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**SUBSTITUTE HOUSE BILL 2639**

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**State of Washington**

**63rd Legislature**

**2014 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Moeller, Harris, Green, Cody, Morrell, Clibborn, Riccelli, Van De Wege, Bergquist, and Freeman; by request of Governor Inslee)

READ FIRST TIME 02/05/14.

1 AN ACT Relating to state purchasing of mental health and chemical  
2 dependency treatment services; amending RCW 71.24.015, 71.24.016,  
3 71.24.025, 71.24.035, 71.24.045, 71.24.100, 71.24.110, 71.24.340,  
4 71.24.420, 70.96A.020, 70.96A.040, 70.96A.050, 70.96A.080, 70.96A.320,  
5 71.24.049, 71.24.061, 71.24.155, 71.24.160, 71.24.250, 71.24.300,  
6 71.24.310, 71.24.350, 71.24.370, 71.24.455, 71.24.470, 71.24.480,  
7 71.24.845, 71.24.055, 71.24.065, 71.24.240, 71.24.320, 71.24.330,  
8 71.24.360, 71.24.405, 71.24.430, and 74.09.520; amending 2013 c 338 s  
9 1 (uncodified); adding new sections to chapter 43.20A RCW; adding new  
10 sections to chapter 71.24 RCW; adding a new section to chapter 70.96A  
11 RCW; providing an effective date; and declaring an emergency.

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

13 **Sec. 1.** 2013 c 338 s 1 (uncodified) is amended to read as follows:  
14 (1)(a) Beginning (~~May~~) April 1, 2014, the legislature shall  
15 convene a task force to examine reform of the adult behavioral health  
16 system, with voting members as provided in this subsection.  
17 (i) The president of the senate shall appoint one member from each  
18 of the two largest caucuses of the senate.

1 (ii) The speaker of the house of representatives shall appoint one  
2 member from each of the two largest caucuses in the house of  
3 representatives.

4 (iii) The governor shall appoint five members consisting of the  
5 secretary of the department of social and health services or the  
6 secretary's designee, the director of the health care authority or the  
7 director's designee, the director of the office of financial management  
8 or the director's designee, the secretary of the department of  
9 corrections or the secretary's designee, and a representative of the  
10 governor.

11 (iv) The Washington state association of counties shall appoint  
12 three members.

13 (v) The governor shall request participation by a representative of  
14 tribal governments.

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

17 (c) The task force shall adopt a bottom-up approach and welcome  
18 input and participation from all stakeholders interested in the  
19 improvement of the adult behavioral health system. To that end, the  
20 task force must invite participation from, at a minimum, the following:  
21 Behavioral health service recipients and their families; local  
22 government; representatives of regional support networks;  
23 representatives of county coordinators; law enforcement; city and  
24 county jails; tribal representatives; behavioral health service  
25 providers; housing providers; labor representatives; counties with  
26 state hospitals; mental health advocates; chemical dependency  
27 advocates; public defenders with involuntary mental health commitment  
28 or mental health court experience; chemical dependency experts working  
29 with drug courts; medicaid managed care plan representatives; long-term  
30 care service providers; the Washington state hospital association; and  
31 individuals with expertise in evidence-based and research-based  
32 behavioral health service practices. Leadership of subcommittees  
33 formed by the task force may be drawn from this body of invited  
34 participants.

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

1 (a) The means by which services are purchased and delivered for  
2 adults with mental illness and chemical dependency disorders through  
3 the department of social and health services and the health care  
4 authority, including:

5 (i) Guidance for the creation of common procurement regions for  
6 purchasing behavioral health services and medical care services by the  
7 department and the authority, taking into consideration any proposal  
8 submitted by the Washington state association of counties under section  
9 2 of this act;

10 (ii) Recommendations related to the design and requirements of  
11 future medicaid behavioral health and health care delivery systems and  
12 purchasing; and

13 (iii) Advice regarding state interactions with the federal centers  
14 for medicare and medicaid services regarding Washington state's method  
15 of purchasing medicaid mental health services;

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

18 (c) Crisis services, including boarding of mental health patients  
19 outside of regularly certified treatment beds;

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

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

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

30 (4) Legislative members of the task force must be reimbursed for  
31 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
32 members, except those representing an employer or organization, are  
33 entitled to be reimbursed for travel expenses in accordance with RCW  
34 43.03.050 and 43.03.060.

35 (5) The expenses of the task force must be paid jointly by the  
36 senate and house of representatives. Task force expenditures are  
37 subject to approval by the senate facilities and operations committee

1 and the house of representatives executive rules committee, or their  
2 successor committees.

3 (6) The task force shall report its findings and recommendations to  
4 the governor and the appropriate committees of the legislature by  
5 January 1, 2015, except that recommendations under subsection (2)(a)(i)  
6 of this section must be submitted to the governor by August 1, 2014,  
7 and recommendations under subsection (2)(a)(ii) and (iii) of this  
8 section must be submitted to the governor by September 1, 2014.

9 (7) This section expires June 1, 2015.

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

12 (1) The department and the health care authority shall jointly  
13 establish regional service areas by September 1, 2014, as provided in  
14 this section.

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

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

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

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

25 (3) The Washington state association of counties must submit their  
26 recommendations to the department, the health care authority, and the  
27 task force described in section 1 of this act on or before July 1,  
28 2014.

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

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

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

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

6 (c) Accountability for the client outcomes established in RCW  
7 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked  
8 to those outcomes;

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

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

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

29 (g) Mechanisms for monitoring performance under the contract and  
30 remedies for failure to substantially comply with the requirements of  
31 the contract including, but not limited to, financial penalties,  
32 termination of the contract, receivership, and reprocurement of the  
33 contract;

34 (h) Provisions to maintain the decision-making independence of  
35 designated mental health professionals or designated chemical  
36 dependency specialists; and

37 (i) Provisions stating that public funds appropriated by the

1 legislature may not be used to promote or deter, encourage, or  
2 discourage employees from exercising their rights under Title 29,  
3 chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

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

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

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

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

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

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

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

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

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

32 (5) Each behavioral health organization operating pursuant to a  
33 contract issued under this section shall enroll clients within its  
34 regional service area with:

35 (a) Moderate or severe mental illness as determined by the criteria  
36 established under RCW 71.24.015; and

37 (b) Moderate or severe chemical dependency as determined by the  
38 criteria established under RCW 70.96A.040.

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

3        (1)(a)    The secretary shall initiate a procurement process for  
4 behavioral health organizations.    Responding entities identified in (b)  
5 of this subsection must be offered the opportunity to respond to a  
6 request for qualifications developed by the department.    The request  
7 for qualifications must be based on the contract requirements  
8 identified in section 3 of this act.    Any responding entity that  
9 substantially meets the requirements of the request for qualifications  
10 developed by the department must be awarded the contract to serve as  
11 the behavioral health organization for the regional service area.

12        (b)(i)    For purposes of responding to the request for qualifications  
13 under (a) of this subsection, all counties within a regional service  
14 area that includes more than one county shall form a responding entity  
15 through the adoption of an interlocal agreement.    The interlocal  
16 agreement must specify the terms by which the responding entity shall  
17 serve as the behavioral health organization within the regional service  
18 area.

19        (ii)    In the event that a county has made a decision prior to  
20 January 1, 2014, not to participate in a regional support network, any  
21 private entity that had previously been certified for that county must  
22 be offered the opportunity to serve as the single responding entity for  
23 that county or group of counties.

24        (iii)    In the event that a regional service area is comprised of  
25 multiple counties including one that has made a decision prior to  
26 January 1, 2014, not to participate in a regional support network the  
27 counties shall adopt an interlocal agreement and respond to the request  
28 for qualifications under (a) of this subsection and the private entity  
29 may also respond to the request for qualifications.    If both responding  
30 entities substantially meet the requirements of the request for  
31 qualifications, the responding entities shall follow the department's  
32 procurement process established in subsection (2) of this section.

33        (2)    If a responding entity under subsection (1) of this section is  
34 unable to substantially meet the requirements of the request for  
35 qualifications or more than one responding entity substantially meet  
36 the requirements for the request for proposals, the department shall  
37 use a procurement process in which other entities recognized by the

1 secretary may bid to serve as the behavioral health organization in  
2 that regional service area.

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

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

7 The department shall adopt criteria to distinguish between persons  
8 with mild mental illness and persons with moderate or severe mental  
9 illness.

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

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

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



1 judgment while also recognizing parents' rights to participate in  
2 treatment decisions for their children;

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

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

19 (4) Minimum service delivery standards;

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

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

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

35 It is the policy of the state to encourage the provision of a full  
36 range of treatment and rehabilitation services in the state for mental  
37 disorders including services operated by consumers and advocates. The  
38 legislature intends to encourage the development of regional mental

1 health services with adequate local flexibility to assure eligible  
2 people in need of care access to the least-restrictive treatment  
3 alternative appropriate to their needs, and the availability of  
4 treatment components to assure continuity of care. To this end,  
5 counties (~~are encouraged to~~) must enter into joint operating  
6 agreements with other counties to form regional systems of care that  
7 are consistent with the regional service areas established under  
8 section 2 of this act. Regional systems of care, whether operated by  
9 a county, group of counties, or another entity shall integrate  
10 planning, administration, and service delivery duties under chapters  
11 71.05 and 71.24 RCW to consolidate administration, reduce  
12 administrative layering, and reduce administrative costs. The  
13 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 services are ultimately expended solely for the purpose for which they  
17 were appropriated, and not for any other purpose.

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

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

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

35 (2) The legislature intends to address the needs of people with  
36 mental disorders with a targeted, coordinated, and comprehensive set of  
37 evidence-based practices that are effective in serving individuals in

1 their community and will reduce the need for placements in state mental  
2 hospitals. The legislature further intends to explicitly hold  
3 (~~regional support networks~~) behavioral health organizations  
4 accountable for serving people with mental disorders within the  
5 boundaries of their (~~geographic boundaries~~) regional service area and  
6 for not exceeding their allocation of state hospital beds. (~~Within~~  
7 ~~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 boundaries. Elements of~~  
10 ~~the program may include:~~

- 11 ~~(a) Crisis triage;~~
- 12 ~~(b) Evaluation and treatment and community hospital beds;~~
- 13 ~~(c) Residential beds;~~
- 14 ~~(d) Programs for community treatment teams; and~~
- 15 ~~(e) Outpatient services.~~

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

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

27 (1) Within funds appropriated by the legislature for this purpose,  
28 behavioral health organizations shall develop the means to serve the  
29 needs of people with mental disorders within the boundaries of their  
30 procurement region. Elements of the program may include:

- 31 (a) Crisis diversion services;
- 32 (b) Evaluation and treatment and community hospital beds;
- 33 (c) Residential treatment;
- 34 (d) Programs for community treatment teams;
- 35 (e) Outpatient services;
- 36 (f) Peer support services;
- 37 (g) Community support services;

1 (h) Resource management services; and  
2 (i) Supported housing and supported employment services.  
3 (2) The behavioral health organization shall have the flexibility,  
4 within the funds appropriated by the legislature for this purpose and  
5 the terms of their contract, to design the mix of services that will be  
6 most effective within their service area of meeting the needs of people  
7 with mental disorders and avoiding placement of such individuals at the  
8 state mental hospital. Behavioral health organizations are encouraged  
9 to maximize the use of evidence-based practices and alternative  
10 resources with the goal of substantially reducing and potentially  
11 eliminating the use of institutions for mental diseases.

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

14 Unless the context clearly requires otherwise, the definitions in  
15 this section apply throughout this chapter.

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

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

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

23 (c) Presenting a likelihood of serious harm as defined in RCW  
24 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

25 (2) "Available resources" means funds appropriated for the purpose  
26 of providing community mental health programs, federal funds, except  
27 those provided according to Title XIX of the Social Security Act, and  
28 state funds appropriated under this chapter or chapter 71.05 RCW by the  
29 legislature during any biennium for the purpose of providing  
30 residential services, resource management services, community support  
31 services, and other mental health services. This does not include  
32 funds appropriated for the purpose of operating and administering the  
33 state psychiatric hospitals.

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

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

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

3 (b) Has experienced a continuous psychiatric hospitalization or  
4 residential treatment exceeding six months' duration within the  
5 preceding year; or

6 (c) Has been unable to engage in any substantial gainful activity  
7 by reason of any mental disorder which has lasted for a continuous  
8 period of not less than twelve months. "Substantial gainful activity"  
9 shall be defined by the department by rule consistent with Public Law  
10 92-603, as amended.

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

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

16 (7) "Community mental health service delivery system" means public  
17 or private agencies that provide services specifically to persons with  
18 mental disorders as defined under RCW 71.05.020 and receive funding  
19 from public sources.

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

36 (9) "Consensus-based" means a program or practice that has general  
37 support among treatment providers and experts, based on experience or

1 professional literature, and may have anecdotal or case study support,  
2 or that is agreed but not possible to perform studies with random  
3 assignment and controlled groups.

4 (10) "County authority" means the board of county commissioners,  
5 county council, or county executive having authority to establish a  
6 community mental health program, or two or more of the county  
7 authorities specified in this subsection which have entered into an  
8 agreement to provide a community mental health program.

9 (11) "Department" means the department of social and health  
10 services.

11 (12) "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 (13) "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 subsection (14) of this section.

20 (14) "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 (15) "Licensed service provider" means an entity licensed according  
30 to this chapter or chapter 71.05 RCW or an entity deemed to meet state  
31 minimum standards as a result of accreditation by a recognized  
32 behavioral health accrediting body recognized and having a current  
33 agreement with the department, that meets state minimum standards or  
34 persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it  
35 applies to registered nurses and advanced registered nurse  
36 practitioners.

37 (16) "Long-term inpatient care" means inpatient services for  
38 persons committed for, or voluntarily receiving intensive treatment

1 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-  
2 term inpatient care" as used in this chapter does not include: (a)  
3 Services for individuals committed under chapter 71.05 RCW who are  
4 receiving services pursuant to a conditional release or a court-ordered  
5 less restrictive alternative to detention; or (b) services for  
6 individuals voluntarily receiving less restrictive alternative  
7 treatment on the grounds of the state hospital.

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

11 (18) "Mentally ill persons," "persons who are mentally ill," and  
12 "the mentally ill" mean persons and conditions defined in subsections  
13 (1), (4), (27), and (28) of this section.

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

16 (20) "~~(Regional support network)~~ Behavioral health organization"  
17 means (~~(a)~~) any county authority or group of county authorities or  
18 other entity recognized by the secretary in contract in a defined  
19 region.

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

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

32 (23) "Residential services" means a complete range of residences  
33 and supports authorized by resource management services and which may  
34 involve a facility, a distinct part thereof, or services which support  
35 community living, for persons who are acutely mentally ill, adults who  
36 are chronically mentally ill, children who are severely emotionally  
37 disturbed, or adults who are seriously disturbed and determined by the  
38 (~~(regional support network)~~) behavioral health organization to be at

1 risk of becoming acutely or chronically mentally ill. The services  
2 shall include at least evaluation and treatment services as defined in  
3 chapter 71.05 RCW, acute crisis respite care, long-term adaptive and  
4 rehabilitative care, and supervised and supported living services, and  
5 shall also include any residential services developed to service  
6 persons who are mentally ill in nursing homes, assisted living  
7 facilities, and adult family homes, and may include outpatient services  
8 provided as an element in a package of services in a supported housing  
9 model. Residential services for children in out-of-home placements  
10 related to their mental disorder shall not include the costs of food  
11 and shelter, except for children's long-term residential facilities  
12 existing prior to January 1, 1991.

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

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

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

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

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



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

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

7 (d) Exhibits suicidal preoccupation or attempts; or

8 (e) Is a child diagnosed by a mental health professional, as  
9 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
10 is clearly interfering with the child's functioning in family or school  
11 or with peers or is clearly interfering with the child's personality  
12 development and learning.

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

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

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

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

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

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

31 (ii) Changes in custodial adult;

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

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

37 (v) Drug or alcohol abuse; or

38 (vi) Homelessness.

1 (29) "State minimum standards" means minimum requirements  
2 established by rules adopted by the secretary and necessary to  
3 implement this chapter for: (a) Delivery of mental health services;  
4 (b) licensed service providers for the provision of mental health  
5 services; (c) residential services; and (d) community support services  
6 and resource management services.

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

16 (31) "Tribal authority," for the purposes of this section and RCW  
17 71.24.300 only, means: The federally recognized Indian tribes and the  
18 major Indian organizations recognized by the secretary insofar as these  
19 organizations do not have a financial relationship with any (~~regional~~  
20 ~~support network~~) behavioral health organization that would present a  
21 conflict of interest.

22 (32) "Behavioral health services" means mental health services as  
23 described in this chapter and chemical dependency treatment services as  
24 described in chapters 70.96A, 71.24, and 71.36 RCW.

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

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

29 (2) The secretary shall provide for public, client, and licensed  
30 service provider participation in developing the state mental health  
31 program, developing contracts with (~~regional support networks~~)  
32 behavioral health organizations, and any waiver request to the federal  
33 government under medicaid.

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

1 (4) The secretary shall be designated as the (~~regional support~~  
2 ~~network~~) behavioral health organization if the (~~regional support~~  
3 ~~network~~) behavioral health organization fails to meet state minimum  
4 standards or refuses to exercise responsibilities under RCW 71.24.045,  
5 until such time as a new (~~regional support network~~) behavioral health  
6 organization is designated (~~under RCW 71.24.320~~).

7 (5) The secretary shall:

8 (a) Develop a biennial state mental health program that  
9 incorporates regional biennial needs assessments and regional mental  
10 health service plans and state services for adults and children with  
11 mental illness(~~. The secretary shall also develop a six year state~~  
12 ~~mental health plan~~);

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

20 ~~(A) Outpatient services;~~

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

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

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

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

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

1       ~~(G) Community support services~~) medically necessary services to  
2 medicaid recipients consistent with the state's medicaid state plan or  
3 federal waiver authorities, and nonmedicaid services consistent with  
4 priorities established by the department;

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

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

15       (ii) ~~((Regional support networks))~~ Behavioral health organizations;  
16 and

17       (iii) Inpatient services, evaluation and treatment services and  
18 facilities under chapter 71.05 RCW, resource management services, and  
19 community support services;

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

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

30       (f) Establish, to the extent possible, a standardized auditing  
31 procedure which is designed to assure compliance with contractual  
32 agreements authorized by this chapter and minimizes paperwork  
33 requirements of ~~((regional support networks))~~ behavioral health  
34 organizations and licensed service providers. The audit procedure  
35 shall focus on the outcomes of service ~~((and not the processes for~~  
36 ~~accomplishing them))~~ as provided in RCW 43.20A.895, 70.320.020, and  
37 71.36.025;

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

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

11 (~~(i) Certify regional support networks that meet state minimum~~  
12 ~~standards;~~

13 ~~(j))~~ Periodically monitor the compliance of certified (~~regional~~  
14 ~~support networks~~) behavioral health organizations and their network of  
15 licensed service providers for compliance with the contract between the  
16 department, the (~~regional support network~~) behavioral health  
17 organization, and federal and state rules at reasonable times and in a  
18 reasonable manner;

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

21 ~~((l))~~ (k) Monitor and audit (~~regional support networks~~)  
22 behavioral health organizations and licensed service providers as  
23 needed to assure compliance with contractual agreements authorized by  
24 this chapter;

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

27 ~~((n))~~ (m) Assure the availability of an appropriate amount, as  
28 determined by the legislature in the operating budget by amounts  
29 appropriated for this specific purpose, of community-based,  
30 geographically distributed residential services;

31 ~~((o))~~ (n) Certify crisis stabilization units that meet state  
32 minimum standards;

33 ~~((p))~~ (o) Certify clubhouses that meet state minimum standards;  
34 and

35 ~~((q))~~ (p) Certify triage facilities that meet state minimum  
36 standards.

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

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

3        (b) To incentivize improved performance with respect to the client  
4 outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025,  
5 integration of behavioral health and primary care services at the  
6 clinical level, and improved care coordination for individuals with  
7 complex care needs.

8        (7) Each (~~certified regional support network~~) behavioral health  
9 organization and licensed service provider shall file with the  
10 secretary, on request, such data, statistics, schedules, and  
11 information as the secretary reasonably requires. A (~~certified~~  
12 ~~regional support network~~) behavioral health organization or licensed  
13 service provider which, without good cause, fails to furnish any data,  
14 statistics, schedules, or information as requested, or files fraudulent  
15 reports thereof, may have its certification or license revoked or  
16 suspended.

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

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

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

35        (11) Notwithstanding the existence or pursuit of any other remedy,  
36 the secretary may file an action for an injunction or other process  
37 against any person or governmental unit to restrain or prevent the

1 establishment, conduct, or operation of a (~~regional support network~~)  
2 behavioral health organization or service provider without  
3 certification or a license under this chapter.

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

9 (13) The standards for certification of crisis stabilization units  
10 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 of a clubhouse shall at a  
19 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  
10 organizations under chapters 71.05 and 71.34 RCW and this chapter.  
11 Such responsibilities shall include those which would have been  
12 assigned to the nonparticipating counties in regions where there are  
13 not participating ((~~regional support networks~~)) behavioral health  
14 organizations.

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

22 (17) The secretary shall:

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

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

33 (c) Notify ((~~regional support networks~~)) behavioral health  
34 organizations of their allocation of available resources at least sixty  
35 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 organizations based solely upon  
38 formal findings of noncompliance with the terms of the ((~~regional~~



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

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

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

16 The ((~~regional support network~~)) behavioral health organization  
17 shall:

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

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

31 (3) Monitor and perform biennial fiscal audits of licensed service  
32 providers who have contracted with the ((~~regional support network~~))  
33 behavioral health organization to provide services required by this  
34 chapter. The monitoring and audits shall be performed by means of a  
35 formal process which insures that the licensed service providers and  
36 professionals designated in this subsection meet the terms of their  
37 contracts;

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

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

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

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

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

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

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

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

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

34 (2) That the treasurer of one participating county shall be the  
35 custodian of funds made available for the purposes of such mental  
36 health services, and that the treasurer may make payments from such

1 funds upon audit by the appropriate auditing officer of the county for  
2 which he or she is treasurer.

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

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

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

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

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

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

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

24 The department shall operate the community mental health service  
25 delivery system authorized under this chapter within the following  
26 constraints:

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

33 (2) The department may expend funds defined in subsection (1) of  
34 this section in any manner that will effectively accomplish the outcome

1 measures (~~defined in section 5 of this act~~) established in RCW  
2 43.20A.895 and 71.36.025 and performance measures linked to those  
3 outcomes.

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

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

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

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

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

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

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

27 (4) "Chemical dependency" means:  
28 (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol  
29 and one or more other psychoactive chemicals, as the context requires.

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

34 (6) "Department" means the department of social and health  
35 services.

36 (7) "Designated chemical dependency specialist" or "specialist"  
37 means a person designated by the county alcoholism and other drug

1 addiction program coordinator designated under RCW 70.96A.310 to  
2 perform the commitment duties described in RCW 70.96A.140 and qualified  
3 to do so by meeting standards adopted by the department.

4 (8) "Director" means the person administering the chemical  
5 dependency program within the department.

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

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

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

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

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

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

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

37 (16) "Intoxicated person" means a person whose mental or physical

1 functioning is substantially impaired as a result of the use of alcohol  
2 or other psychoactive chemicals.

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

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

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

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

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

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

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

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

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

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

34 (24) "Professional person in charge" or "professional person" means  
35 a physician or chemical dependency counselor as defined in rule by the  
36 department, who is empowered by a certified treatment program with  
37 authority to make assessment, admission, continuing care, and discharge  
38 decisions on behalf of the certified program.

1 (25) "Secretary" means the secretary of the department of social  
2 and health services.

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

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

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

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

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

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

25 The department, in the operation of the chemical dependency program  
26 may:

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

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

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

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

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

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

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

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

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

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

28 NEW SECTION. **Sec. 18.** A new section is added to chapter 70.96A  
29 RCW to read as follows:

30 The department shall adopt criteria to distinguish between persons  
31 with mild chemical dependency and persons with moderate or severe  
32 chemical dependency.

33 **Sec. 19.** RCW 70.96A.050 and 2001 c 13 s 2 are each amended to read  
34 as follows:

35 The department shall:



1 (1) Develop, encourage, and foster statewide, regional, and local  
2 plans and programs for the prevention of alcoholism and other drug  
3 addiction, treatment of alcoholics and other drug addicts and their  
4 families, persons incapacitated by alcohol or other psychoactive  
5 chemicals, and intoxicated persons in cooperation with public and  
6 private agencies, organizations, and individuals and provide technical  
7 assistance and consultation services for these purposes;

8 (2) Assure that any behavioral health organization contract for  
9 behavioral health services or program for the treatment of persons with  
10 alcohol or drug use disorders provides medically necessary services to  
11 medicaid recipients consistent with the state's medicaid plan or  
12 federal waiver authorities, and nonmedicaid services consistent with  
13 priorities 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. 20.** 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))~~, behavioral health services, including a comprehensive and  
20 coordinated ~~((discrete))~~ program 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 with alcohol  
23 and drug use disorders.

24 (2)(a) The program shall include, but not necessarily be limited  
25 to:

26 ~~((+a))~~ (i) Detoxification;

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

28 ~~((+c))~~ (iii) Outpatient treatment.

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

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

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

1       **Sec. 21.** RCW 70.96A.320 and 2013 c 320 s 8 are each amended to  
2 read as follows:

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

7       (2) To be eligible for funds from the department for the support of  
8 the county alcoholism and other drug addiction program, the county  
9 legislative authority shall establish a county alcoholism and other  
10 drug addiction board under RCW 70.96A.300 and appoint a county  
11 alcoholism and other drug addiction program coordinator under RCW  
12 70.96A.310.

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

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

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

20       (c) It shall be prepared by the county alcoholism and other drug  
21 addiction program board and be adopted by the county legislative  
22 authority;

23       (d) It shall reflect maximum effective use of existing services and  
24 programs; and

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

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

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

35       (6) The county may subcontract for prevention, early intervention,  
36 or recovery support services with approved prevention or treatment  
37 programs.

1 (7) To continue to be eligible for financial support from the  
2 department for the county alcoholism and other drug addiction program,  
3 an increase in state financial support shall not be used to supplant  
4 local funds from a source that was used to support the county  
5 alcoholism and other drug addiction program before the effective date  
6 of the increase.

7 **Sec. 22.** RCW 71.24.049 and 2001 c 323 s 13 are each amended to  
8 read as follows:

9 By January 1st of each odd-numbered year, the (~~regional support~~  
10 ~~network~~) behavioral health organization shall identify: (1) The  
11 number of children in each priority group, as defined by this chapter,  
12 who are receiving mental health services funded in part or in whole  
13 under this chapter, (2) the amount of funds under this chapter used for  
14 children's mental health services, (3) an estimate of the number of  
15 unserved children in each priority group, and (4) the estimated cost of  
16 serving these additional children and their families.

17 **Sec. 23.** RCW 71.24.061 and 2007 c 359 s 7 are each amended to read  
18 as follows:

19 (1) The department shall provide flexibility in provider  
20 contracting to (~~regional support networks~~) behavioral health  
21 organizations for children's mental health services. Beginning with  
22 2007-2009 biennium contracts, (~~regional support network~~) behavioral  
23 health organization contracts shall authorize (~~regional support~~  
24 ~~networks~~) behavioral health organizations to allow and encourage  
25 licensed community mental health centers to subcontract with individual  
26 licensed mental health professionals when necessary to meet the need  
27 for an adequate, culturally competent, and qualified children's mental  
28 health provider network.

29 (2) To the extent that funds are specifically appropriated for this  
30 purpose or that nonstate funds are available, a children's mental  
31 health evidence-based practice institute shall be established at the  
32 University of Washington division of public behavioral health and  
33 justice policy. The institute shall closely collaborate with entities  
34 currently engaged in evaluating and promoting the use of evidence-  
35 based, research-based, promising, or consensus-based practices in  
36 children's mental health treatment, including but not limited to the

1 University of Washington department of psychiatry and behavioral  
2 sciences, children's hospital and regional medical center, the  
3 University of Washington school of nursing, the University of  
4 Washington school of social work, and the Washington state institute  
5 for public policy. To ensure that funds appropriated are used to the  
6 greatest extent possible for their intended purpose, the University of  
7 Washington's indirect costs of administration shall not exceed ten  
8 percent of appropriated funding. The institute shall:

9 (a) Improve the implementation of evidence-based and research-based  
10 practices by providing sustained and effective training and  
11 consultation to licensed children's mental health providers and  
12 child-serving agencies who are implementing evidence-based or  
13 researched-based practices for treatment of children's emotional or  
14 behavioral disorders, or who are interested in adapting these practices  
15 to better serve ethnically or culturally diverse children. Efforts  
16 under this subsection should include a focus on appropriate oversight  
17 of implementation of evidence-based practices to ensure fidelity to  
18 these practices and thereby achieve positive outcomes;

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

24 (c) Partner with youth, family members, family advocacy, and  
25 culturally competent provider organizations to develop a series of  
26 information sessions, literature, and online resources for families to  
27 become informed and engaged in evidence-based and research-based  
28 practices;

29 (d) Participate in the identification of outcome-based performance  
30 measures under RCW 71.36.025(2) and partner in a statewide effort to  
31 implement statewide outcomes monitoring and quality improvement  
32 processes; and

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

1 (3) To the extent that funds are specifically appropriated for this  
2 purpose, the department in collaboration with the evidence-based  
3 practice institute shall implement a pilot program to support primary  
4 care providers in the assessment and provision of appropriate diagnosis  
5 and treatment of children with mental and behavioral health disorders  
6 and track outcomes of this program. The program shall be designed to  
7 promote more accurate diagnoses and treatment through timely case  
8 consultation between primary care providers and child psychiatric  
9 specialists, and focused educational learning collaboratives with  
10 primary care providers.

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

13 Grants shall be made by the department to (~~regional support~~  
14 ~~networks~~) behavioral health organizations for community mental health  
15 programs totaling not less than ninety-five percent of available  
16 resources. The department may use up to forty percent of the remaining  
17 five percent to provide community demonstration projects, including  
18 early intervention or primary prevention programs for children, and the  
19 remainder shall be for emergency needs and technical assistance under  
20 this chapter.

21 **Sec. 25.** RCW 71.24.160 and 2011 c 343 s 6 are each amended to read  
22 as follows:

23 The (~~regional support networks~~) behavioral health organizations  
24 shall make satisfactory showing to the secretary that state funds shall  
25 in no case be used to replace local funds from any source being used to  
26 finance mental health services prior to January 1, 1990. Maintenance  
27 of effort funds devoted to judicial services related to involuntary  
28 commitment reimbursed under RCW 71.05.730 must be expended for other  
29 purposes that further treatment for mental health and chemical  
30 dependency disorders.

31 **Sec. 26.** RCW 71.24.250 and 2001 c 323 s 16 are each amended to  
32 read as follows:

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

1           **Sec. 27.** RCW 71.24.300 and 2008 c 261 s 4 are each amended to read  
2 as follows:

3           (1) Upon the request of a tribal authority or authorities within a  
4 (~~regional support network~~) behavioral health organization the joint  
5 operating agreement or the county authority shall allow for the  
6 inclusion of the tribal authority to be represented as a party to the  
7 (~~regional support network~~) behavioral health organization.

8           (2) The roles and responsibilities of the county and tribal  
9 authorities shall be determined by the terms of that agreement  
10 including a determination of membership on the governing board and  
11 advisory committees, the number of tribal representatives to be party  
12 to the agreement, and the provisions of law and shall assure the  
13 provision of culturally competent services to the tribes served.

14           (3) The state mental health authority may not determine the roles  
15 and responsibilities of county authorities as to each other under  
16 (~~regional support networks~~) behavioral health organizations by rule,  
17 except to assure that all duties required of (~~regional support~~  
18 ~~networks~~) behavioral health organizations are assigned and that  
19 counties and the (~~regional support network~~) behavioral health  
20 organization do not duplicate functions and that a single authority has  
21 final responsibility for all available resources and performance under  
22 the (~~regional support network's~~) behavioral health organization's  
23 contract with the secretary.

24           (4) If a (~~regional support network~~) behavioral health  
25 organization is a private entity, the department shall allow for the  
26 inclusion of the tribal authority to be represented as a party to the  
27 (~~regional support network~~) behavioral health organization.

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

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

36           (a) Administer and provide for the availability of all resource  
37 management services, residential services, and community support  
38 services.



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

4 (c) Provide within the boundaries of each (~~regional support~~  
5 ~~network~~) behavioral health organization evaluation and treatment  
6 services for at least ninety percent of persons detained or committed  
7 for periods up to seventeen days according to chapter 71.05 RCW.

8 (~~Regional support networks~~) Behavioral health organizations may  
9 contract to purchase evaluation and treatment services from other  
10 (~~networks~~) organizations if they are unable to provide for  
11 appropriate resources within their boundaries. Insofar as the original  
12 intent of serving persons in the community is maintained, the secretary  
13 is authorized to approve exceptions on a case-by-case basis to the  
14 requirement to provide evaluation and treatment services within the  
15 boundaries of each (~~regional support network~~) behavioral health  
16 organization. Such exceptions are limited to:

17 (i) Contracts with neighboring or contiguous regions; or

18 (ii) Individuals detained or committed for periods up to seventeen  
19 days at the state hospitals at the discretion of the secretary.

20 (d) Administer and provide for the availability of all other mental  
21 health services, which shall include patient counseling, day treatment,  
22 consultation, education services, employment services as (~~defined~~)  
23 described in RCW 71.24.035, and mental health services to children.

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

27 (7) A (~~regional support network~~) behavioral health organization  
28 may request that any state-owned land, building, facility, or other  
29 capital asset which was ever purchased, deeded, given, or placed in  
30 trust for the care of the persons with mental illness and which is  
31 within the boundaries of a (~~regional support network~~) behavioral  
32 health organization be made available to support the operations of the  
33 (~~regional support network~~) behavioral health organization. State  
34 agencies managing such capital assets shall give first priority to  
35 requests for their use pursuant to this chapter.

36 (8) Each (~~regional support network~~) behavioral health  
37 organization shall appoint a mental health advisory board which shall  
38 review and provide comments on plans and policies developed under this

1 chapter, provide local oversight regarding the activities of the  
2 (~~regional support network~~) behavioral health organization, and work  
3 with the (~~regional support network~~) behavioral health organization to  
4 resolve significant concerns regarding service delivery and outcomes.  
5 The department shall establish statewide procedures for the operation  
6 of regional advisory committees including mechanisms for advisory board  
7 feedback to the department regarding (~~regional support network~~)  
8 behavioral health organization performance. The composition of the  
9 board shall be broadly representative of the demographic character of  
10 the region and shall include, but not be limited to, representatives of  
11 consumers and families, law enforcement, and where the county is not  
12 the (~~regional support network~~) behavioral health organization, county  
13 elected officials. Composition and length of terms of board members  
14 may differ between (~~regional support networks~~) behavioral health  
15 organizations but shall be included in each (~~regional support~~  
16 ~~network's~~) behavioral health organization's contract and approved by  
17 the secretary.

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

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

29 **Sec. 28.** RCW 71.24.310 and 2013 2nd sp.s. c 4 s 994 are each  
30 amended to read as follows:

31 The legislature finds that administration of chapter 71.05 RCW and  
32 this chapter can be most efficiently and effectively implemented as  
33 part of the (~~regional support network~~) behavioral health organization  
34 defined in RCW 71.24.025. For this reason, the legislature intends  
35 that the department and the (~~regional support networks~~) behavioral  
36 health organizations shall work together to implement chapter 71.05 RCW  
37 as follows:

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

8 (2) If there is consensus among the (~~regional support networks~~)  
9 behavioral health organizations regarding the number of state hospital  
10 beds that should be allocated for use by each (~~regional support~~  
11 ~~network~~) behavioral health organization, the department shall contract  
12 with each (~~regional support network~~) behavioral health organization  
13 accordingly.

14 (3) If there is not consensus among the (~~regional support~~  
15 ~~networks~~) behavioral health organizations regarding the number of beds  
16 that should be allocated for use by each (~~regional support network~~)  
17 behavioral health organization, the department shall establish by  
18 emergency rule the number of state hospital beds that are available for  
19 use by each (~~regional support network~~) behavioral health  
20 organization. The emergency rule shall be effective September 1, 2006.  
21 The primary factor used in the allocation shall be the estimated number  
22 of adults with acute and chronic mental illness in each (~~regional~~  
23 ~~support network~~) behavioral health organization area, based upon  
24 population-adjusted incidence and utilization.

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

34 (5) The department is encouraged to enter performance-based  
35 contracts with (~~regional support networks~~) behavioral health  
36 organizations to provide some or all of the (~~regional support~~  
37 ~~network's~~) behavioral health organization's allocated long-term  
38 inpatient treatment capacity in the community, rather than in the state

1 hospital. The performance contracts shall specify the number of  
2 patient days of care available for use by the (~~regional support~~  
3 ~~network~~) behavioral health organization in the state hospital.

4 (6) If a (~~regional support network~~) behavioral health  
5 organization uses more state hospital patient days of care than it has  
6 been allocated under subsection (3) or (4) of this section, or than it  
7 has contracted to use under subsection (5) of this section, whichever  
8 is less, it shall reimburse the department for that care, except during  
9 the period of July 1, 2012, through December 31, 2013, where  
10 reimbursements may be temporarily altered per section 204, chapter 4,  
11 Laws of 2013 2nd sp. sess. The reimbursement rate per day shall be the  
12 hospital's total annual budget for long-term inpatient care, divided by  
13 the total patient days of care assumed in development of that budget.

14 (7) One-half of any reimbursements received pursuant to subsection  
15 (6) of this section shall be used to support the cost of operating the  
16 state hospital and, during the 2007-2009 fiscal biennium, implementing  
17 new services that will enable a (~~regional support network~~) behavioral  
18 health organization to reduce its utilization of the state hospital.  
19 The department shall distribute the remaining half of such  
20 reimbursements among (~~regional support networks~~) behavioral health  
21 organizations that have used less than their allocated or contracted  
22 patient days of care at that hospital, proportional to the number of  
23 patient days of care not used.

24 **Sec. 29.** RCW 71.24.350 and 2013 c 23 s 189 are each amended to  
25 read as follows:

26 The department shall require each (~~regional support network~~)  
27 behavioral health organization to provide for a separately funded  
28 mental health ombuds office in each (~~regional support network~~)  
29 behavioral health organization that is independent of the (~~regional~~  
30 ~~support network~~) behavioral health organization. The ombuds office  
31 shall maximize the use of consumer advocates.

32 **Sec. 30.** RCW 71.24.370 and 2006 c 333 s 103 are each amended to  
33 read as follows:

34 (1) Except for monetary damage claims which have been reduced to  
35 final judgment by a superior court, this section applies to all claims

1 against the state, state agencies, state officials, or state employees  
2 that exist on or arise after March 29, 2006.

3 (2) Except as expressly provided in contracts entered into between  
4 the department and the (~~regional support networks~~) behavioral health  
5 organizations after March 29, 2006, the entities identified in  
6 subsection (3) of this section shall have no claim for declaratory  
7 relief, injunctive relief, judicial review under chapter 34.05 RCW, or  
8 civil liability against the state or state agencies for actions or  
9 inactions performed pursuant to the administration of this chapter with  
10 regard to the following: (a) The allocation or payment of federal or  
11 state funds; (b) the use or allocation of state hospital beds; or (c)  
12 financial responsibility for the provision of inpatient mental health  
13 care.

14 (3) This section applies to counties, (~~regional support networks~~)  
15 behavioral health organizations, and entities which contract to provide  
16 (~~regional support network~~) behavioral health organization services  
17 and their subcontractors, agents, or employees.

18 **Sec. 31.** RCW 71.24.455 and 1997 c 342 s 2 are each amended to read  
19 as follows:

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

31 (2) Criteria shall include a determination by department of  
32 corrections staff that:

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

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

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

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

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

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

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

32 (b) The case manager shall attempt to locate and procure housing  
33 appropriate to the living and clinical needs of the offender and as  
34 needed to maintain the psychiatric stability of the offender. The  
35 entire range of emergency, transitional, and permanent housing and  
36 involuntary hospitalization must be considered as available housing  
37 options. A housing subsidy may be provided to offenders to defray

1 housing costs up to a maximum of six thousand six hundred dollars per  
2 offender per year and be administered by the case manager. Additional  
3 funding sources may be used to offset these costs when available.

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

8 (d) Medications including the full range of psychotropic  
9 medications including atypical antipsychotic medications may be  
10 required as a condition of the program. Medication prescription,  
11 medication monitoring, and counseling to support offender  
12 understanding, acceptance, and compliance with prescribed medication  
13 regimens must be included.

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

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

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

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

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

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

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

1           **Sec. 32.** RCW 71.24.470 and 2009 c 319 s 1 are each amended to read  
2 as follows:

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

10           (2) The case manager has the authority to assist these offenders in  
11 obtaining the services, as set forth in the plan created under RCW  
12 72.09.370(2), for up to five years. The services may include  
13 coordination of mental health services, assistance with unfunded  
14 medical expenses, obtaining chemical dependency treatment, housing,  
15 employment services, educational or vocational training, independent  
16 living skills, parenting education, anger management services, and such  
17 other services as the case manager deems necessary.

18           (3) The legislature intends that funds appropriated for the  
19 purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section  
20 and distributed to the (~~regional support networks~~) behavioral health  
21 organizations are to supplement and not to supplant general funding.  
22 Funds appropriated to implement RCW 72.09.370, 71.05.145, and  
23 71.05.212, and this section are not to be considered available  
24 resources as defined in RCW 71.24.025 and are not subject to the  
25 priorities, terms, or conditions in the appropriations act established  
26 pursuant to RCW 71.24.035.

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

29           **Sec. 33.** RCW 71.24.480 and 2009 c 319 s 2 are each amended to read  
30 as follows:

31           (1) A licensed service provider or (~~regional support network~~)  
32 behavioral health organization, acting in the course of the provider's  
33 or (~~network's~~) organization's duties under this chapter, is not  
34 liable for civil damages resulting from the injury or death of another  
35 caused by a participant in the offender reentry community safety  
36 program who is a client of the provider or (~~network~~) organization,



1 unless the act or omission of the provider or (~~network~~) organization  
2 constitutes:

- 3 (a) Gross negligence;
- 4 (b) Willful or wanton misconduct; or
- 5 (c) A breach of the duty to warn of and protect from a client's  
6 threatened violent behavior if the client has communicated a serious  
7 threat of physical violence against a reasonably ascertainable victim  
8 or victims.

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

16 (3) A licensed service provider's or (~~regional support network's~~)  
17 behavioral health organization's mere act of treating a participant in  
18 the offender reentry community safety program is not negligence.  
19 Nothing in this subsection alters the licensed service provider's or  
20 (~~regional support network's~~) behavioral health organization's normal  
21 duty of care with regard to the client.

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

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

31 **Sec. 34.** RCW 71.24.845 and 2013 c 230 s 1 are each amended to read  
32 as follows:

33 The (~~regional support networks~~) behavioral health organizations  
34 shall jointly develop a uniform transfer agreement to govern the  
35 transfer of clients between (~~regional support networks~~) behavioral  
36 health organizations. By September 1, 2013, the (~~regional support~~  
37 ~~networks~~) behavioral health organizations shall submit the uniform

1 transfer agreement to the department. By December 1, 2013, the  
2 department shall establish guidelines to implement the uniform transfer  
3 agreement and may modify the uniform transfer agreement as necessary to  
4 avoid impacts on state administrative systems.

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

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

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

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

1 efforts to fund family-centered children's mental health services  
2 through their medicaid programs;

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

8 **Sec. 36.** RCW 71.24.065 and 2007 c 359 s 10 are each amended to  
9 read as follows:

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

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

35 (2) The wraparound model sites shall serve children with serious  
36 emotional or behavioral disturbances who are at high risk of  
37 residential or correctional placement or psychiatric hospitalization,

1 and who have been referred for services from the department, a county  
2 juvenile court, a tribal court, a school, or a licensed mental health  
3 provider or agency.

4 (3) Through a request for proposal process, the department shall  
5 contract, with (~~regional support networks~~) behavioral health  
6 organizations, alone or in partnership with either educational service  
7 districts or entities licensed to provide mental health services to  
8 children with serious emotional or behavioral disturbances, to operate  
9 the wraparound model sites. The contractor shall provide care  
10 coordination and facilitate the delivery of services and other supports  
11 to families using a strength-based, highly individualized wraparound  
12 process. The request for proposal shall require that:

13 (a) The (~~regional support network~~) behavioral health organization  
14 agree to use its medicaid revenues to fund services included in the  
15 existing (~~regional support network's~~) behavioral health  
16 organization's benefit package that a medicaid-eligible child  
17 participating in the wraparound model site is determined to need;

18 (b) The contractor provide evidence of commitments from at least  
19 the following entities to participate in wraparound care plan  
20 development and service provision when appropriate: Community mental  
21 health agencies, schools, the department of social and health services  
22 children's administration, juvenile courts, the department of social  
23 and health services juvenile rehabilitation administration, and managed  
24 health care systems contracting with the department under RCW  
25 74.09.522; and

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

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

32 (5) The evidence-based practice institute established in RCW  
33 71.24.061 shall evaluate the wraparound model sites, measuring outcomes  
34 for children served. Outcomes measured shall include, but are not  
35 limited to: Decreased out-of-home placement, including residential,  
36 group, and foster care, and increased stability of such placements,  
37 school attendance, school performance, recidivism, emergency room

1 utilization, involvement with the juvenile justice system, decreased  
2 use of psychotropic medication, and decreased hospitalization.

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

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

8 In order to establish eligibility for funding under this chapter,  
9 any ((~~regional support network~~)) behavioral health organization seeking  
10 to obtain federal funds for the support of any aspect of a community  
11 mental health program as defined in this chapter shall submit program  
12 plans to the secretary for prior review and approval before such plans  
13 are submitted to any federal agency.

14 **Sec. 38.** RCW 71.24.320 and 2008 c 261 s 5 are each amended to read  
15 as follows:

16 (1) If an existing ((~~regional support network~~)) behavioral health  
17 organization chooses not to respond to a request for qualifications, or  
18 is unable to substantially meet the requirements of a request for  
19 qualifications, or notifies the department of social and health  
20 services it will no longer serve as a ((~~regional support network~~))  
21 behavioral health organization, the department shall utilize a  
22 procurement process in which other entities recognized by the secretary  
23 may bid to serve as the ((~~regional support network~~)) behavioral health  
24 organization.

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

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

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

35 (2) A ((~~regional support network~~)) behavioral health organization  
36 that voluntarily terminates, refuses to renew, or refuses to sign a

1 mandatory amendment to its contract to act as a (~~regional support~~  
2 ~~network~~) behavioral health organization is prohibited from responding  
3 to a procurement under this section or serving as a (~~regional support~~  
4 ~~network~~) behavioral health organization for five years from the date  
5 that the department signs a contract with the entity that will serve as  
6 the (~~regional support network~~) behavioral health organization.

7 **Sec. 39.** RCW 71.24.330 and 2013 c 320 s 9 are each amended to read  
8 as follows:

9 (1)(a) Contracts between a (~~regional support network~~) behavioral  
10 health organization and the department shall include mechanisms for  
11 monitoring performance under the contract and remedies for failure to  
12 substantially comply with the requirements of the contract including,  
13 but not limited to, financial penalties, termination of the contract,  
14 and reprocurement of the contract.

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

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

33 (3) In addition to the requirements of RCW 71.24.035, contracts  
34 shall:

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

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

3 (c) Require substantial implementation of department adopted  
4 integrated screening and assessment process and matrix of best  
5 practices;

6 (d) Maintain the decision-making independence of designated mental  
7 health professionals;

8 (e) Except at the discretion of the secretary or as specified in  
9 the biennial budget, require ((~~regional support networks~~)) behavioral  
10 health organizations to pay the state for the costs associated with  
11 individuals who are being served on the grounds of the state hospitals  
12 and who are not receiving long-term inpatient care as defined in RCW  
13 71.24.025;

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

15 (g) Include a provision requiring either party to provide one  
16 hundred eighty days' notice of any issue that may cause either party to  
17 voluntarily terminate, refuse to renew, or refuse to sign a mandatory  
18 amendment to the contract to act as a ((~~regional support network~~))  
19 behavioral health organization. If either party decides to voluntarily  
20 terminate, refuse to renew, or refuse to sign a mandatory amendment to  
21 the contract to serve as a ((~~regional support network~~)) behavioral  
22 health organization they shall provide ninety days' advance notice in  
23 writing to the other party.

24 **Sec. 40.** RCW 71.24.360 and 2012 c 91 s 1 are each amended to read  
25 as follows:

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

28 (a) Where more than one ((~~network~~)) organization chooses not to  
29 respond to, or is unable to substantially meet the requirements of, the  
30 request for qualifications under RCW 71.24.320;

31 (b) Where a ((~~regional support network~~)) behavioral health  
32 organization is subject to reprocurement under RCW 71.24.330; or

33 (c) Where two or more ((~~regional support networks~~)) behavioral  
34 health organizations propose to reconfigure themselves to achieve  
35 consolidation, in which case the procurement process described in RCW  
36 71.24.320 and 71.24.330(2) does not apply.

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

5 **Sec. 41.** RCW 71.24.405 and 2001 c 323 s 19 are each amended to  
6 read as follows:

7 The department shall establish a comprehensive and collaborative  
8 effort within (~~((regional support networks))~~) behavioral health  
9 organizations and with local mental health service providers aimed at  
10 creating innovative and streamlined community mental health service  
11 delivery systems, in order to carry out the purposes set forth in RCW  
12 71.24.400 and to capture the diversity of the community mental health  
13 service delivery system.

14 The department must accomplish the following:

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

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

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

34 (4) Evaluation of the feasibility of contractual agreements between  
35 the department of social and health services and (~~((regional support~~  
36 ~~networks))~~) behavioral health organizations and mental health service  
37 providers that link financial incentives to the success or failure of



1 mental health service providers and (~~regional support networks~~)  
2 behavioral health organizations to meet outcomes established for mental  
3 health service clients;

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

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

11 **Sec. 42.** RCW 71.24.430 and 2001 c 323 s 3 are each amended to read  
12 as follows:

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

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

25 **Sec. 43.** RCW 74.09.520 and 2011 1st sp.s. c 15 s 27 are each  
26 amended to read as follows:

27 (1) The term "medical assistance" may include the following care  
28 and services subject to rules adopted by the authority or department:

29 (a) Inpatient hospital services; (b) outpatient hospital services; (c)  
30 other laboratory and X-ray services; (d) nursing facility services; (e)  
31 physicians' services, which shall include prescribed medication and  
32 instruction on birth control devices; (f) medical care, or any other  
33 type of remedial care as may be established by the secretary or  
34 director; (g) home health care services; (h) private duty nursing  
35 services; (i) dental services; (j) physical and occupational therapy  
36 and related services; (k) prescribed drugs, dentures, and prosthetic

1 devices; and eyeglasses prescribed by a physician skilled in diseases  
2 of the eye or by an optometrist, whichever the individual may select;  
3 (l) personal care services, as provided in this section; (m) hospice  
4 services; (n) other diagnostic, screening, preventive, and  
5 rehabilitative services; and (o) like services when furnished to a  
6 child by a school district in a manner consistent with the requirements  
7 of this chapter. For the purposes of this section, neither the  
8 authority nor the department may cut off any prescription medications,  
9 oxygen supplies, respiratory services, or other life-sustaining medical  
10 services or supplies.

11 "Medical assistance," notwithstanding any other provision of law,  
12 shall not include routine foot care, or dental services delivered by  
13 any health care provider, that are not mandated by Title XIX of the  
14 social security act unless there is a specific appropriation for these  
15 services.

16 (2) The department shall adopt, amend, or rescind such  
17 administrative rules as are necessary to ensure that Title XIX personal  
18 care services are provided to eligible persons in conformance with  
19 federal regulations.

20 (a) These administrative rules shall include financial eligibility  
21 indexed according to the requirements of the social security act  
22 providing for medicaid eligibility.

23 (b) The rules shall require clients be assessed as having a medical  
24 condition requiring assistance with personal care tasks. Plans of care  
25 for clients requiring health-related consultation for assessment and  
26 service planning may be reviewed by a nurse.

27 (c) The department shall determine by rule which clients have a  
28 health-related assessment or service planning need requiring registered  
29 nurse consultation or review. This definition may include clients that  
30 meet indicators or protocols for review, consultation, or visit.

31 (3) The department shall design and implement a means to assess the  
32 level of functional disability of persons eligible for personal care  
33 services under this section. The personal care services benefit shall  
34 be provided to the extent funding is available according to the  
35 assessed level of functional disability. Any reductions in services  
36 made necessary for funding reasons should be accomplished in a manner  
37 that assures that priority for maintaining services is given to persons

1 with the greatest need as determined by the assessment of functional  
2 disability.

3 (4) Effective July 1, 1989, the authority shall offer hospice  
4 services in accordance with available funds.

5 (5) For Title XIX personal care services administered by aging and  
6 disability services administration of the department, the department  
7 shall contract with area agencies on aging:

8 (a) To provide case management services to individuals receiving  
9 Title XIX personal care services in their own home; and

10 (b) To reassess and reauthorize Title XIX personal care services or  
11 other home and community services as defined in RCW 74.39A.009 in home  
12 or in other settings for individuals consistent with the intent of this  
13 section:

14 (i) Who have been initially authorized by the department to receive  
15 Title XIX personal care services or other home and community services  
16 as defined in RCW 74.39A.009; and

17 (ii) Who, at the time of reassessment and reauthorization, are  
18 receiving such services in their own home.

19 (6) In the event that an area agency on aging is unwilling to enter  
20 into or satisfactorily fulfill a contract or an individual consumer's  
21 need for case management services will be met through an alternative  
22 delivery system, the department is authorized to:

23 (a) Obtain the services through competitive bid; and

24 (b) Provide the services directly until a qualified contractor can  
25 be found.

26 (7) Subject to the availability of amounts appropriated for this  
27 specific purpose, the authority may offer medicare part D prescription  
28 drug copayment coverage to full benefit dual eligible beneficiaries.

29 (8) By April 1, 2016, any contract with a managed health care  
30 system to provide services to medical assistance enrollees shall  
31 include services for persons with mild chemical dependency as defined  
32 by the department under RCW 70.96A.040. The managed health care system  
33 contracts shall serve geographic areas that correspond to the regional  
34 service areas established in section 2 of this act.

35 NEW SECTION. Sec. 44. Section 1 of this act is necessary for the  
36 immediate preservation of the public peace, health, or safety, or

1 support of the state government and its existing public institutions,  
2 and takes effect immediately.

3 NEW SECTION. **Sec. 45.** Sections 3 and 6 through 43 of this act  
4 take effect April 1, 2016.

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