established under section 2 of this act. Any agreement between two or more county authorities for the establishment of a regional support network shall provide:

- 25 (1) That each county shall bear a share of the cost of mental 26 health services; and
- 27 (2) That the treasurer of one participating county shall be the 28 custodian of funds made available for the purposes of such mental 29 health services, and that the treasurer may make payments from such 30 funds upon audit by the appropriate auditing officer of the county for 31 which he or she is treasurer.
- 32 **Sec. 10.** RCW 71.24.110 and 1999 c 10 s 7 are each amended to read 33 as follows:
- An agreement ((for the establishment of a community mental health

 program)) to contract with the state to operate a regional support

 network under RCW 71.24.100 may also provide:

- 1 (1) For the joint supervision or operation of services and 2 facilities, or for the supervision or operation of service and 3 facilities by one participating county under contract for the other 4 participating counties; and
- 5 (2) For such other matters as are necessary or proper to effectuate 6 the purposes of this chapter.
- 7 **Sec. 11.** RCW 71.24.340 and 2005 c 503 s 13 are each amended to 8 read as follows:
- The secretary shall require the regional support networks to develop ((interlocal agreements pursuant to RCW 74.09.555. To this end, the regional support networks shall)) agreements with city and county jails to accept referrals for enrollment on behalf of a confined person, prior to the person's release.
- 14 **Sec. 12.** RCW 71.24.420 and 2001 c 323 s 2 are each amended to read 15 as follows:
- The department shall operate the community mental health service delivery system authorized under this chapter within the following constraints:

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- (1) The full amount of federal funds for mental health services, plus qualifying state expenditures as appropriated in the biennial operating budget, shall be appropriated to the department each year in the biennial appropriations act to carry out the provisions of the community mental health service delivery system authorized in this chapter.
- (2) The department may expend funds defined in subsection (1) of this section in any manner that will effectively accomplish the outcome measures ((defined in section 5 of this act)) established in RCW 43.20A.895 and 71.36.025 and performance measures linked to those outcomes.
- 30 (3) The department shall implement strategies that accomplish the 31 outcome measures ((identified in section 5 of this act that are within 32 the funding constraints in this section)) established in RCW 43.20A.895 and 71.36.025 and performance measures linked to those outcomes.
- 34 (4) The department shall monitor expenditures against the 35 appropriation levels provided for in subsection (1) of this section.

Sec. 13. RCW 70.96A.020 and 2001 c 13 s 1 are each amended to read 2 as follows:

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

- 6 (1) "Alcoholic" means a person who suffers from the disease of alcoholism.
 - (2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
 - (3) "Approved treatment program" means a discrete program of chemical dependency treatment provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.
 - (4) "Behavioral health services" means mental health services as described in chapter 71.24 RCW and chemical dependency treatment services as described in this chapter.
 - (5) "Chemical dependency" means: (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol and one or more other psychoactive chemicals, as the context requires.
 - $((\frac{5}{}))$ <u>(6)</u> "Chemical dependency program" means expenditures and activities of the department designed and conducted to prevent or treat alcoholism and other drug addiction, including reasonable administration and overhead.
- $((\frac{(6)}{(6)}))$ "Department" means the department of social and health services.
 - (((7))) <u>(8)</u> "Designated chemical dependency specialist" or "specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
- $((\frac{8}{}))$ <u>(9)</u> "Director" means the person administering the chemical dependency program within the department.
- (((+9))) (10) "Drug addict" means a person who suffers from the 37 disease of drug addiction.

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

 $((\frac{11}{11}))$ <u>(12)</u> "Emergency service patrol" means a patrol established under RCW 70.96A.170.

 $((\frac{12}{12}))$ (13) "Gravely disabled by alcohol or other psychoactive chemicals" or "gravely disabled" means that a person, as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.

 $((\frac{13}{13}))$ (14) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, or a long-term alcoholism or drug treatment facility, or in confinement.

 $((\frac{14}{1}))$ (15) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.

 $((\frac{15}{15}))$ <u>(16)</u> "Incompetent person" means a person who has been adjudged incompetent by the superior court.

 $((\frac{16}{10}))$ "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

 $((\frac{17}{17}))$ <u>(18)</u> "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

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

37 (a) A substantial risk that: (i) Physical harm will be inflicted 38 by an individual upon his or her own person, as evidenced by threats or

- attempts to commit suicide or inflict physical harm on one's self; (ii)
 physical harm will be inflicted by an individual upon another, as
 evidenced by behavior that has caused the harm or that places another
 person or persons in reasonable fear of sustaining the harm; or (iii)
 physical harm will be inflicted by an individual upon the property of
 others, as evidenced by behavior that has caused substantial loss or
 damage to the property of others; or
 - (b) The individual has threatened the physical safety of another and has a history of one or more violent acts.

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- (((19))) <u>(20)</u> "Medical necessity" for inpatient care of a minor means a requested certified inpatient service that is reasonably calculated to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the worsening of chemical dependency conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.
- 18 $((\frac{(20)}{(20)}))$ "Minor" means a person less than $(\frac{eighteen}{(20)})$ nineteen years of age.
- $((\frac{(21)}{(21)}))$ <u>(22)</u> "Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or guardian.
 - $((\frac{22}{2}))$ <u>(23)</u> "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.
 - $((\frac{(23)}{(24)}))$ <u>(24)</u> "Person" means an individual, including a minor.
 - $((\frac{24}{1}))$ <u>(25)</u> "Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.
- (((25))) (26) "Regional support network" means a county authority, group of county authorities, or other entity recognized by the secretary in a defined regional service area.
- 36 (27) "Secretary" means the secretary of the department of social and health services.

- $((\frac{26}{26}))$ (28) "Treatment" means the broad range of emergency, 1 2 detoxification, residential, and outpatient services and care, including diagnostic evaluation, chemical dependency education and 3 4 counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be 5 extended to alcoholics and other drug addicts and their families, 6 7 persons incapacitated by alcohol or other psychoactive chemicals, and 8 intoxicated persons.
- 9 (((27))) <u>(29)</u> "Treatment program" means an organization, 10 institution, or corporation, public or private, engaged in the care, 11 treatment, or rehabilitation of alcoholics or other drug addicts.
- $((\frac{(28)}{)})$ <u>(30)</u> "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.
- 15 **Sec. 14.** RCW 70.96A.040 and 1989 c 270 s 5 are each amended to read as follows:
- The department, in the operation of the chemical dependency program may:
- 19 (1) Plan, establish, and maintain prevention and treatment programs 20 as necessary or desirable;

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- (2) Make contracts necessary or incidental to the performance of its duties and the execution of its powers, including contracts for behavioral health services, contracts entered into under RCW 74.09.522, or contracts with public and private agencies, organizations, and individuals to pay them for services rendered or furnished to alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, or intoxicated persons;
- (3) Enter into agreements for monitoring of verification of qualifications of counselors employed by approved treatment programs;
- (4) Adopt rules under chapter 34.05 RCW to carry out the provisions and purposes of this chapter and contract, cooperate, and coordinate with other public or private agencies or individuals for those purposes;
- 34 (5) Solicit and accept for use any gift of money or property made 35 by will or otherwise, and any grant of money, services, or property 36 from the federal government, the state, or any political subdivision

- thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant;
 - (6) Administer or supervise the administration of the provisions relating to alcoholics, other drug addicts, and intoxicated persons of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation;
 - (7) Coordinate its activities and cooperate with chemical dependency programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this and other states for the treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and for the common advancement of chemical dependency programs;
- 15 (8) Keep records and engage in research and the gathering of relevant statistics;
- 17 (9) Do other acts and things necessary or convenient to execute the authority expressly granted to it;
- 19 (10) Acquire, hold, or dispose of real property or any interest 20 therein, and construct, lease, or otherwise provide treatment programs.
- 21 **Sec. 15.** RCW 70.96A.050 and 2001 c 13 s 2 are each amended to read 22 as follows:

The department shall:

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- (1) Develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and other drug addiction, treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons in cooperation with public and private agencies, organizations, and individuals and provide technical assistance and consultation services for these purposes;
- 31 (2) Assure that any regional support network contract for 32 behavioral health services or program for the treatment of persons with 33 alcohol or drug use disorders provides medically necessary services to 34 medicaid recipients consistent with the state's medicaid plan or 35 federal waiver authorities, and nonmedicaid services consistent with 36 priorities established by the department;

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

- $((\frac{3}{3}))$ (4) Cooperate with public and private agencies in establishing and conducting programs to provide treatment for alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons who are clients of the correctional system;
- ((+4)) (5) Cooperate with the superintendent of public instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of alcoholism and other drug addiction, treatment of alcoholics or other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and preparing curriculum materials thereon for use at all levels of school education;
- (((5))) <u>(6)</u> Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and other psychoactive chemicals and the consequences of their use;
- (((6))) <u>(7)</u> Develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, which program shall include the dissemination of information concerning the nature and effects of alcohol and other psychoactive chemicals, the consequences of their use, the principles of recovery, and HIV and AIDS;
- ((+7)) (8) Organize and foster training programs for persons engaged in treatment of alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;
- ((+8+)) (9) Sponsor and encourage research into the causes and nature of alcoholism and other drug addiction, treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and serve as a

1 clearinghouse for information relating to alcoholism or other drug 2 addiction;

- (((9))) <u>(10)</u> Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;
 - $((\frac{10}{10}))$ (11) Advise the governor in the preparation of a comprehensive plan for treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons for inclusion in the state's comprehensive health plan;
 - (((11))) <u>(12)</u> Review all state health, welfare, and treatment plans to be submitted for federal funding under federal legislation, and advise the governor on provisions to be included relating to alcoholism and other drug addiction, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;
 - $((\frac{(12)}{(12)}))$ (13) Assist in the development of, and cooperate with, programs for alcohol and other psychoactive chemical education and treatment for employees of state and local governments and businesses and industries in the state;
- $((\frac{13}{13}))$ (14) Use the support and assistance of interested persons in the community to encourage alcoholics and other drug addicts voluntarily to undergo treatment;
 - $((\frac{14}{1}))$ (15) Cooperate with public and private agencies in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;
 - (((15))) (16) Encourage general hospitals and other appropriate health facilities to admit without discrimination alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and to provide them with adequate and appropriate treatment;
- $((\frac{(16)}{(16)}))$ <u>(17)</u> Encourage all health and disability insurance programs to include alcoholism and other drug addiction as a covered illness; and
- $((\frac{17}{17}))$ (18) Organize and sponsor a statewide program to help court personnel, including judges, better understand the disease of

- alcoholism and other drug addiction and the uses of chemical dependency treatment programs.
- 3 **Sec. 16.** RCW 70.96A.080 and 1989 c 270 s 18 are each amended to 4 read as follows:
 - (1) <u>In coordination with the health care authority</u>, the department shall establish by ((all)) appropriate means, including contracting ((for)), <u>behavioral health</u> services, <u>including</u> a comprehensive and coordinated ((discrete)) program for the treatment of ((alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated)) persons with alcohol and drug use disorders.
 - (2) The program shall include, but not necessarily be limited to:
- 13 (a) Detoxification;

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- (b) Residential treatment; and
- (c) Outpatient treatment.
- 16 (3) All appropriate public and private resources shall be 17 coordinated with and used in the program when possible.
- 18 (4) The department may contract for the use of an approved 19 treatment program or other individual or organization if the secretary 20 considers this to be an effective and economical course to follow.
- 21 **Sec. 17.** RCW 70.96A.320 and 2013 c 320 s 8 are each amended to 22 read as follows:
 - (1) A county legislative authority, or two or more counties acting jointly, may establish an alcoholism and other drug addiction program. If two or more counties jointly establish the program, they shall designate one county to provide administrative and financial services.
 - (2) To be eligible for funds from the department for the support of the county alcoholism and other drug addiction program, the county legislative authority shall establish a county alcoholism and other drug addiction board under RCW 70.96A.300 and appoint a county alcoholism and other drug addiction program coordinator under RCW 70.96A.310.
- 33 (3) The county legislative authority may apply to the department 34 for financial support for the county program of alcoholism and other 35 drug addiction. To receive financial support, the county legislative 36 authority shall submit a plan that meets the following conditions:

- 1 (a) It shall describe the <u>prevention</u>, <u>early intervention</u>, <u>or</u> 2 recovery support services and activities to be provided;
 - (b) It shall include anticipated expenditures and revenues;

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- (c) It shall be prepared by the county alcoholism and other drug addiction program board and be adopted by the county legislative authority;
- (d) It shall reflect maximum effective use of existing services and programs; and
 - (e) It shall meet other conditions that the secretary may require.
- (4) The county may accept and spend gifts, grants, and fees, from public and private sources, to implement its program of alcoholism and other drug addiction.
- (5) The department shall require that any agreement to provide financial support to a county that performs the activities of a service coordination organization for alcoholism and other drug addiction services must incorporate the expected outcomes and criteria to measure the performance of service coordination organizations as provided in chapter 70.320 RCW.
- 19 (6) The county may subcontract for prevention, early intervention, 20 or recovery support services with approved prevention or treatment 21 programs.
 - (7) To continue to be eligible for financial support from the department for the county alcoholism and other drug addiction program, an increase in state financial support shall not be used to supplant local funds from a source that was used to support the county alcoholism and other drug addiction program before the effective date of the increase.
- NEW SECTION. Sec. 18. Section 1 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.
- 32 <u>NEW SECTION.</u> **Sec. 19.** Sections 4 through 17 of this act take 33 effect April 1, 2016."

E2SHB 2639 - S COMM AMD

By Committee on Human Services & Corrections

- On page 1, line 2 of the title, after "services;" strike the remainder of the title and insert "amending RCW 71.24.015, 71.24.016, 71.24.025, 71.24.035, 71.24.045, 71.24.100, 71.24.110, 71.24.340, 71.24.420, 70.96A.020, 70.96A.040, 70.96A.050, 70.96A.080, and 70.96A.320; amending 2013 c 338 s 1 (uncodified); adding a new section to chapter 71.24 RCW; adding a new section to chapter 43.20A RCW; providing an effective date; and declaring an emergency."
 - EFFECT: DSHS and HCA may establish regional service areas by March 1, 2015, or earlier if agreed upon by WSAC, only if it receives a positive recommendation from the Adult Behavioral Health System Task Force. The task force must study whether a statewide Office of Behavioral Health Ombuds should be created. House amendments are removed increasing the size and changing the instructions of the task force, requiring DSHS to integrate chemical dependency with managed care contracts administered by regional support networks by April 1, 2016, requiring full integration of behavioral health and primary care purchasing by January 1, 2019, and renaming regional support networks as behavioral health organizations.

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