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ESHB 1713 - S COMM AMD By Committee on Ways & Means

ADOPTED AND ENGROSSED 4/15/2015

- 1 Strike everything after the enacting clause and insert the 2 following:
- 3 "NEW SECTION. Sec. 1. (1) In 2014, the legislature required the integration of the treatment systems for chemical dependency and 4 mental health into behavioral health organizations beginning April 1, 5 2016. There currently exists involuntary treatment for mental health 6 7 and limited involuntary treatment for chemical dependency. With the 8 integration of mental health and chemical dependency into behavioral health treatment system, it is the intention of the 9 10 legislature to determine the best course of action for integration of the two involuntary treatment systems into one integrated system. 11
 - (2) The Washington state institute for public policy shall complete an evaluation of involuntary treatment systems for chemical dependency and shall submit a report to the appropriate committees of the legislature by December 31, 2015. To the extent it is not duplicative of other studies, the report must study how other states have implemented involuntary chemical dependency treatment with respect to emergency and nonemergency detentions. The study must include, but not be limited to:
- 20 (a) Court processes for referral for involuntary chemical 21 dependency treatment;
 - (b) Statutory lengths of stay;
- 23 (c) Types of professionals providing evaluation and referral for 24 treatment;
- 25 (d) Required qualifications of professionals providing evaluation 26 and referral for treatment;
 - (e) Number of beds per one thousand residents;
 - (f) Less restrictive alternatives to detention; and
- 29 (g) Integration of involuntary mental health and chemical 30 dependency treatment processes.
- 31 (3) The Washington state institute for public policy shall update 32 its analyses of Washington's integrated crisis response pilots

- published in 2007, 2008, and 2011 using the institute's most recent 1
- cost benefit analysis methodology. 2

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- Sec. 2. RCW 71.24.025 and 2014 c 225 s 10 are each reenacted and 3 amended to read as follows: 4
- 5 Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter. 6
- 7 (1) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of: 8
- (a) A mental disorder as defined in RCW 71.05.020 or, in the case 9 of a child, as defined in RCW 71.34.020; 10
- (b) Being gravely disabled as defined in RCW 71.05.020 or, in the 11 case of a child, a gravely disabled minor as defined in RCW 12 13 71.34.020; or
- (c) Presenting a likelihood of serious harm as defined in RCW 14 71.05.020 or, in the case of a child, as defined in RCW 71.34.020. 15
- 16 (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, 17 except those provided according to Title XIX of the Social Security 18 Act, and state funds appropriated under this chapter or chapter 71.05 19 20 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, 21 community support services, and other mental health services. This 22 does not include funds appropriated for the purpose of operating and 23 24 administering the state psychiatric hospitals.
 - (3) "Behavioral health organization" means any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.
 - (4) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and ((chemical dependency)) <u>substance use disorder</u> treatment services as described in this chapter and chapter 70.96A RCW.
 - (5) "Child" means a person under the age of eighteen years.
- (6) "Chronically mentally ill adult" or "adult who is chronically 33 mentally ill" means an adult who has a mental disorder and meets at 34 least one of the following criteria: 35
- (a) Has undergone two or more episodes of hospital care for a 36 mental disorder within the preceding two years; or 37

1 (b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the 2 preceding year; or 3

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- (c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.
- (7) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.
- 12 (8) (("Community mental health program" means all mental health 13 services, activities, or programs using available resources.
 - (9))) "Community mental health service delivery system" means public, private, or tribal agencies that provide services specifically to persons with mental disorders as defined under RCW 71.05.020 and receive funding from public sources.
 - (((10))) (9) "Community support services" means services authorized, planned, and coordinated through resource management services including, at a minimum, assessment, diagnosis, emergency crisis intervention available twenty-four hours, seven days a week, prescreening determinations for persons who are mentally ill being considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential services, diagnosis and treatment for children who are acutely mentally ill or severely emotionally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, assuring transfer of relevant patient information between service providers, recovery services, and other services determined by behavioral health organizations.
 - $((\frac{11}{11}))$ (10) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.
- 39 $((\frac{12}{12}))$ "County authority" means the board of county 40 commissioners, county council, or county executive having authority

1 to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered 2 into an agreement to provide a community mental health program. 3

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 $((\frac{13}{13}))$ (12) "Department" means the department of social and health services.

 $((\frac{14}{14}))$ "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

 $((\frac{15}{15}))$ (14) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection $((\frac{16}{16}))$ of this section.

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

 $((\frac{17}{17}))$ (16) "Licensed service provider" means an entity licensed according to this chapter or chapter 71.05 or 70.96A RCW or an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, or tribal attestation that meets state minimum standards, or persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

 $((\frac{18}{18}))$ (17) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment for, periods of ninety days or greater under chapter 71.05 "Long-term inpatient care" as used in this chapter does not include: (a) Services for individuals committed under chapter 71.05 RCW who are receiving services pursuant to a conditional release or a

- 1 court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive 2 alternative treatment on the grounds of the state hospital. 3
- $((\frac{19}{19}))$ (18) "Mental health services" means all services 4 provided by behavioral health organizations and other services 5 6 provided by the state for persons who are mentally ill.
- $((\frac{20}{20}))$ (19) "Mentally ill persons," "persons who are mentally 7 ill," and "the mentally ill" mean persons and conditions defined in 8 subsections (1), (6), (27), and $(28)((\frac{1}{29}))$ of this section.
- $((\frac{21}{21}))$ (20) "Recovery" means the process in which people are 10 11 able to live, work, learn, and participate fully in their 12 communities.

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- $((\frac{22}{2}))$ <u>(21)</u> "Registration records" include all the records of 13 14 department, behavioral health organizations, treatment facilities, and other persons providing services to the department, 15 16 county departments, or facilities which identify persons who are 17 receiving or who at any time have received services for mental 18 illness.
 - $((\frac{23}{23}))$ (22) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection $((\frac{16}{16}))$ (15) of this section but does not meet the full criteria for evidence-based.
 - $((\frac{24}{24}))$ (23) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-

home placements related to their mental disorder shall not include 1 the costs of food and shelter, except for children's long-term 2 residential facilities existing prior to January 1, 1991. 3

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- $((\frac{25}{25}))$ "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.
- 7 $((\frac{26}{1}))$ (25) "Resource management services" mean the planning, coordination, and authorization of residential services and community 8 support services administered pursuant to an individual service plan 9 for: (a) Adults and children who are acutely mentally ill; (b) adults 10 11 who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and 12 determined solely by a behavioral health organization to be at risk 13 of becoming acutely or chronically mentally ill. Such planning, 14 coordination, and authorization shall include mental health screening 15 for children eligible under the federal Title XIX early and periodic 16 17 screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day 18 availability of information regarding enrollment of adults and 19 children who are mentally ill in services and their individual 20 21 service plan to designated mental health professionals, evaluation and treatment facilities, and others as determined by the behavioral 22 23 health organization.
- 24 (((27))) (26) "Secretary" means the secretary of social and 25 health services.
 - $((\frac{28}{28}))$ (27) "Seriously disturbed person" means a person who:
 - (a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;
 - (b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;
- (c) Has a mental disorder which causes major impairment in 34 35 several areas of daily living;
 - (d) Exhibits suicidal preoccupation or attempts; or
- 37 (e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which 38 is clearly interfering with the child's functioning in family or 39

school or with peers or is clearly interfering with the child's personality development and learning.

- $((\frac{(29)}{)})$ (28) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health organization to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
- 11 (a) Has undergone inpatient treatment or placement outside of the 12 home related to a mental disorder within the last two years;
- 13 (b) Has undergone involuntary treatment under chapter 71.34 RCW 14 within the last two years;
 - (c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;
 - (d) Is at risk of escalating maladjustment due to:
- 19 (i) Chronic family dysfunction involving a caretaker who is 20 mentally ill or inadequate;
 - (ii) Changes in custodial adult;
- (iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
 - (iv) Subject to repeated physical abuse or neglect;
- (v) Drug or alcohol abuse; or
- 28 (vi) Homelessness.

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- ((\(\frac{(30)}{)}\)) (29) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.
- (((31))) (30) Mental health "treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for

- 1 personal use by a person providing treatment services for the 2 department, behavioral health organizations, or a treatment facility 3 if the notes or records are not available to others.
- 4 (((32))) <u>(31)</u> "Tribal authority," for the purposes of this 5 section and RCW 71.24.300 only, means: The federally recognized 6 Indian tribes and the major Indian organizations recognized by the 7 secretary insofar as these organizations do not have a financial 8 relationship with any behavioral health organization that would 9 present a conflict of interest.
 - (32) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

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- (33) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.
- (34) "Behavioral health program" means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat chemical dependency and mental illness.
 - (35) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
 - (36) "Designated chemical dependency specialist" means a person designated by the behavioral health organization or by the county alcoholism and other drug addiction program coordinator designated by the behavioral health organization to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
- 36 (37) "Drug addiction" means a disease characterized by a
 37 dependency on psychoactive chemicals, loss of control over the amount
 38 and circumstances of use, symptoms of tolerance, physiological or
 39 psychological withdrawal, or both, if use is reduced or discontinued,

- 1 and impairment of health or disruption of social or economic
 2 functioning.
- 3 (38) "Early adopter" means a regional service area for which all
 4 of the county authorities have requested that the department and the
 5 health care authority jointly purchase medical and behavioral health
 6 services through a managed care health system as defined under RCW
 7 71.24.380(6).
- 8 (39) "Licensed physician" means a person licensed to practice
 9 medicine or osteopathic medicine and surgery in the state of
 10 Washington.
- 11 **Sec. 3.** RCW 71.24.035 and 2014 c 225 s 11 are each amended to 12 read as follows:
- 13 (1) The department is designated as the state ((mental))
 14 behavioral health authority which includes recognition as the single
 15 state authority for substance use disorders and state mental health
 16 authority.
 - (2) The secretary shall provide for public, client, tribal, and licensed service provider participation in developing the state ((mental)) behavioral health program, developing contracts with behavioral health organizations, and any waiver request to the federal government under medicaid.
 - (3) The secretary shall provide for participation in developing the state ((mental)) behavioral health program for children and other underserved populations, by including representatives on any committee established to provide oversight to the state ((mental)) behavioral health program.
 - (4) The secretary shall be designated as the behavioral health organization if the behavioral health organization fails to meet state minimum standards or refuses to exercise responsibilities under its contract or RCW 71.24.045, until such time as a new behavioral health organization is designated.
 - (5) The secretary shall:

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- 33 (a) Develop a biennial state ((mental)) behavioral health program
 34 that incorporates regional biennial needs assessments and regional
 35 mental health service plans and state services for adults and
 36 children with mental ((illness)) disorders or substance use disorders
 37 or both;
- 38 (b) Assure that any behavioral health organization or county
 39 community ((mental)) behavioral health program provides medically
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necessary services to medicaid recipients consistent with the state's medicaid state plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;

- (c) Develop and adopt rules establishing state minimum standards for the delivery of ((mental)) behavioral health services pursuant to RCW 71.24.037 including, but not limited to:
- (i) Licensed service providers. These rules shall permit a county-operated ((mental)) behavioral health program to be licensed as a service provider subject to compliance with applicable statutes and rules. The secretary shall provide for deeming of compliance with state minimum standards for those entities accredited by recognized behavioral health accrediting bodies recognized and having a current agreement with the department;
- (ii) Inpatient services, evaluation and treatment services and facilities under chapter 71.05 RCW, resource management services, and community support services;
 - (d) Assure that the special needs of persons who are minorities, elderly, disabled, children, low-income, and parents who are respondents in dependency cases are met within the priorities established in this section;
 - (e) Establish a standard contract or contracts, consistent with state minimum standards which shall be used in contracting with behavioral health organizations. The standard contract shall include a maximum fund balance, which shall be consistent with that required by federal regulations or waiver stipulations;
 - (f) Make contracts necessary or incidental to the performance of its duties and the execution of its powers, including managed care contracts for behavioral health services, contracts entered into under RCW 74.09.522, and contracts with public and private agencies, organizations, and individuals to pay them for behavioral health services;
 - (g) Establish, to the extent possible, a standardized auditing procedure which is designed to assure compliance with contractual agreements authorized by this chapter and minimizes paperwork requirements of behavioral health organizations and licensed service providers. The audit procedure shall focus on the outcomes of service as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;
- $((\frac{g}{g}))$ (h) Develop and maintain an information system to be used by the state and behavioral health organizations that includes a tracking method which allows the department and behavioral health

- 1 organizations to identify ((mental)) behavioral health clients'
- participation in any ((mental)) behavioral health service or public 2
- program on an immediate basis. The information system shall not 3
- include individual patient's case history files. Confidentiality of 4
- client information and records shall be maintained as provided in 5
- 6 this chapter and chapter 70.02 RCW;
- 7 (((h))) (i) License service providers who meet state minimum standards; 8
- $((\frac{1}{2}))$ (j) Periodically monitor the compliance of behavioral 9
- health organizations and their network of licensed service providers 10
- for compliance with the contract between the department, the 11
- 12 behavioral health organization, and federal and state rules at
- reasonable times and in a reasonable manner; 13
- 14 $((\frac{1}{2}))$ (k) Fix fees to be paid by evaluation and treatment
- centers to the secretary for the required inspections; 15
- 16 $((\frac{k}{k}))$ (1) Monitor and audit behavioral health organizations and
- 17 licensed service providers as needed to assure compliance with
- 18 contractual agreements authorized by this chapter;
- (((1))) (m) Adopt such rules as are necessary to implement the 19
- department's responsibilities under this chapter; 20
- 21 $((\frac{m}{n}))$ (n) License or certify crisis stabilization units that
- meet state minimum standards; 22
- $((\frac{n}{n}))$ (o) License or certify clubhouses that meet state minimum 23
- 24 standards; ((and
- 25 (o))) (p) License or certify triage facilities that meet state
- 26 minimum standards; and
- 27 (q) Administer or supervise the administration of the provisions
- relating to persons with substance use disorders and intoxicated 28
- 29 persons of any state plan submitted for federal funding pursuant to
- federal health, welfare, or treatment legislation. 30
- 31 The secretary shall use available resources only for
- behavioral health organizations, except: 32
- To the extent authorized, and in accordance with any 33
- priorities or conditions specified, in the biennial appropriations 34
- 35 act; or
- 36 (b) To incentivize improved performance with respect to the
- client outcomes established in RCW 43.20A.895, 70.320.020, and 37
- 71.36.025, integration of behavioral health and medical services at 38
- the clinical level, and improved care coordination for individuals 39
- 40 with complex care needs.

(7) Each behavioral health organization and licensed service provider shall file with the secretary, on request, such data, statistics, schedules, and information as the secretary reasonably requires. A behavioral health organization or licensed service provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or fraudulent reports thereof, may be subject to the behavioral health organization contractual remedies in RCW 43.20A.894 or may have its service provider certification or license revoked or suspended.

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- The secretary may suspend, revoke, limit, or restrict a certification or license, or refuse to grant a certification or license for failure to conform to: (a) The law; (b) applicable rules and regulations; (c) applicable standards; or (d) state minimum standards.
- (9) The superior court may restrain any behavioral health organization or service provider from operating without a contract, certification, or a license or any other violation of this section. The court may also review, pursuant to procedures contained in chapter 34.05 RCW, any denial, suspension, limitation, restriction, or revocation of certification or license, and grant other relief required to enforce the provisions of this chapter.
- (10) Upon petition by the secretary, and after hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the secretary authorizing him or her to enter at reasonable times, and examine the records, books, and accounts of any behavioral health organization((s [organization])) or service provider refusing to consent to inspection or examination by the authority.
- (11) Notwithstanding the existence or pursuit of any other remedy, the secretary may file an action for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, or operation of a behavioral health organization or service provider without a contract, certification, or a license under this chapter.
- (12) ((The standards for certification or licensure of evaluation and treatment facilities shall include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall otherwise assure the effectuation of the purposes of these chapters.

- 1 (13) The standards for certification or licensure of crisis 2 stabilization units shall include standards that:
 - (a) Permit location of the units at a jail facility if the unit is physically separate from the general population of the jail;
 - (b) Require administration of the unit by mental health professionals who direct the stabilization and rehabilitation efforts; and
- 8 (c) Provide an environment affording security appropriate with
 9 the alleged criminal behavior and necessary to protect the public
 10 safety.
- 11 (14) The standards for certification or licensure of a clubhouse 12 shall at a minimum include:
- 13 (a) The facilities may be peer-operated and must be 14 recovery-focused;
 - (b) Members and employees must work together;

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- (c) Members must have the opportunity to participate in all the work of the clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, advocacy, and evaluation of clubhouse effectiveness;
- (d) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;
- (e) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;
- (f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;
- 33 (g) Clubhouse programs must focus on strengths, talents, and abilities of its members;
- 35 (h) The work-ordered day may not include medication clinics, day 36 treatment, or other therapy programs within the clubhouse.
- (15)) The department shall distribute appropriated state and federal funds in accordance with any priorities, terms, or conditions specified in the appropriations act.

(((16))) (13) The secretary shall assume all duties assigned to the nonparticipating behavioral health organizations under chapters 71.05 and 71.34 RCW and this chapter. Such responsibilities shall include those which would have been assigned to the nonparticipating counties in regions where there are not participating behavioral health organizations.

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

$((\frac{17}{17}))$ (14) The secretary shall:

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- (a) Disburse funds for the behavioral health organizations within sixty days of approval of the biennial contract. The department must either approve or reject the biennial contract within sixty days of receipt.
- (b) Enter into biennial contracts with behavioral health organizations. The contracts shall be consistent with available resources. No contract shall be approved that does not include progress toward meeting the goals of this chapter by taking responsibility for: (i) Short-term commitments; (ii) residential care; and (iii) emergency response systems.
- (c) Notify behavioral health organizations of their allocation of available resources at least sixty days prior to the start of a new biennial contract period.
- (d) Deny all or part of the funding allocations to behavioral organizations based solely upon formal findings noncompliance with the terms of the behavioral health organization's with the department. Behavioral health organizations disputing the decision of the secretary to withhold funding allocations are limited to the remedies provided in the department's contracts with the behavioral health organizations.
- (((18))) The department, in cooperation with the state congressional delegation, shall actively seek waivers of federal requirements and such modifications of federal regulations as are necessary to allow federal medicaid reimbursement for services provided freestanding evaluation and treatment facilities by certified under chapter 71.05 RCW. The department shall periodically

1 report its efforts to the appropriate committees of the senate and 2 the house of representatives.

(16) The department may:

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- (a) Plan, establish, and maintain substance use disorder 4 prevention and substance use disorder treatment programs as necessary 5 6 or desirable;
 - (b) Coordinate its activities and cooperate with behavioral programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this and other states for behavioral health services and for the common advancement of substance use disorder programs;
- 12 (c) Solicit and accept for use any gift of money or property made by will or otherwise, and any grant of money, services, or property 13 from the federal government, the state, or any political subdivision 14 thereof or any private source, and do all things necessary to 15 cooperate with the federal government or any of its agencies in 16 17 making an application for any grant;
- (d) Keep records and engage in research and the gathering of 18 relevant statistics; and 19
- (e) Acquire, hold, or dispose of real property or any interest 20 therein, and construct, lease, or otherwise provide substance use 21 22 disorder treatment programs.
- **Sec. 4.** RCW 70.96A.050 and 2014 c 225 s 23 are each amended to 23 24 read as follows:
- 25 The department shall:
- (1) Develop, encourage, and foster statewide, regional, and local 26 27 plans and programs for the prevention of alcoholism and other drug addiction, treatment of persons with substance use disorders and 28 families, persons incapacitated by alcohol 29 or other 30 psychoactive chemicals, and intoxicated persons in cooperation with public and private agencies, organizations, and individuals and 31 provide technical assistance and consultation services for these 32 33 purposes;
- (2) Assure that any behavioral health organization managed care 34 35 contract, or managed care contract under RCW 74.09.522 for behavioral health services or programs for the treatment of persons with 36 substance use disorders and their families, persons incapacitated by 37 alcohol or other psychoactive chemicals, and intoxicated persons 38 provides medically necessary services to medicaid recipients. This 39

must include a continuum of mental health and ((chemical dependency))

substance use disorder services consistent with the state's medicaid

plan or federal waiver authorities, and nonmedicaid services

consistent with priorities established by the department;

- (3) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and drug addiction, and treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;
 - (4) Cooperate with public and private agencies in establishing and conducting programs to provide treatment for persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons who are clients of the correctional system;
 - (5) Cooperate with the superintendent of public instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of ((alcoholism and other drug addiction)) substance use disorders, treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and preparing curriculum materials thereon for use at all levels of school education;
 - (6) Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and other psychoactive chemicals and the consequences of their use;
 - (7) Develop and implement, as an integral part of <u>substance use</u> <u>disorder</u> treatment programs, an educational program for use in the treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, which program shall include the dissemination of information concerning the nature and effects of alcohol and other psychoactive chemicals, the consequences of their use, the principles of recovery, and HIV and AIDS;
- 36 (8) Organize and foster training programs for persons engaged in 37 treatment of persons with substance use disorders, persons 38 incapacitated by alcohol or other psychoactive chemicals, and 39 intoxicated persons;

1 (9) Sponsor and encourage research into the causes and nature of ((alcoholism and other drug addiction)) substance use disorders, 2 treatment of persons with substance use 3 disorders, incapacitated by alcohol or other psychoactive chemicals, and 4 intoxicated persons, and serve as a clearinghouse for information 5 6 relating to ((alcoholism or other drug addiction)) substance use 7 disorders;

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- (10) Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;
- (11) Advise the governor in the preparation of a comprehensive plan for treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons for inclusion in the state's comprehensive health plan;
- (12) Review all state health, welfare, and treatment plans to be submitted for federal funding under federal legislation, and advise the governor on provisions to be included relating to substance use disorders;
- (13) Assist in the development of, and cooperate with, programs for alcohol and other psychoactive chemical education and treatment for employees of state and local governments and businesses and industries in the state;
 - (14) Use the support and assistance of interested persons in the community to encourage persons with substance use disorders voluntarily to undergo treatment;
 - (15) Cooperate with public and private agencies in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;
 - (16) Encourage general hospitals and other appropriate health facilities to admit without discrimination persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and to provide them with adequate and appropriate treatment;
- 37 (17) Encourage all health and disability insurance programs to 38 include ((alcoholism and other drug addiction)) substance use 39 disorders as a covered illness; and

- 1 (18) Organize and sponsor a statewide program to help court personnel, including judges, better understand ((the disease of 2 alcoholism and other drug addiction)) substance use disorders and the 3 uses of ((chemical dependency)) <u>substance</u> use <u>disorder</u> treatment 4 5 programs.
- Sec. 5. RCW 71.24.037 and 2001 c 323 s 11 are each amended to 6 7 read as follows:

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- (1) The secretary shall by rule establish state minimum standards for licensed behavioral health service providers and services, whether those service providers and services are licensed to provide solely mental health services, substance use disorder treatment services, or services to persons with co-occurring disorders.
- (2) Minimum standards for licensed <u>behavioral health</u> service providers shall, at a minimum, establish: Qualifications for staff providing services directly to ((mentally ill)) persons with mental disorders, substance use disorders, or both, the intended result of each service, and the rights and responsibilities of persons receiving ((mental)) behavioral health services pursuant to this chapter. The secretary shall provide for deeming of licensed behavioral health service providers as meeting state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department.
- (3) Minimum standards for community support services and resource management services shall include at least qualifications for resource management services, client tracking systems, and the transfer of patient information between <u>behavioral health</u> service providers.
- (4) The department may suspend, revoke, limit, restrict, or modify an approval, or refuse to grant approval, for failure to meet the provisions of this chapter, or the standards adopted under this chapter. RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification and provides the right to an adjudicative proceeding.
- 35 (5) No licensed behavioral health service provider may advertise or represent itself as a licensed behavioral health service provider 36 if approval has not been granted, has been denied, suspended, 37 38 revoked, or canceled.

(6) Licensure as a behavioral health service provider is effective for one calendar year from the date of issuance of the license. The license must specify the types of services provided by the behavioral health service provider that meet the standards adopted under this chapter. Renewal of a license must be made in accordance with this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.

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- (7) Licensure as a licensed behavioral health service provider must specify the types of services provided that meet the standards adopted under this chapter. Renewal of a license must be made in accordance with this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.
- (8) Licensed behavioral health service providers may not provide types of services for which the licensed behavioral health service provider has not been certified. Licensed behavioral health service providers may provide services for which approval has been sought and is pending, if approval for the services has not been previously revoked or denied.
- 19 <u>(9) The department periodically shall inspect licensed behavioral</u>
 20 <u>health service providers at reasonable times and in a reasonable</u>
 21 <u>manner.</u>
 - (10) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any licensed behavioral health service provider refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter.
- 30 <u>(11) The department shall maintain and periodically publish a</u> 31 <u>current list of licensed behavioral health service providers.</u>
- 32 (12) Each licensed behavioral health service provider shall file 33 with the department upon request, data, statistics, schedules, and 34 information the department reasonably requires. A licensed behavioral 35 health service provider that without good cause fails to furnish any 36 data, statistics, schedules, or information as requested, or files 37 fraudulent returns thereof, may have its license revoked or 38 suspended.
- 39 <u>(13) The department shall use the data provided in subsection</u> 40 <u>(12) of this section to evaluate each program that admits children to</u>

- 1 <u>inpatient substance use disorder treatment upon application of their</u>
- 2 parents. The evaluation must be done at least once every twelve
- 3 months. In addition, the department shall randomly select and review
- 4 the information on individual children who are admitted on
- 5 application of the child's parent for the purpose of determining
- 6 whether the child was appropriately placed into substance use
- 7 disorder treatment based on an objective evaluation of the child's
- 8 condition and the outcome of the child's treatment.

- **Sec. 6.** RCW 70.96A.090 and 2005 c 70 s 2 are each amended to 10 read as follows:
 - (1) ((The department shall adopt rules establishing standards for approved treatment programs, the process for the review and inspection program applying to the department for certification as an approved treatment program, and fixing the fees to be charged by the department for the required inspections. The standards may concern the health standards to be met and standards of services and treatment to be afforded patients.
 - (2) The department may suspend, revoke, limit, restrict, or modify an approval, or refuse to grant approval, for failure to meet the provisions of this chapter, or the standards adopted under this chapter. RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification and provides the right to an adjudicative proceeding.
 - (3) No treatment program may advertise or represent itself as an approved treatment program if approval has not been granted, has been denied, suspended, revoked, or canceled.
 - (4) Certification as an approved treatment program is effective for one calendar year from the date of issuance of the certificate. The certification shall specify the types of services provided by the approved treatment program that meet the standards adopted under this chapter. Renewal of certification shall be made in accordance with this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.
 - (5) Approved treatment programs shall not provide alcoholism or other drug addiction treatment services for which the approved treatment program has not been certified. Approved treatment programs may provide services for which approval has been sought and is pending, if approval for the services has not been previously revoked or denied.

(6) The department periodically shall inspect approved public and private treatment programs at reasonable times and in a reasonable manner.

- (7) The department shall maintain and periodically publish a current list of approved treatment programs.
- (8) Each approved treatment program shall file with the department on request, data, statistics, schedules, and information the department reasonably requires. An approved treatment program that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns thereof, may be removed from the list of approved treatment programs, and its certification revoked or suspended.
- (9) The department shall use the data provided in subsection (8) of this section to evaluate each program that admits children to inpatient treatment upon application of their parents. The evaluation shall be done at least once every twelve months. In addition, the department shall randomly select and review the information on individual children who are admitted on application of the child's parent for the purpose of determining whether the child was appropriately placed into treatment based on an objective evaluation of the child's condition and the outcome of the child's treatment.
- (10) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any approved public or private treatment program refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter.
- (11)(a)) All approved opiate substitution treatment programs that provide services to women who are pregnant are required to disseminate up-to-date and accurate health education information to all their pregnant clients concerning the possible addiction and health risks that their opiate substitution treatment may have on their baby. All pregnant clients must also be advised of the risks to both them and their baby associated with not remaining on the opiate substitute program. The information must be provided to these clients both verbally and in writing. The health education information provided to the pregnant clients must include referral options for the addicted baby.

- $((\frac{b}{b}))$ <u>(2)</u> The department shall adopt rules that require all 1 2 opiate treatment programs to educate all pregnant women in their program on the benefits and risks of methadone treatment to their 3 fetus before they are provided these medications, as part of their 4 addiction treatment. The department shall meet the requirements under 5 6 this subsection within the appropriations provided for opiate 7 treatment programs. The department, working with treatment providers and medical experts, shall develop and disseminate the educational 8 materials to all certified opiate treatment programs. 9
- 10 <u>NEW SECTION.</u> **Sec. 7.** A new section is added to chapter 71.24 11 RCW to read as follows:
- The standards for certification or licensure of evaluation and treatment facilities must include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and must otherwise assure the effectuation of the purposes of these chapters.
- NEW SECTION. Sec. 8. A new section is added to chapter 71.24
 RCW to read as follows:
- 20 The standards for certification or licensure of crisis 21 stabilization units must include standards that:
- 22 (1) Permit location of the units at a jail facility if the unit 23 is physically separate from the general population of the jail;
- 24 (2) Require administration of the unit by mental health 25 professionals who direct the stabilization and rehabilitation 26 efforts; and
- 27 (3) Provide an environment affording security appropriate with 28 the alleged criminal behavior and necessary to protect the public 29 safety.
- NEW SECTION. Sec. 9. A new section is added to chapter 71.24 RCW to read as follows:
- The standards for certification or licensure of a clubhouse must at a minimum include:
- 34 (1) The facilities may be peer-operated and must be 35 recovery-focused;
- 36 (2) Members and employees must work together;

- 1 (3) Members must have the opportunity to participate in all the 2 work of the clubhouse, including administration, research, intake and 3 orientation, outreach, hiring, training and evaluation of staff, 4 public relations, advocacy, and evaluation of clubhouse 5 effectiveness;
 - (4) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;
- 10 (5) Clubhouse programs must be comprised of structured activities 11 including but not limited to social skills training, vocational 12 rehabilitation, employment training and job placement, and community 13 resource development;
 - (6) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;
- 18 (7) Clubhouse programs must focus on strengths, talents, and 19 abilities of its members;
- 20 (8) The work-ordered day may not include medication clinics, day 21 treatment, or other therapy programs within the clubhouse.
- 22 **Sec. 10.** RCW 71.24.385 and 2014 c 225 s 9 are each amended to 23 read as follows:
- (1) Within funds appropriated by the legislature for this purpose, behavioral health organizations shall develop the means to serve the needs of people:
- 27 <u>(a) With mental disorders residing within the boundaries of their</u> 28 regional service area. Elements of the program may include:
- 29 $((\frac{a}{a}))$ (i) Crisis diversion services;
- 30 (((b))) <u>(ii)</u> Evaluation and treatment and community hospital 31 beds;
- 32 (((c))) (iii) Residential treatment;
- $((\frac{d}{d}))$ (iv) Programs for intensive community treatment;
- $((\frac{(e)}{(v)}))$ Outpatient services;

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- $((\frac{f}{f}))$ (vi) Peer support services;
- 36 (((g))) <u>(vii)</u> Community support services;
- 37 (((h))) <u>(viii)</u> Resource management services; and
- $((\frac{1}{2}))$ (ix) Supported housing and supported employment services.

- 1 (b) With substance use disorders and their families, people incapacitated by alcohol or other psychoactive chemicals, and 2 3 intoxicated people.
 - (i) Elements of the program shall include, but not necessarily be limited to, a continuum of substance use disorder treatment services that includes:
 - (A) Withdrawal management;
- (B) Residential treatment; and 8
- (C) Outpatient treatment. 9

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- (ii) The program may include peer support, supported housing, 10 supported employment, crisis diversion, or recovery support services. 11
- (iii) The department may contract for the use of an approved 12 substance use disorder treatment program or other individual or 13 organization if the secretary considers this to be an effective and 14 economical course to follow. 15
 - (2) The behavioral health organization shall have the flexibility, within the funds appropriated by the legislature for this purpose and the terms of their contract, to design the mix of services that will be most effective within their service area of meeting the needs of people with ((mental)) behavioral health disorders and avoiding placement of such individuals at the state mental hospital. Behavioral health organizations are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.
- (3)(a) Treatment provided under this chapter must be purchased 26 primarily through managed care contracts. 27
- 28 (b) Consistent with RCW 70.96A.350 (as recodified by this act), 29 services and funding provided through the criminal justice treatment account are intended to be exempted from managed care contracting. 30
- 31 Sec. 11. RCW 70.96A.350 and 2013 2nd sp.s. c 4 s 990 are each amended to read as follows: 32
- (1) The criminal justice treatment account is created in the 33 state treasury. Moneys in the account may be expended solely for: (a) 34 35 Substance ((abuse)) use disorder treatment and treatment support services for offenders with ((an addiction or a substance abuse 36 problem)) a substance use disorder that, if not treated, would result 37 38 in addiction, against whom charges are filed by a prosecuting attorney in Washington state; (b) the provision of ((drug and 39

- alcohol)) <u>substance use disorder</u> treatment services and treatment support services for nonviolent offenders within a drug court program; and (c) the administrative and overhead costs associated with the operation of a drug court((; and (d) during the 2011-2013 biennium, the legislature may appropriate up to three million dollars from the account in order to offset reductions in the state general fund for treatment services provided by counties. This amount is not subject to the requirements of subsections (5) through (9) of this section. During the 2013-2015 fiscal biennium, the legislature may transfer from the criminal justice treatment account to the state general fund amounts as reflect the state savings associated with the implementation of the medicaid expansion of the federal affordable care act)). Moneys in the account may be spent only after appropriation.
 - (2) For purposes of this section:

- (a) "Treatment" means services that are critical to a participant's successful completion of his or her substance ((abuse)) use disorder treatment program, but does not include the following services: Housing other than that provided as part of an inpatient substance ((abuse)) use disorder treatment program, vocational training, and mental health counseling; and
- (b) "Treatment support" means transportation to or from inpatient or outpatient treatment services when no viable alternative exists, and child care services that are necessary to ensure a participant's ability to attend outpatient treatment sessions.
- (3) Revenues to the criminal justice treatment account consist of: (a) Funds transferred to the account pursuant to this section; and (b) any other revenues appropriated to or deposited in the account.
- (4)(a) ((For the fiscal biennium beginning July 1, 2003, the state treasurer shall transfer eight million nine hundred fifty thousand dollars from the general fund into the criminal justice treatment account, divided into eight equal quarterly payments.)) For the fiscal year beginning July 1, 2005, and each subsequent fiscal year, the state treasurer shall transfer eight million two hundred fifty thousand dollars from the general fund to the criminal justice treatment account, divided into four equal quarterly payments. For the fiscal year beginning July 1, 2006, and each subsequent fiscal year, the amount transferred shall be increased on an annual basis by

1 the implicit price deflator as published by the federal bureau of 2 labor statistics.

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- (b) In each odd-numbered year, the legislature shall appropriate the amount transferred to the criminal justice treatment account in (a) of this subsection to the ((division of alcohol and substance abuse)) department for the purposes of subsection (5) of this section.
- (5) Moneys appropriated to the ((division of alcohol and substance abuse)) department from the criminal justice treatment account shall be distributed as specified in this subsection. The department ((shall serve as the fiscal agent for purposes of distribution. Until July 1, 2004, the department may not use moneys appropriated from the criminal justice treatment account for administrative expenses and shall distribute all amounts appropriated under subsection (4)(b) of this section in accordance with this subsection. Beginning in July 1, 2004, the department)) may retain up to three percent of the amount appropriated under subsection (4)(b) of this section for its administrative costs.
- (a) Seventy percent of amounts appropriated to the ((division)) <u>department</u> from the account shall be distributed to counties pursuant to the distribution formula adopted under this section. The division of alcohol and substance abuse, in consultation with the department of corrections, the Washington state association of counties, the state association of drug court professionals, the Washington superior court judges' association, the Washington association of prosecuting attorneys, representatives of the criminal defense bar, representatives of substance ((abuse)) use disorder treatment providers, and any other person deemed by the ((division)) department to be necessary, shall establish a fair and reasonable methodology for distribution to counties of moneys in the criminal justice treatment account. County or regional plans submitted for expenditure of formula funds must be approved by the panel established in (b) of this subsection.
- (b) Thirty percent of the amounts appropriated to the ((division)) department from the account shall be distributed as grants for purposes of treating offenders against whom charges are filed by a county prosecuting attorney. The ((division)) department appoint a panel of representatives from the Washington association of prosecuting attorneys, the Washington association of sheriffs and police chiefs, the superior court judges' association,

- 1 the Washington state association of counties, the Washington defender's association or the Washington association of criminal 2 defense lawyers, the department of corrections, the Washington state 3 association of drug court professionals, substance ((abuse)) use 4 disorder treatment providers, and the division. The panel shall 5 6 review county or regional plans for funding under (a) of this subsection and grants approved under this subsection. The panel shall 7 attempt to ensure that treatment as funded by the grants is available 8 to offenders statewide. 9
- (6) The county alcohol and drug coordinator, county prosecutor, 10 county sheriff, county superior court, a substance abuse treatment 11 12 provider appointed by the county legislative authority, a member of the criminal defense bar appointed by the county legislative 13 authority, and, in counties with a drug court, a representative of 14 the drug court shall jointly submit a plan, approved by the county 15 16 legislative authority or authorities, to the panel established in 17 subsection (5)(b) of this section, for disposition of all the funds provided from the criminal justice treatment account within that 18 county. The funds shall be used solely to provide approved alcohol 19 and substance abuse treatment pursuant to RCW 70.96A.090 (as 20 21 recodified by this act), treatment support services, and for the administrative and overhead costs associated with the operation of a 22 23 drug court.
 - (a) No more than ten percent of the total moneys received under subsections (4) and (5) of this section by a county or group of counties participating in a regional agreement shall be spent on the administrative and overhead costs associated with the operation of a drug court.
 - (b) No more than ten percent of the total moneys received under subsections (4) and (5) of this section by a county or group of counties participating in a regional agreement shall be spent for treatment support services.
 - (7) Counties are encouraged to consider regional agreements and submit regional plans for the efficient delivery of treatment under this section.
- (8) 36 Moneys allocated under this section shall be used to supplement, not supplant, other federal, state, and local funds used 37 for substance abuse treatment. 38
- (9) Counties must meet the criteria established 39 in RCW 40 2.28.170(3)(b).

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- (10) The authority under this section to use funds from the 1 2 criminal justice treatment account for the administrative overhead costs associated with the operation of a drug court expires 3 June 30, 2015. 4
- 5 Sec. 12. RCW 70.96A.035 and 2005 c 504 s 302 are each amended to read as follows: 6

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- (1) ((Not later than January 1, 2007,)) All persons providing treatment under this chapter shall also implement the integrated comprehensive screening and assessment process for chemical dependency and mental disorders adopted pursuant to RCW 70.96C.010 and shall document the numbers of clients with co-occurring mental and substance abuse disorders based on a quadrant system of low and high needs.
- (2) Treatment providers contracted to provide treatment under 14 15 this chapter who fail to implement the integrated comprehensive screening and assessment process for chemical dependency and mental 16 17 disorders ((by July 1, 2007,)) are subject to contractual penalties established under RCW 70.96C.010 (as recodified by this act). 18
- 19 Sec. 13. RCW 70.96C.010 and 2014 c 225 s 77 are each amended to read as follows: 20
 - The department of social and health services((, in (1)consultation with the members of the team charged with developing the state plan for co-occurring mental and substance abuse disorders, shall adopt, not later than January 1, 2006,)) shall maintain an integrated and comprehensive screening and assessment process for ((chemical dependency)) substance use and mental disorders and cooccurring ((chemical dependency)) substance use and mental disorders.
 - (a) The process adopted shall include, at a minimum:
- 29 (i) An initial screening tool that can be used by intake personnel system-wide and which will identify the most common types 30 of co-occurring disorders; 31
- (ii) An assessment process for those cases in which assessment is 32 indicated that provides an appropriate degree of assessment for most 33 34 situations, which can be expanded for complex situations;
- (iii) Identification of triggers in the screening that indicate 35 the need to begin an assessment; 36
- (iv) Identification of triggers after or outside the screening 37 that indicate a need to begin or resume an assessment; 38

1 (v) The components of an assessment process and a protocol for 2 determining whether part or all of the assessment is necessary, and at what point; and 3

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- (vi) Emphasis that the process adopted under this section is to replace and not to duplicate existing intake, screening, and assessment tools and processes.
- (b) The department shall consider existing models, including those already adopted by other states, and to the extent possible, adopt an established, proven model.
- integrated, comprehensive screening and assessment process shall be implemented statewide by all ((chemical dependency)) <u>substance use disorder</u> and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders ((not later than January 1, 2007)).
- (2) The department shall provide adequate training to effect statewide implementation by the dates designated in this section and shall report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.
- 21 The department shall establish contractual penalties to contracted treatment providers, the behavioral health organizations, 22 their contracted providers for failure to implement 23 24 integrated screening and assessment process ((by July 1, 2007)).
- 25 Sec. 14. RCW 70.96A.037 and 2011 c 89 s 9 are each amended to read as follows: 26
 - (1) The department of social and health services shall contract for chemical dependency specialist services at division of children and family services offices to enhance the timeliness and quality of child protective services assessments and to better connect families to needed treatment services.
- (2) The chemical dependency specialist's duties may include, but 32 are not limited to: Conducting on-site ((chemical dependency)) 33 substance use disorder screening and assessment, facilitating 34 35 progress reports to department employees, in-service training of department employees and staff on substance ((abuse)) use disorder 36 37 issues, referring clients from the department to treatment providers, 38 and providing consultation on cases to department employees.

- 1 (3) The department of social and health services shall provide 2 training in and ensure that each case-carrying employee is trained in uniform screening for mental health and ((chemical dependency)) 3 substance use disorder. 4
- 5 **Sec. 15.** RCW 70.96A.047 and 1989 c 270 s 11 are each amended to read as follows: 6
- Except as provided in this chapter, the secretary shall not 7 approve any substance use disorder facility, plan, or program for 8 financial assistance under RCW 70.96A.040 (as recodified by this act) 9 10 unless at least ten percent of the amount spent for the facility, plan, or program is provided from local public or private sources. 11 When deemed necessary to maintain public standards of care in the 12 substance use disorder facility, plan, or program, the secretary may 13 require the <u>substance use disorder</u> facility, plan, or program to 14 provide up to fifty percent of the total spent for the program 15 through fees, gifts, contributions, or volunteer services. The 16 17 secretary shall determine the value of the gifts, contributions, and volunteer services. 18
- 19 Sec. 16. RCW 70.96A.055 and 1999 c 197 s 10 are each amended to read as follows: 20
- The department shall contract with counties operating drug courts 21 22 and counties in the process of implementing new drug courts for the 23 provision of ((drug and alcohol)) substance use disorder treatment 24 services.
- 25 **Sec. 17.** RCW 70.96A.087 and 1989 c 270 s 13 are each amended to read as follows: 26
- To be eligible to receive its share of liquor taxes and profits, 27 each city and county shall devote no less than two percent of its 28 share of liquor taxes and profits to the support of a substance use 29 disorder program ((of alcoholism and other drug addiction)) approved 30 by the ((alcoholism and other drug addiction board authorized by RCW 31 70.96A.300)) behavioral health organization and the secretary. 32
- 33 **Sec. 18.** RCW 70.96A.170 and 1989 c 270 s 30 are each amended to read as follows: 34
- (1) The state and counties, cities, and other municipalities may 35 establish or contract for emergency service patrols which are to be 36

- under the administration of the appropriate jurisdiction. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and may transport intoxicated persons to their homes and to and from <u>substance use disorder</u> treatment programs.
- 7 (2) The secretary shall adopt rules pursuant to chapter 34.05 RCW 8 for the establishment, training, and conduct of emergency service 9 patrols.
- 10 **Sec. 19.** RCW 70.96A.180 and 2012 c 117 s 413 are each amended to 11 read as follows:

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- (1) If <u>substance use disorder</u> treatment is provided by an approved <u>substance use disorder</u> treatment program and the patient has not paid or is unable to pay the charge therefor, the program is entitled to any payment (a) received by the patient or to which he or she may be entitled because of the services rendered, and (b) from any public or private source available to the program because of the treatment provided to the patient.
- (2) A patient in a <u>substance use disorder</u> program, or the estate of the patient, or a person obligated to provide for the cost of treatment and having sufficient financial ability, is liable to the program for cost of maintenance and treatment of the patient therein in accordance with rates established.
- 24 (3) The secretary shall adopt rules governing financial ability 25 that take into consideration the income, savings, and other personal 26 and real property of the person required to pay, and any support 27 being furnished by him or her to any person he or she is required by 28 law to support.
- 29 **Sec. 20.** RCW 70.96A.095 and 1998 c 296 s 23 are each amended to 30 read as follows:
- Any person thirteen years of age or older may give consent for himself or herself to the furnishing of outpatient treatment by a ((chemical dependency)) substance use disorder treatment program certified by the department. Parental authorization is required for any treatment of a minor under the age of thirteen.
- 36 **Sec. 21.** RCW 70.96A.096 and 1996 c 133 s 5 are each amended to read as follows:

1 School district personnel who contact a ((chemical dependency)) substance use disorder inpatient treatment program or provider for 2 the purpose of referring a student to inpatient treatment shall 3 provide the parents with notice of the contact within forty-eight 4 5 hours.

- Sec. 22. RCW 70.96A.097 and 1998 c 296 s 28 are each amended to 6 read as follows: 7
- (1) The department shall ensure that, for any minor admitted to 8 inpatient treatment under RCW 70.96A.245 (as recodified by this act), 9 10 a review is conducted by a physician or chemical dependency counselor, as defined in rule by the department, who is employed by 11 the department or an agency under contract with the department and 12 who neither has a financial interest in continued inpatient treatment 13 of the minor nor is affiliated with the program providing the 14 15 treatment. The physician or chemical dependency counselor shall 16 conduct the review not less than seven nor more than fourteen days 17 following the date the minor was brought to the facility under RCW 70.96A.245(1) (as recodified by this act) to determine whether it is 18 a medical necessity to continue the minor's treatment on an inpatient 19 20 basis.
 - In making a determination under subsection (1) of this section whether it is a medical necessity to release the minor from inpatient treatment, the department shall consider the opinion of the treatment provider, the safety of the minor, the likelihood the minor's ((chemical dependency)) substance use disorder recovery will deteriorate if released from inpatient treatment, and the wishes of the parent.
 - (3) If, after any review conducted by the department under this section, the department determines it is no longer a medical necessity for a minor to receive inpatient treatment, the department shall immediately notify the parents and the professional person in charge. The professional person in charge shall release the minor to the parents within twenty-four hours of receiving notice. If the professional person in charge and the parent believe that it is a medical necessity for the minor to remain in inpatient treatment, the minor shall be released to the parent on the second judicial day following the department's determination in order to allow the parent time to file an at-risk youth petition under chapter 13.32A RCW. If the department determines it is a medical necessity for the minor to

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- receive outpatient treatment and the minor declines to obtain such treatment, such refusal shall be grounds for the parent to file an at-risk youth petition.
- 4 (4) The department may, subject to available funds, contract with 5 other governmental agencies for the conduct of the reviews conducted 6 under this section and may seek reimbursement from the parents, their 7 insurance, or medicaid for the expense of any review conducted by an 8 agency under contract.
- 9 (5) In addition to the review required under this section, the 10 department may periodically determine and redetermine the medical 11 necessity of treatment for purposes of payment with public funds.
- 12 **Sec. 23.** RCW 70.96A.235 and 1998 c 296 s 25 are each amended to 13 read as follows:
- Parental consent is required for inpatient ((chemical dependency)) substance use disorder treatment of a minor, unless the child meets the definition of a child in need of services in RCW 13.32A.030((4+)) (5)(c) as determined by the department((\div PROVIDED)), except that parental consent is required for any treatment of a minor under the age of thirteen.
- 20 This section does not apply to petitions filed under this 21 chapter.
- 22 **Sec. 24.** RCW 70.96A.240 and 1998 c 296 s 26 are each amended to 23 read as follows:
- (1) The parent of a minor is not liable for payment of inpatient or outpatient ((chemical dependency)) substance use disorder treatment unless the parent has joined in the consent to the treatment.
- 28 (2) The ability of a parent to apply to a certified treatment 29 program for the admission of his or her minor child does not create a 30 right to obtain or benefit from any funds or resources of the state. 31 However, the state may provide services for indigent minors to the 32 extent that funds are available therefor.
- 33 **Sec. 25.** RCW 70.96A.245 and 1998 c 296 s 27 are each amended to 34 read as follows:
- 35 (1) A parent may bring, or authorize the bringing of, his or her 36 minor child to a certified treatment program and request that a 37 ((chemical dependency)) substance use disorder assessment be Official Print - 33 1713-S.E AMS ENGR S2974.E

- 1 conducted by a professional person to determine whether the minor ((is chemically dependent)) has a substance use disorder and in need 2 of inpatient treatment. 3
 - (2) The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to the program.

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- 7 (3) An appropriately trained professional person may evaluate whether the minor ((is chemically dependent)) has a substance use 8 disorder. The evaluation shall be completed within twenty-four hours 9 of the time the minor was brought to the program, unless the 10 11 professional person determines that the condition of the minor necessitates additional time for evaluation. In no event shall a 12 minor be held longer than seventy-two hours for evaluation. If, in 13 the judgment of the professional person, it is determined it is a 14 medical necessity for the minor to receive inpatient treatment, the 15 minor may be held for treatment. The facility shall limit treatment 16 17 which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has 18 19 been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the department if 20 the child is held for treatment and of the date of admission. 21
- (4) No provider is obligated to provide treatment to a minor 22 under the provisions of this section. No provider may admit a minor 23 to treatment under this section unless it is medically necessary. 24
- 25 (5) No minor receiving inpatient treatment under this section may 26 be discharged from the program based solely on his or her request.
- 27 Sec. 26. RCW 70.96A.250 and 1998 c 296 s 29 are each amended to read as follows: 28
- (1) A parent may bring, or authorize the bringing of, his or her 29 30 minor child to a provider of outpatient ((chemical dependency)) substance use disorder treatment and request that an appropriately 31 trained professional person examine the minor to determine whether 32 the minor has a ((chemical dependency)) substance use disorder and is 33 in need of outpatient treatment. 34
- (2) The consent of the minor is not required for evaluation if 35 the parent brings the minor to the provider. 36
- (3) The professional person in charge of the program may evaluate 37 whether the minor has a ((chemical dependency)) substance use 38 disorder and is in need of outpatient treatment. 39

- 1 Any minor admitted to inpatient treatment under RCW 70.96A.245 (as recodified by this act) shall 2 be discharged immediately from inpatient treatment upon written request of the 3 4 parent.
- 5 **Sec. 27.** RCW 70.96A.265 and 1998 c 296 s 32 are each amended to read as follows: б

7 For purposes of eligibility for medical assistance under chapter 74.09 RCW, minors in inpatient ((chemical dependency)) substance use 8 disorder treatment shall be considered to be part of their parent's 9 or legal quardian's household, unless the minor has been assessed by 10 the department or its designee as likely to require such treatment 11 for at least ninety consecutive days, or is in out-of-home care in 12 accordance with chapter 13.34 RCW, or the parents are found to not be 13 exercising responsibility for care and control of the minor. Payment 14 15 for such care by the department shall be made only in accordance with 16 rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department. 17

18 Sec. 28. RCW 70.96A.400 and 2001 c 242 s 1 are each amended to 19 read as follows:

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The state of Washington declares that there is no fundamental right to opiate substitution treatment. The state of Washington further declares that while opiate substitution drugs used in the treatment of opiate dependency are addictive substances, that they nevertheless have several legal, important, and justified uses and that one of their appropriate and legal uses is, in conjunction with other required therapeutic procedures, in the treatment of persons addicted to or habituated to opioids. Opiate substitution treatment should only be used for participants who are deemed appropriate to need this level of intervention and should not be the first treatment intervention for all opiate addicts.

Because opiate substitution drugs, used in the treatment of opiate dependency are addictive and are listed as a schedule II controlled substance in chapter 69.50 RCW, the state of Washington has the legal obligation and right to regulate the use of opiate substitution treatment. The state of Washington declares its authority to control and regulate carefully, in consultation with counties and cities, all clinical uses of opiate substitution drugs used in the treatment of opiate addiction.

Further, the state declares that the primary goal of opiate substitution treatment is total abstinence from dependency)) substance use for the individuals who participate in the treatment program. The state recognizes that a small percentage of persons who participate in opiate substitution treatment programs require treatment for an extended period of time. Opiate substitution treatment programs shall provide a comprehensive transition program to eliminate ((chemical dependency)) substance use, including opiate and opiate substitute addiction of program participants.

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- **Sec. 29.** RCW 70.96A.800 and 2014 c 225 s 33 are each amended to 10 11 read as follows:
 - (1) Subject to funds appropriated for this specific purpose, the secretary shall select and contract with ((counties)) behavioral health organizations to provide intensive case management for ((chemically dependent)) persons with substance use disorders and histories of high utilization of crisis services at two sites. In selecting the two sites, the secretary shall endeavor to site one in an urban county, and one in a rural county; and to site them in counties other than those selected pursuant to RCW 70.96B.020, to the extent necessary to facilitate evaluation of pilot project results. Subject to funds appropriated for this specific purpose, the secretary may contract with additional counties to provide intensive case management.
 - (2) The contracted sites shall implement the pilot programs by providing intensive case management to persons with a primary ((chemical dependency)) substance use disorder diagnosis or dual primary ((chemical dependency)) substance use disorder and mental health diagnoses, through the employment of ((chemical dependency)) <u>substance use disorder</u> case managers. The ((chemical dependency)) substance use disorder case managers shall:
- 31 (a) Be trained in and use the integrated, comprehensive screening and assessment process adopted under RCW 70.96C.010; 32
- (b) Reduce the use of crisis medical, ((chemical dependency)) 33 <u>substance use disorder treatment</u> and mental health 34 services, 35 including but not limited to, emergency room admissions, hospitalizations, withdrawal 36 management programs, inpatient psychiatric admissions, involuntary treatment petitions, emergency 37 38 medical services, and ambulance services;

1 (c) Reduce the use of emergency first responder services 2 including police, fire, emergency medical, and ambulance services;

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- (d) Reduce the number of criminal justice interventions including arrests, violations of conditions of supervision, bookings, jail days, prison sanction day for violations, court appearances, and prosecutor and defense costs;
- (e) Where appropriate and available, work with therapeutic courts including drug courts and mental health courts to maximize the outcomes for the individual and reduce the likelihood of reoffense;
- (f) Coordinate with local offices of the economic services administration to assist the person in accessing and remaining enrolled in those programs to which the person may be entitled;
- (g) Where appropriate and available, coordinate with primary care and other programs operated through the federal government including federally qualified health centers, Indian health programs, and veterans' health programs for which the person is eligible to reduce duplication of services and conflicts in case approach;
- (h) Where appropriate, advocate for the client's needs to assist the person in achieving and maintaining stability and progress toward recovery;
 - (i) Document the numbers of persons with co-occurring mental and substance ((abuse)) use disorders and the point of determination of the co-occurring disorder by quadrant of intensity of need; and
- (j) Where a program participant is under supervision by the department of corrections, collaborate with the department of corrections to maximize treatment outcomes and reduce the likelihood of reoffense.
- 28 (3) The pilot programs established by this section shall begin 29 providing services by March 1, 2006.
- 30 **Sec. 30.** RCW 70.96A.905 and 1992 c 205 s 306 are each amended to read as follows:
- The department shall ensure that the provisions of this chapter 32 are applied by the ((counties)) behavioral health organizations in a 33 consistent and uniform manner. The department shall also ensure that, 34 35 to the extent possible within available funds, the ((countybehavioral health organization-designated chemical 36 designated)) dependency specialists are specifically trained in adolescent 37 38 chemical dependency issues, the chemical dependency commitment laws,

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- RCW 71.24.300 and 2014 c 225 s 39 are each amended to read as follows:
 - (1) Upon the request of a tribal authority or authorities within a behavioral health organization the joint operating agreement or the county authority shall allow for the inclusion of the tribal authority to be represented as a party to the behavioral health organization.
 - (2) The roles and responsibilities of the county and tribal authorities shall be determined by the terms of that agreement including a determination of membership on the governing board and advisory committees, the number of tribal representatives to be party to the agreement, and the provisions of law and shall assure the provision of culturally competent services to the tribes served.
 - (3) The state ((mental)) behavioral health authority may not determine the roles and responsibilities of county authorities as to each other under behavioral health organizations by rule, except to assure that all duties required of behavioral health organizations are assigned and that counties and the behavioral health organization do not duplicate functions and that a single authority has final responsibility for all available resources and performance under the behavioral health organization's contract with the secretary.
- (4) If a behavioral health organization is a private entity, the department shall allow for the inclusion of the tribal authority to be represented as a party to the behavioral health organization.
- (5) The roles and responsibilities of the private entity and the tribal authorities shall be determined by the department, through negotiation with the tribal authority.
- (6) Behavioral health organizations shall submit an overall sixyear operating and capital plan, timeline, and budget and submit progress reports and an updated two-year plan biennially thereafter, to assume within available resources all of the following duties:
- (a) Administer and provide for the availability of all resource management services, residential services, and community support services.
- 37 (b) Administer and provide for the availability of all investigation, transportation, court-related, and other 38 services provided by the state or counties pursuant to chapter 71.05 RCW. 39

(c) Provide within the boundaries of each behavioral health organization evaluation and treatment services for at least ninety percent of persons detained or committed for periods up to seventeen days according to chapter 71.05 RCW. Behavioral health organizations may contract to purchase evaluation and treatment services from other organizations if they are unable to provide for appropriate resources within their boundaries. Insofar as the original intent of serving persons in the community is maintained, the secretary is authorized to approve exceptions on a case-by-case basis to the requirement to provide evaluation and treatment services within the boundaries of each behavioral health organization. Such exceptions are limited to:

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- (i) Contracts with neighboring or contiguous regions; or
- Individuals detained or committed for periods to seventeen days at the state hospitals at the discretion of the secretary.
- (d) Administer and provide for the availability of all other mental health services, which shall include patient counseling, day treatment, consultation, education services, employment services as described in RCW 71.24.035, and mental health services to children.
- (e) Establish standards and procedures for reviewing individual service plans and determining when that person may be discharged from resource management services.
- (7) A behavioral health organization may request that any stateowned land, building, facility, or other capital asset which was ever purchased, deeded, given, or placed in trust for the care of the persons with mental illness and which is within the boundaries of a behavioral health organization be made available to support the operations of the behavioral health organization. State agencies managing such capital assets shall give first priority to requests for their use pursuant to this chapter.
- Each behavioral health organization shall appoint ((mental)) behavioral health advisory board which shall review and provide comments on plans and policies developed under this chapter, provide local oversight regarding the activities of the behavioral health organization, and work with the behavioral health organization to resolve significant concerns regarding service delivery and outcomes. The department shall establish statewide procedures for the operation of regional advisory committees including mechanisms for advisory board feedback to the department regarding behavioral health organization performance. The composition of the board shall be

- 1 broadly representative of the demographic character of the region and
- shall include, but not be limited to, representatives of consumers of 2
- substance use disorder and mental health services and their families, 3
- law enforcement, and, where the county is not the behavioral health 4
- organization, county elected officials. Composition and length of 5
- 6 terms of board members may differ between behavioral health
- 7 organizations but shall be included in each behavioral health
- organization's contract and approved by the secretary. 8
- (9) Behavioral health organizations shall assume all duties 9 specified in their plans and joint operating agreements through 10
- 11 biennial contractual agreements with the secretary.
- Behavioral health organizations may receive technical 12 (10)
- assistance from the housing trust fund and may identify and submit 13
- projects for housing and housing support services to the housing 14
- trust fund established under chapter 43.185 RCW. Projects identified 15
- 16 or submitted under this subsection must be fully integrated with the
- 17 behavioral health organization six-year operating and capital plan,
- 18 timeline, and budget required by subsection (6) of this section.
- 19 **Sec. 32.** RCW 71.24.350 and 2014 c 225 s 41 are each amended to
- 20 read as follows:
- The department shall require each behavioral health organization 21
- to provide for a separately funded ((mental)) behavioral health 22
- 23 office in each behavioral health organization that
- 24 independent of the behavioral health organization. The ombuds office
- shall maximize the use of consumer advocates. 25
- 26 Sec. 33. RCW 70.96A.020 and 2014 c 225 s 20 are each reenacted
- 27 and amended to read as follows:
- For the purposes of this chapter the following words and phrases 28
- 29 shall have the following meanings unless the context clearly requires
- 30 otherwise:
- (1) "Alcoholism" means a disease, characterized by a dependency 31
- 32 alcoholic beverages, loss of control over the amount and
- 33 circumstances of use, symptoms of tolerance, physiological
- psychological withdrawal, or both, if use is reduced or discontinued, 34
- impairment of health or disruption of social or economic 35
- functioning. 36
- (2) "Approved <u>substance use disorder</u> treatment program" means a 37
- program for persons with a substance use disorder provided by a 38

treatment program certified by the department of social and health services as meeting standards adopted under this chapter.

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- (3) "Behavioral health organization" means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined regional service area.
- 6 (4) "Behavioral health program" has the same meaning as in RCW 71.24.025.
- 8 (5) "Behavioral health services" means mental health services as
 9 described in chapters 71.24 and 71.36 RCW and ((chemical dependency))
 10 substance use disorder treatment services as described in this
 11 chapter.
- $((\frac{5}{}))$ (6) "Chemical dependency" means: (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol and one or more other psychoactive chemicals, as the context requires.
 - ((6) "Chemical dependency program" means expenditures and activities of the department designed and conducted to prevent or treat alcoholism and other drug addiction, including reasonable administration and overhead.))
- 19 (7) "Department" means the department of social and health 20 services.
 - (8) "Designated chemical dependency specialist" or "specialist" means a person designated by the behavioral health organization or by the county ((alcoholism and other drug addiction)) substance use disorder treatment program coordinator designated ((under RCW 70.96A.310)) by the behavioral health organization to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
 - (9) (("Director" means the person administering the substance use disorder program within the department.
 - (10))) "Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
- 36 (((11) "Emergency service patrol" means a patrol established 37 under RCW 70.96A.170.
- (12))) (10) "Gravely disabled by alcohol or other psychoactive chemicals" or "gravely disabled" means that a person, as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger

of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.

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- $((\frac{13}{13}))$ (11) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, or a long-term alcoholism or drug treatment facility, or in confinement.
- $((\frac{14}{14}))$ (12) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.
- 17 $((\frac{15}{15}))$ (13) "Incompetent person" means a person who has been 18 adjudged incompetent by the superior court.
- (((16))) (14) "Intoxicated person" means a person whose mental or 19 physical functioning is substantially impaired as a result of the use 20 21 of alcohol or other psychoactive chemicals.
- (((17))) (15) "Licensed physician" means a person licensed to 22 practice medicine or osteopathic medicine and surgery in the state of 23 24 Washington.
 - (((18))) <u>(16)</u> "Likelihood of serious harm" means:
- 26 (a) A substantial risk that: (i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats 27 or attempts to commit suicide or inflict physical harm on one's self; 28 29 (ii) physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused the harm or that places 30 31 another person or persons in reasonable fear of sustaining the harm; or (iii) physical harm will be inflicted by an individual upon the 32 property of others, as evidenced by behavior that has caused 33 substantial loss or damage to the property of others; or 34
 - (b) The individual has threatened the physical safety of another and has a history of one or more violent acts.
- $((\frac{19}{19}))$ <u>(17)</u> "Medical necessity" for inpatient care of a minor 37 means a requested certified inpatient service that is reasonably 38 39 calculated to: (a) Diagnose, arrest, or alleviate a chemical 40 dependency; or (b) prevent the progression of substance use disorders

- that endanger life or cause suffering and pain, or result in illness 1 2 or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less 3 restrictive alternative available. 4
- $((\frac{20}{10}))$ (18) "Minor" means a person less than eighteen years of 5 6 age.
- 7 $((\frac{21}{21}))$ (19) "Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or 8 quardian. 9
- $((\frac{(22)}{2}))$ (20) "Peace officer" means a law enforcement official of 10 public agency or governmental unit, and includes persons 11 specifically given peace officer powers by any state law, local 12 ordinance, or judicial order of appointment. 13
- 14 $((\frac{23}{23}))$ (21) "Person" means an individual, including a minor.
- $((\frac{24}{24}))$ (22) "Professional person in charge" or "professional" 15 person" means a physician or chemical dependency counselor as defined 16 17 in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing 18 care, and discharge decisions on behalf of the certified program. 19
- 20 $((\frac{25}{25}))$ (23) "Secretary" means the secretary of the department 21 of social and health services.

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- $((\frac{26}{1}))$ (24) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
- $((\frac{27}{1}))$ <u>(25)</u> "Treatment" means the broad range of emergency, withdrawal management, residential, and outpatient services and care, including diagnostic evaluation, ((chemical dependency)) substance <u>use disorder</u> education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be extended to persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.
- 36 (((28))) <u>(26)</u> "<u>Substance use disorder treatment program" means an</u> organization, institution, or corporation, public or private, engaged 37 in the care, treatment, or rehabilitation of persons with substance 38 use ((disorder[s])) disorders. 39

- $((\frac{29}{10}))$ "Violent act" means behavior that resulted in 1 homicide, attempted suicide, nonfatal injuries, or substantial damage 2 to property. 3
- 4 **Sec. 34.** RCW 2.28.170 and 2013 2nd sp.s. c 4 s 952 are each 5 amended to read as follows:
 - (1) Jurisdictions may establish and operate drug courts.
- 7 (2) For the purposes of this section, "drug court" means a court that has special calendars or dockets designed to achieve a reduction 8 in recidivism and substance abuse among nonviolent, substance abusing 9 felony and nonfelony offenders, whether adult or juvenile, by 10 increasing their likelihood for successful rehabilitation through 11 early, continuous, and intense judicially supervised treatment; 12 mandatory periodic drug testing; and the use of appropriate sanctions 13 and other rehabilitation services. 14
- 15 (3)(a) Any jurisdiction that seeks a state appropriation to fund 16 a drug court program must first:
 - (i) Exhaust all federal funding that is available to support the operations of its drug court and associated services; and
 - (ii) Match, on a dollar-for-dollar basis, state moneys allocated for drug court programs with local cash or in-kind resources. Moneys allocated by the state must be used to supplement, not supplant, other federal, state, and local funds for drug court operations and associated services. However, from July 26, 2009, until June 30, 2015, no match is required for state moneys expended for the administrative and overhead costs associated with the operation of a drug court pursuant to RCW 70.96A.350 (as recodified by this act).
 - (b) Any jurisdiction that establishes a drug court pursuant to this section shall establish minimum requirements participation of offenders in the program. The drug court may adopt local requirements that are more stringent than the minimum. The minimum requirements are:
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- (i) The offender would benefit from substance abuse treatment;
- (ii) The offender has not previously been convicted of a serious 33 violent offense or sex offense as defined in RCW 9.94A.030; and 34
- (iii) Without regard to whether proof of any of these elements is 35 required to convict, the offender is not currently charged with or 36 convicted of an offense: 37
 - (A) That is a sex offense;
- (B) That is a serious violent offense; 39

1 (C) During which the defendant used a firearm; or

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- 2 (D) During which the defendant caused substantial or great bodily harm or death to another person.
- 4 **Sec. 35.** RCW 9.94A.660 and 2009 c 389 s 3 are each amended to read as follows:
- 6 (1) An offender is eligible for the special drug offender 7 sentencing alternative if:
- 8 (a) The offender is convicted of a felony that is not a violent 9 offense or sex offense and the violation does not involve a sentence 10 enhancement under RCW 9.94A.533 (3) or (4);
 - (b) The offender is convicted of a felony that is not a felony driving while under the influence of intoxicating liquor or any drug under RCW 46.61.502(6) or felony physical control of a vehicle while under the influence of intoxicating liquor or any drug under RCW 46.61.504(6);
- 16 (c) The offender has no current or prior convictions for a sex 17 offense at any time or violent offense within ten years before 18 conviction of the current offense, in this state, another state, or 19 the United States;
 - (d) For a violation of the Uniform Controlled Substances Act under chapter 69.50 RCW or a criminal solicitation to commit such a violation under chapter 9A.28 RCW, the offense involved only a small quantity of the particular controlled substance as determined by the judge upon consideration of such factors as the weight, purity, packaging, sale price, and street value of the controlled substance;
 - (e) The offender has not been found by the United States attorney general to be subject to a deportation detainer or order and does not become subject to a deportation order during the period of the sentence;
- 30 (f) The end of the standard sentence range for the current 31 offense is greater than one year; and
- 32 (g) The offender has not received a drug offender sentencing 33 alternative more than once in the prior ten years before the current 34 offense.
- 35 (2) A motion for a special drug offender sentencing alternative 36 may be made by the court, the offender, or the state.
- 37 (3) If the sentencing court determines that the offender is 38 eligible for an alternative sentence under this section and that the 39 alternative sentence is appropriate, the court shall waive imposition

- 1 of a sentence within the standard sentence range and impose a sentence consisting of either a prison-based alternative under RCW 2 9.94A.662 or a residential chemical dependency treatment-based 3 alternative under RCW 9.94A.664. The residential chemical dependency 4 treatment-based alternative is only available if the midpoint of the 5
- 7 (4) To assist the court in making its determination, the court may order the department to complete either or both a risk assessment 8 report and a chemical dependency screening report as provided in RCW 9.94A.500. 10
 - (5)(a) If the court is considering imposing a sentence under the residential chemical dependency treatment-based alternative, the court may order an examination of the offender by the department. The examination shall, at a minimum, address the following issues:
 - (i) Whether the offender suffers from drug addiction;
- 16 (ii) Whether the addiction is such that there is a probability 17 that criminal behavior will occur in the future;
- (iii) Whether effective treatment for the offender's addiction is 18 available from a provider that has been licensed or certified by the 19 ((division of alcohol and substance abuse of the)) department of 20 21 social and health services; and
- (iv) Whether the offender and the community will benefit from the 22 use of the alternative. 23
 - (b) The examination report must contain:

standard range is twenty-four months or less.

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- (i) A proposed monitoring plan, including any requirements regarding living conditions, lifestyle requirements, and monitoring by family members and others; and
- 28 (ii) Recommended crime-related prohibitions and affirmative 29 conditions.
- (6) When a court imposes a sentence of community custody under 30 31 this section:
- (a) The court may impose conditions as provided in RCW 9.94A.703 32 and may impose other affirmative conditions as the court considers 33 appropriate. In addition, an offender may be required to pay thirty 34 dollars per month while on community custody to offset the cost of 35 36 monitoring for alcohol or controlled substances.
- The department may impose conditions and sanctions 37 as authorized in RCW 9.94A.704 and 9.94A.737. 38
- 39 (7)(a) The court may bring any offender sentenced under this 40 section back into court at any time on its own initiative to evaluate

1 the offender's progress in treatment or to determine if any 2 violations of the conditions of the sentence have occurred.

- (b) If the offender is brought back to court, the court may modify the conditions of the community custody or impose sanctions under (c) of this subsection.
- (c) The court may order the offender to serve a term of total confinement within the standard range of the offender's current offense at any time during the period of community custody if the offender violates the conditions or requirements of the sentence or if the offender is failing to make satisfactory progress in treatment.
- (d) An offender ordered to serve a term of total confinement under (c) of this subsection shall receive credit for any time previously served under this section.
- (8) In serving a term of community custody imposed upon failure to complete, or administrative termination from, the special drug offender sentencing alternative program, the offender shall receive no credit for time served in community custody prior to termination of the offender's participation in the program.
- 20 (9) An offender sentenced under this section shall be subject to all rules relating to earned release time with respect to any period 22 served in total confinement.
 - (10) Costs of examinations and preparing treatment plans under a special drug offender sentencing alternative may be paid, at the option of the county, from funds provided to the county from the criminal justice treatment account under RCW 70.96A.350 (as recodified by this act).
- **Sec. 36.** RCW 10.05.020 and 2010 c 269 s 9 are each amended to 29 read as follows:
 - (1) Except as provided in subsection (2) of this section, the petitioner shall allege under oath in the petition that the wrongful conduct charged is the result of or caused by ((alcoholism, drug addiction,)) substance use disorders or mental problems for which the person is in need of treatment and unless treated the probability of future recurrence is great, along with a statement that the person agrees to pay the cost of a diagnosis and treatment of the alleged problem or problems if financially able to do so. The petition shall also contain a case history and written assessment prepared by an approved ((alcoholism)) substance use disorder treatment program as

1 designated in chapter ((70.96A)) 71.24 RCW if the petition alleges 2 ((alcoholism, an approved drug program as designated in chapter 71.24 RCW if the petition alleges drug addiction,)) a substance use 3 <u>disorder</u> or by an approved mental health center if the petition 4 alleges a mental problem. 5

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- (2) In the case of a petitioner charged with a misdemeanor or gross misdemeanor under chapter 9A.42 RCW, the petitioner shall allege under oath in the petition that the petitioner is the natural or adoptive parent of the alleged victim; that the wrongful conduct charged is the result of parenting problems for which the petitioner is in need of services; that the petitioner is in need of child welfare services under chapter 74.13 RCW to improve his or her parenting skills in order to better provide his or her child or children with the basic necessities of life; that the petitioner wants to correct his or her conduct to reduce the likelihood of harm to his or her minor children; that in the absence of child welfare services the petitioner may be unable to reduce the likelihood of harm to his or her minor children; and that the petitioner has cooperated with the department of social and health services to develop a plan to receive appropriate child welfare services; along with a statement that the person agrees to pay the cost of the services if he or she is financially able to do so. The petition shall also contain a case history and a written service plan from the department of social and health services.
- (3) Before entry of an order deferring prosecution, a petitioner shall be advised of his or her rights as an accused and execute, as a condition of receiving treatment, a statement that contains: (a) An acknowledgment of his or her rights; (b) an acknowledgment and waiver of the right to testify, the right to a speedy trial, the right to call witnesses to testify, the right to present evidence in his or her defense, and the right to a jury trial; (c) a stipulation to the admissibility and sufficiency of the facts contained in the written police report; and (d) an acknowledgment that the statement will be entered and used to support a finding of guilty if the court finds cause to revoke the order granting deferred prosecution. petitioner shall also be advised that he or she may, if he or she proceeds to trial and is found guilty, be allowed to seek suspension of some or all of the fines and incarceration that may be ordered upon the condition that he or she seek treatment and, further, that he or she may seek treatment from public and private agencies at any

- time without regard to whether or not he or she is found guilty of 1 the offense charged. He or she shall also be advised that the court 2 will not accept a petition for deferred prosecution from a person 3 who: (i) Sincerely believes that he or she is innocent of the 4 charges; (ii) sincerely believes that he or she does not, in fact, 5 6 suffer from alcoholism, drug addiction, or mental problems; or (iii) 7 in the case of a petitioner charged under chapter 9A.42 RCW, sincerely believes that he or she does not need child welfare 8 9 services.
- (4) Before entering an order deferring prosecution, the court 10 11 shall make specific findings that: (a) The petitioner has stipulated to the admissibility and sufficiency of the facts as contained in the 12 written police report; (b) the petitioner has acknowledged the 13 14 admissibility of the stipulated facts in any criminal hearing on the underlying offense or offenses held subsequent to revocation of the 15 16 granting deferred prosecution; (c) the petitioner 17 acknowledged and waived the right to testify, the right to a speedy trial, the right to call witnesses to testify, the right to present 18 evidence in his or her defense, and the right to a jury trial; and 19 (d) the petitioner's statements were made knowingly and voluntarily. 20 21 Such findings shall be included in the order granting deferred 22 prosecution.
- 23 **Sec. 37.** RCW 10.05.030 and 2002 c 219 s 8 are each amended to 24 read as follows:

25 The arraigning judge upon consideration of the petition and with 26 the concurrence of the prosecuting attorney may continue the 27 arraignment and refer such person for a diagnostic investigation and evaluation to an approved ((alcoholism)) substance use disorder 28 treatment program as designated in chapter ((70.96A)) 71.24 RCW, if 29 30 the petition alleges ((an alcohol problem, an approved drug treatment center as designated in chapter 71.24 RCW, if the petition alleges a 31 drug problem)) a substance use disorder, to an approved mental health 32 center, if the petition alleges a mental problem, or the department 33 of social and health services if the petition is brought under RCW 34 35 10.05.020(2).

36 **Sec. 38.** RCW 10.05.150 and 1999 c 143 s 43 are each amended to read as follows:

A deferred prosecution program for alcoholism shall be for a twoyear period and shall include, but not be limited to, the following requirements:

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- (1) Total abstinence from alcohol and all other nonprescribed mind-altering drugs;
- 6 (2) Participation in an intensive inpatient or intensive 7 outpatient program in a state-approved ((alcoholism)) substance use 8 disorder treatment program;
- 9 (3) Participation in a minimum of two meetings per week of an alcoholism self-help recovery support group, as determined by the assessing agency, for the duration of the treatment program;
 - (4) Participation in an alcoholism self-help recovery support group, as determined by the assessing agency, from the date of court approval of the plan to entry into intensive treatment;
- 15 (5) Not less than weekly approved outpatient counseling, group or 16 individual, for a minimum of six months following the intensive phase 17 of treatment;
- 18 (6) Not less than monthly outpatient contact, group or 19 individual, for the remainder of the two-year deferred prosecution 20 period;
- (7) The decision to include the use of prescribed drugs, including disulfiram, as a condition of treatment shall be reserved to the treating facility and the petitioner's physician;
 - (8) All treatment within the purview of this section shall occur within or be approved by a state-approved ((alcoholism)) substance use disorder treatment program as described in chapter 70.96A RCW;
- 27 (9) Signature of the petitioner agreeing to the terms and 28 conditions of the treatment program.
- 29 <u>NEW SECTION.</u> **Sec. 39.** RCW 43.135.03901 is decodified.
- 30 **Sec. 40.** RCW 46.61.5055 and 2014 c 100 s 1 are each amended to 31 read as follows:
- (1) No prior offenses in seven years. Except as provided in RCW 46.61.502(6) or 46.61.504(6), a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 and who has no prior offense within seven years shall be punished as follows:
- of a person whose alcohol concentration was less than 0.15. In the case whom for reasons other than the person's refusal to take a test Official Print 50 1713-S.E AMS ENGR S2974.E

offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

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- (i) By imprisonment for not less than one day nor more than three sixty-four days. Twenty-four consecutive hours imprisonment may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based. In lieu of the mandatory minimum term of imprisonment required under this subsection (1)(a)(i), the court may order not less than fifteen days of electronic home monitoring. The offender shall pay the cost of electronic home monitoring. The county or municipality in which the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device or other alcohol monitoring device to include alcohol an breathalyzer, and the court may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring; and
- 21 (ii) By a fine of not less than three hundred fifty dollars nor more than five thousand dollars. Three hundred fifty dollars of the 22 fine may not be suspended unless the court finds the offender to be 23 24 indigent; or
 - (b) Penalty for alcohol concentration at least 0.15. In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
 - (i) By imprisonment for not less than two days nor more than three hundred sixty-four days. Forty-eight consecutive hours of the imprisonment may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based. In lieu of the mandatory minimum term of imprisonment required under this subsection (1)(b)(i), the court may order not less than thirty days of electronic home monitoring. The offender shall pay the cost of electronic home

monitoring. The county or municipality in which the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device to include an alcohol detection breathalyzer or other separate alcohol monitoring device, and the court may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring; and

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- (ii) By a fine of not less than five hundred dollars nor more than five thousand dollars. Five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent.
- (2) One prior offense in seven years. Except as provided in RCW 46.61.502(6) or 46.61.504(6), a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 and who has one prior offense within seven years shall be punished as follows:
- (a) Penalty for alcohol concentration less than 0.15. In the case of a person whose alcohol concentration was less than 0.15, or for whom for reasons other than the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
- (i) By imprisonment for not less than thirty days nor more than three hundred sixty-four days and sixty days of electronic home monitoring. In lieu of the mandatory minimum term of sixty days electronic home monitoring, the court may order at least an additional four days in jail or, if available in that county or city, a six-month period of 24/7 sobriety program monitoring pursuant to RCW 36.28A.300 through 36.28A.390, and the court shall order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. The offender shall pay for the cost of the electronic monitoring. The county or municipality where the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device include detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring. Thirty days of imprisonment and sixty days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the

reason for granting the suspension and the facts upon which the suspension is based; and

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- (ii) By a fine of not less than five hundred dollars nor more than five thousand dollars. Five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent; or
- (b) Penalty for alcohol concentration at least 0.15. In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
- (i) By imprisonment for not less than forty-five days nor more than three hundred sixty-four days and ninety days of electronic home monitoring. In lieu of the mandatory minimum term of ninety days electronic home monitoring, the court may order at additional six days in jail or, if available in that county or city, a six-month period of 24/7 sobriety program monitoring pursuant to RCW 36.28A.300 through 36.28A.390, and the court shall order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. The offender shall pay for the cost of the electronic monitoring. The county or municipality where the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device include an alcohol detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring. Fortyfive days of imprisonment and ninety days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and
 - (ii) By a fine of not less than seven hundred fifty dollars nor more than five thousand dollars. Seven hundred fifty dollars of the fine may not be suspended unless the court finds the offender to be indigent.
- 37 (3) Two or three prior offenses in seven years. Except as in RCW 46.61.502(6) or 46.61.504(6), a person 38 convicted of a violation of RCW 46.61.502 or 46.61.504 and who has 39

1 two or three prior offenses within seven years shall be punished as 2 follows:

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- (a) Penalty for alcohol concentration less than 0.15. In the case of a person whose alcohol concentration was less than 0.15, or for whom for reasons other than the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
- (i) By imprisonment for not less than ninety days nor more than three hundred sixty-four days, if available in that county or city, a six-month period of 24/7 sobriety program monitoring pursuant to RCW 36.28A.300 through 36.28A.390, and one hundred twenty days of electronic home monitoring. In lieu of the mandatory minimum term of one hundred twenty days of electronic home monitoring, the court may order at least an additional eight days in jail. The court shall order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. The offender shall pay for the cost of the electronic monitoring. The county or municipality where the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device include an alcohol detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring. Ninety days of imprisonment and one hundred twenty days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental wellbeing. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and
 - (ii) By a fine of not less than one thousand dollars nor more than five thousand dollars. One thousand dollars of the fine may not be suspended unless the court finds the offender to be indigent; or
 - (b) Penalty for alcohol concentration at least 0.15. In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
- (i) By imprisonment for not less than one hundred twenty days nor more than three hundred sixty-four days, if available in that county or city, a six-month period of 24/7 sobriety program monitoring

1 pursuant to RCW 36.28A.300 through 36.28A.390, and one hundred fifty days of electronic home monitoring. In lieu of the mandatory minimum 2 term of one hundred fifty days of electronic home monitoring, the 3 court may order at least an additional ten days in jail. The offender 4 shall pay for the cost of the electronic monitoring. The court shall 5 6 order an expanded alcohol assessment and treatment, if deemed 7 appropriate by the assessment. The county or municipality where the penalty is being imposed shall determine the cost. The court may also 8 require the offender's electronic home monitoring device include an 9 alcohol detection breathalyzer or other separate alcohol monitoring 10 11 device, and may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home 12 monitoring. One hundred twenty days of imprisonment and one hundred 13 14 fifty days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum 15 16 sentence would impose a substantial risk to the offender's physical 17 or mental well-being. Whenever the mandatory minimum sentence is 18 suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and 19 20

- (ii) By a fine of not less than one thousand five hundred dollars nor more than five thousand dollars. One thousand five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent.
- (4) Four or more prior offenses in ten years. A person who is convicted of a violation of RCW 46.61.502 or 46.61.504 shall be punished under chapter 9.94A RCW if:
- 27 (a) The person has four or more prior offenses within ten years; 28 or
 - (b) The person has ever previously been convicted of:
- 30 (i) A violation of RCW 46.61.520 committed while under the 31 influence of intoxicating liquor or any drug;
- 32 (ii) A violation of RCW 46.61.522 committed while under the 33 influence of intoxicating liquor or any drug;
- 34 (iii) An out-of-state offense comparable to the offense specified 35 in (b)(i) or (ii) of this subsection; or
 - (iv) A violation of RCW 46.61.502(6) or 46.61.504(6).
 - (5) Monitoring.

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38 (a) **Ignition interlock device.** The court shall require any person convicted of a violation of RCW 46.61.502 or 46.61.504 or an equivalent local ordinance to comply with the rules and requirements

of the department regarding the installation and use of a functioning ignition interlock device installed on all motor vehicles operated by the person.

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- (b) Monitoring devices. If the court orders that a person refrain from consuming any alcohol, the court may order the person to submit to alcohol monitoring through an alcohol detection breathalyzer device, transdermal sensor device, or other technology designed to detect alcohol in a person's system. The person shall pay for the cost of the monitoring, unless the court specifies that the cost of monitoring will be paid with funds that are available from an alternative source identified by the court. The county or municipality where the penalty is being imposed shall determine the cost.
 - (c) Ignition interlock device substituted for 24/7 sobriety program monitoring. In any county or city where a 24/7 sobriety program is available and verified by the Washington association of sheriffs and police chiefs, the court shall:
- (i) Order the person to install and use a functioning ignition interlock or other device in lieu of such period of 24/7 sobriety program monitoring;
- 21 (ii) Order the person to a period of 24/7 sobriety program 22 monitoring pursuant to subsections (1) through (3) of this section; 23 or
 - (iii) Order the person to install and use a functioning ignition interlock or other device in addition to a period of 24/7 sobriety program monitoring pursuant to subsections (1) through (3) of this section.
 - (6) Penalty for having a minor passenger in vehicle. If a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 committed the offense while a passenger under the age of sixteen was in the vehicle, the court shall:
 - (a) Order the use of an ignition interlock or other device for an additional six months;
- 34 (b) In any case in which the person has no prior offenses within 35 seven years, and except as provided in RCW 46.61.502(6) or 46.61.504(6), order an additional twenty-four hours of imprisonment 37 and a fine of not less than one thousand dollars and not more than 38 five thousand dollars. One thousand dollars of the fine may not be 39 suspended unless the court finds the offender to be indigent;

1 (c) In any case in which the person has one prior offense within seven years, and except as provided in RCW 46.61.502(6) 46.61.504(6), order an additional five days of imprisonment and a 3 fine of not less than two thousand dollars and not more than five 4 thousand dollars. One thousand dollars of the fine may not be 6 suspended unless the court finds the offender to be indigent;

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- (d) In any case in which the person has two or three prior offenses within seven years, and except as provided 46.61.502(6) or 46.61.504(6), order an additional ten days of imprisonment and a fine of not less than three thousand dollars and not more than ten thousand dollars. One thousand dollars of the fine may not be suspended unless the court finds the offender to be indigent.
- (7) Other items courts must consider while setting penalties. In exercising its discretion in setting penalties within the limits allowed by this section, the court shall particularly consider the following:
- (a) Whether the person's driving at the time of the offense was responsible for injury or damage to another or another's property;
- (b) Whether at the time of the offense the person was driving or in physical control of a vehicle with one or more passengers;
- (c) Whether the driver was driving in the opposite direction of the normal flow of traffic on a multiple lane highway, as defined by RCW 46.04.350, with a posted speed limit of forty-five miles per hour or greater; and
- (d) Whether a child passenger under the age of sixteen was an occupant in the driver's vehicle.
- (8) Treatment and information school. An offender punishable under this section is subject to the alcohol assessment and treatment provisions of RCW 46.61.5056.
- 31 (9) Driver's license privileges of the defendant. The license, permit, or nonresident privilege of a person convicted of driving or 32 being in physical control of a motor vehicle while under the 33 influence of intoxicating liquor or drugs must: 34
- (a) Penalty for alcohol concentration less than 0.15. If the 35 36 person's alcohol concentration was less than 0.15, or if for reasons other than the person's refusal to take a test offered under RCW 37 46.20.308 there is no test result indicating the person's alcohol 38 concentration: 39

1 (i) Where there has been no prior offense within seven years, be 2 suspended or denied by the department for ninety days;

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- (ii) Where there has been one prior offense within seven years, be revoked or denied by the department for two years; or
- (iii) Where there have been two or more prior offenses within seven years, be revoked or denied by the department for three years;
- (b) Penalty for alcohol concentration at least 0.15. If the person's alcohol concentration was at least 0.15:
- (i) Where there has been no prior offense within seven years, be revoked or denied by the department for one year;
- (ii) Where there has been one prior offense within seven years, be revoked or denied by the department for nine hundred days; or
- (iii) Where there have been two or more prior offenses within seven years, be revoked or denied by the department for four years; or
 - (c) **Penalty for refusing to take test.** If by reason of the person's refusal to take a test offered under RCW 46.20.308, there is no test result indicating the person's alcohol concentration:
 - (i) Where there have been no prior offenses within seven years, be revoked or denied by the department for two years;
- 21 (ii) Where there has been one prior offense within seven years, 22 be revoked or denied by the department for three years; or
- 23 (iii) Where there have been two or more previous offenses within 24 seven years, be revoked or denied by the department for four years.

The department shall grant credit on a day-for-day basis for any portion of a suspension, revocation, or denial already served under this subsection for a suspension, revocation, or denial imposed under RCW 46.20.3101 arising out of the same incident.

Upon its own motion or upon motion by a person, a court may find, on the record, that notice to the department under RCW 46.20.270 has been delayed for three years or more as a result of a clerical or court error. If so, the court may order that the person's license, permit, or nonresident privilege shall not be revoked, suspended, or denied for that offense. The court shall send notice of the finding and order to the department and to the person. Upon receipt of the notice from the court, the department shall not revoke, suspend, or deny the license, permit, or nonresident privilege of the person for that offense.

For purposes of this subsection (9), the department shall refer to the driver's record maintained under RCW 46.52.120 when determining the existence of prior offenses.

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- (10) Probation of driving privilege. After expiration of any period of suspension, revocation, or denial of the offender's license, permit, or privilege to drive required by this section, the shall place the offender's driving privilege probationary status pursuant to RCW 46.20.355.
- Conditions of probation. 9 (a) In addition any to nonsuspendable and nondeferrable jail sentence required by this 10 11 section, whenever the court imposes up to three hundred sixty-four days in jail, the court shall also suspend but shall not defer a 12 period of confinement for a period not exceeding five years. The 13 court shall impose conditions of probation that include: (i) Not 14 driving a motor vehicle within this state without a valid license to 15 16 drive and proof of liability insurance or other responsibility for the future pursuant to RCW 46.30.020; (ii) not 17 driving or being in physical control of a motor vehicle within this 18 state while having an alcohol concentration of 0.08 or more or a THC 19 concentration of 5.00 nanograms per milliliter of whole blood or 20 21 higher, within two hours after driving; and (iii) not refusing to submit to a test of his or her breath or blood to determine alcohol 22 or drug concentration upon request of a law enforcement officer who 23 has reasonable grounds to believe the person was driving or was in 24 25 actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drug. The court may 26 27 impose conditions of probation that include nonrepetition, installation of an ignition interlock device on the probationer's 28 29 motor vehicle, alcohol or drug treatment, supervised probation, or other conditions that may be appropriate. The sentence may be imposed 30 31 in whole or in part upon violation of a condition of probation during the suspension period. 32
 - (b) For each violation of mandatory conditions of probation under (a)(i), (ii), or (iii) of this subsection, the court shall order the convicted person to be confined for thirty days, which shall not be suspended or deferred.
 - (c) For each incident involving a violation of a mandatory condition of probation imposed under this subsection, the license, permit, or privilege to drive of the person shall be suspended by the court for thirty days or, if such license, permit, or privilege to

- 1 drive already is suspended, revoked, or denied at the time the finding of probation violation is made, the suspension, revocation, 2 or denial then in effect shall be extended by thirty days. The court 3 shall notify the department of any suspension, revocation, or denial 4 or any extension of a suspension, revocation, or denial imposed under 5 6 this subsection.
 - (12) Waiver of electronic home monitoring. A court may waive the electronic home monitoring requirements of this chapter when:

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- (a) The offender does not have a dwelling, telephone service, or any other necessity to operate an electronic home monitoring system. However, if a court determines that an alcohol monitoring device utilizing wireless reporting technology is reasonably available, the court may require the person to obtain such a device during the period of required electronic home monitoring;
 - (b) The offender does not reside in the state of Washington; or
- (c) The court determines that there is reason to believe that the offender would violate the conditions of the electronic home monitoring penalty.

Whenever the mandatory minimum term of electronic home monitoring is waived, the court shall state in writing the reason for granting the waiver and the facts upon which the waiver is based, and shall impose an alternative sentence with similar punitive consequences. The alternative sentence may include, but is not limited to, use of an ignition interlock device, the 24/7 sobriety program monitoring, additional jail time, work crew, or work camp.

Whenever the combination of jail time and electronic home monitoring or alternative sentence would exceed three hundred sixtyfour days, the offender shall serve the jail portion of the sentence first, and the electronic home monitoring or alternative portion of the sentence shall be reduced so that the combination does not exceed three hundred sixty-four days.

- (13) Extraordinary medical placement. An offender serving a sentence under this section, whether or not a mandatory minimum term has expired, may be granted an extraordinary medical placement by the jail administrator subject to the standards and limitations set forth in RCW 9.94A.728(3).
- (14) **Definitions.** For purposes of this section and RCW 46.61.502 37 and 46.61.504: 38
 - (a) A "prior offense" means any of the following:

- 1 (i) A conviction for a violation of RCW 46.61.502 or an 2 equivalent local ordinance;
- (ii) A conviction for a violation of RCW 46.61.504 or 3 an equivalent local ordinance; 4
- (iii) A conviction for a violation of RCW 46.25.110 5 an 6 equivalent local ordinance;
- 7 (iv) A conviction for a violation of RCW 79A.60.040 an equivalent local ordinance; 8
- (v) A conviction for a violation of RCW 47.68.220 9 an equivalent local ordinance; 10
- (vi) A conviction for a violation of RCW 46.09.470(2) or 11 12 equivalent local ordinance;
- (vii) A conviction for a violation of RCW 46.10.490(2) or an 13 14 equivalent local ordinance;

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- (viii) A conviction for a violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug, or a conviction for a violation of RCW 46.61.520 committed in a reckless manner or with the disregard for the safety of others if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug;
- (ix) A conviction for a violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug, or a conviction for a violation of RCW 46.61.522 committed in a reckless manner or with the disregard for the safety of others if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug;
- (x) A conviction for a violation of RCW 46.61.5249, 46.61.500, or 9A.36.050 or an equivalent local ordinance, if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.502 or 46.61.504, or an equivalent local ordinance, or of RCW 46.61.520 or 46.61.522;
- (xi) An out-of-state conviction for a violation that would have 34 been a violation of (a)(i), (ii), (viii), (ix), or (x) of this 35 36 subsection if committed in this state;
- 37 (xii) A deferred prosecution under chapter 10.05 RCW granted in a prosecution for a violation of RCW 46.61.502, 46.61.504, or an 38 equivalent local ordinance; 39

1 (xiii) A deferred prosecution under chapter 10.05 RCW granted in 2 a prosecution for a violation of RCW 46.61.5249, or an equivalent 3 local ordinance, if the charge under which the deferred prosecution 4 was granted was originally filed as a violation of RCW 46.61.502 or 5 46.61.504, or an equivalent local ordinance, or of RCW 46.61.520 or 6 46.61.522;

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- (xiv) A deferred prosecution granted in another state for a violation of driving or having physical control of a vehicle while under the influence of intoxicating liquor or any drug if the out-of-state deferred prosecution is equivalent to the deferred prosecution under chapter 10.05 RCW, including a requirement that the defendant participate in a chemical dependency treatment program; or
- 13 (xv) A deferred sentence imposed in a prosecution for a violation 14 of RCW 46.61.5249, 46.61.500, or 9A.36.050, or an equivalent local 15 ordinance, if the charge under which the deferred sentence was 16 imposed was originally filed as a violation of RCW 46.61.502 or 17 46.61.504, or an equivalent local ordinance, or a violation of RCW 18 46.61.520 or 46.61.522;
- If a deferred prosecution is revoked based on a subsequent conviction for an offense listed in this subsection (14)(a), the subsequent conviction shall not be treated as a prior offense of the revoked deferred prosecution for the purposes of sentencing;
- 23 (b) "Treatment" means ((alcohol or drug)) substance use disorder 24 treatment approved by the department of social and health services;
 - (c) "Within seven years" means that the arrest for a prior offense occurred within seven years before or after the arrest for the current offense; and
- 28 (d) "Within ten years" means that the arrest for a prior offense 29 occurred within ten years before or after the arrest for the current 30 offense.
- 31 **Sec. 41.** RCW 46.61.5056 and 2011 c 293 s 13 are each amended to 32 read as follows:
- 33 (1) A person subject to alcohol assessment and treatment under 34 RCW 46.61.5055 shall be required by the court to complete a course in 35 an alcohol information school approved by the department of social 36 and health services or to complete more intensive treatment in a 37 <u>substance use disorder treatment</u> program approved by the department 38 of social and health services, as determined by the court. The court

shall notify the department of licensing whenever it orders a person to complete a course or treatment program under this section.

- (2) A diagnostic evaluation and treatment recommendation shall be prepared under the direction of the court by an alcoholism agency approved by the department of social and health services or a qualified probation department approved by the department of social and health services. A copy of the report shall be forwarded to the court and the department of licensing. Based on the diagnostic evaluation, the court shall determine whether the person shall be required to complete a course in an alcohol information school approved by the department of social and health services or more intensive treatment in a <u>substance use disorder treatment</u> program approved by the department of social and health services.
- (3) Standards for approval for alcohol treatment programs shall be prescribed by the department of social and health services. The department of social and health services shall periodically review the costs of alcohol information schools and treatment programs.
- (4) Any agency that provides treatment ordered under RCW 46.61.5055, shall immediately report to the appropriate probation department where applicable, otherwise to the court, and to the department of licensing any noncompliance by a person with the conditions of his or her ordered treatment. The court shall notify the department of licensing and the department of social and health services of any failure by an agency to so report noncompliance. Any agency with knowledge of noncompliance that fails to so report shall be fined two hundred fifty dollars by the department of social and health services. Upon three such failures by an agency within one year, the department of social and health services shall revoke the agency's approval under this section.
- 30 (5) The department of licensing and the department of social and 31 health services may adopt such rules as are necessary to carry out 32 this section.
- **Sec. 42.** RCW 82.04.4277 and 2014 c 225 s 104 are each amended to read as follows:
- 35 (1) A health or social welfare organization may deduct from the 36 measure of tax amounts received as compensation for providing mental 37 health services <u>and chemical dependency services</u> under a government-38 funded program.

- 1 (2) A behavioral health organization may deduct from the measure 2 of tax amounts received from the state of Washington for distribution to a health or social welfare organization that is eligible to deduct 3 the distribution under subsection (1) of this section. 4
- (3) A person claiming a deduction under this section must file a 5 6 complete annual report with the department under RCW 82.32.534.
- 7 (4) The definitions in this subsection apply ((to this section)) throughout this section unless the context clearly requires 8 otherwise. 9
- (a) "Chemical dependency" has the same meaning as provided in RCW 10 11 70.96A.020.
- (b) "Health or social welfare organization" has the meaning 12 13 provided in RCW 82.04.431.
- 14 $((\frac{b}{b}))$ (c) "Mental health services" and "behavioral health" organization" have the meanings provided in RCW 71.24.025. 15
- (5) This section expires ((August 1, 2016)) January 1, 2020. 16
- 17 NEW SECTION. Sec. 43. The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective April 18 1, 2016: 19
- 20 (1) RCW 70.96A.030 (Substance use disorder program) and 2014 c 225 s 21, 1989 c 270 s 4, & 1972 ex.s. c 122 s 3; 21
- (2) RCW 70.96A.045 (Funding prerequisites, facilities, plans, or 22 programs receiving financial assistance) and 1989 c 270 s 10; 23
- 24 (3) RCW 70.96A.060 (Interdepartmental coordinating committee) and 25 2014 c 225 s 24, 1989 c 270 s 8, 1979 c 158 s 220, & 1972 ex.s. c 122 26 s 6;
- 27 (4) RCW 70.96A.150 (Records of persons treated for alcoholism and drug addiction) and 1990 c 151 s 1, 1989 c 162 s 1, & 1972 ex.s. c 28 29 122 s 15;
- 30 (5) RCW 70.96A.300 (Counties may create alcoholism and other drug 31 addiction board—Generally) and 2014 c 225 s 31 & 1989 c 270 s 15;
- (6) RCW 70.96A.310 (County alcoholism and other drug addiction 32 33 program—Chief executive officer of program to be program coordinator) and 1989 c 270 s 16; 34
- (7) RCW 70.96A.320 (Alcoholism and other drug addiction program— 35 36 Generally) and 2014 c 225 s 32, 2013 c 320 s 8, 1990 c 151 s 9, & 1989 c 270 s 17; and 37

- 1 (8) RCW 70.96A.325 (Methamphetamine addiction programs—Counties 2 authorized to seek state funding) and 2006 c 339 s 101.
- NEW SECTION. Sec. 44. RCW 70.96A.035, 70.96A.037, 70.96A.040, 3
- 4 70.96A.043, 70.96A.047, 70.96A.050, 70.96A.055, 70.96A.080,
- 70.96A.096, 70.96A.085, 70.96A.090, 70.96A.095, 70.96A.097, 5
- 70.96A.235, 70.96A.240, 6 70.96A.170, 70.96A.180, 70.96A.230,
- 7 70.96A.245, 70.96A.250, 70.96A.255, 70.96A.260, 70.96A.265,
- 70.96A.410, 70.96A.420, 70.96A.350, 70.96A.400, 8 70.96A.430,
- 9 70.96A.500, 70.96A.510, 70.96A.520, 70.96A.800, 70.96A.905, and
- 70.96C.010 are each recodified as sections in chapter 71.24 RCW. 10
- 11 NEW SECTION. Sec. 45. This act takes effect April 1, 2016.

ESHB 1713 - S COMM AMD By Committee on Ways & Means

ADOPTED AND ENGROSSED 4/15/2015

12 On page 1, line 2 of the title, after "dependency;" strike the remainder of the title and insert "amending RCW 71.24.035, 13 70.96A.050, 71.24.037, 70.96A.090, 71.24.385, 70.96A.350, 70.96A.035, 14 15 70.96C.010, 70.96A.037, 70.96A.047, 70.96A.055, 70.96A.087, 70.96A.170, 70.96A.180, 70.96A.095, 70.96A.096, 16 70.96A.097, 70.96A.235, 70.96A.240, 70.96A.245, 70.96A.250, 17 70.96A.265, 70.96A.400, 70.96A.800, 70.96A.905, 71.24.300, 71.24.350, 2.28.170, 18 9.94A.660, 10.05.020, 10.05.030, 10.05.150, 46.61.5055, 46.61.5056, 19 and 82.04.4277; reenacting and amending RCW 71.24.025 and 70.96A.020; 20 adding new sections to chapter 71.24 RCW; creating a new section; 21 22 recodifying RCW 70.96A.035, 70.96A.037, 70.96A.040, 70.96A.043, 70.96A.047, 70.96A.050, 70.96A.055, 70.96A.080, 70.96A.085, 23 24 70.96A.090, 70.96A.095, 70.96A.096, 70.96A.097, 70.96A.170, 70.96A.180, 70.96A.230, 70.96A.240, 25 70.96A.235, 70.96A.245, 70.96A.255, 70.96A.260, 70.96A.265, 26 70.96A.250, 70.96A.350, 70.96A.400, 70.96A.410, 70.96A.420, 70.96A.430, 27 70.96A.500, 70.96A.510, 70.96A.520, 70.96A.800, 70.96A.905, and 70.96C.010; 28 29 decodifying RCW 43.135.03901; repealing RCW 70.96A.030, 70.96A.045, 30 70.96A.060, 70.96A.150, 70.96A.300, 70.96A.310, 70.96A.320, and

- 70.96A.325; providing an effective date; and providing an expiration 1
- date." 2

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