

E2SSB 5432 - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED 04/12/2019

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

3 **"PART 1**

4 **Sec. 1001.** RCW 71.24.011 and 1982 c 204 s 1 are each amended to
5 read as follows:

6 This chapter may be known and cited as the community ~~((mental))~~
7 behavioral health services act.

8 **Sec. 1002.** RCW 71.24.015 and 2018 c 201 s 4001 are each amended
9 to read as follows:

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

18 (1) Access to ~~((mental))~~ behavioral health services for adults
19 with mental illness and children with mental illness ~~((or)),~~
20 emotional disturbances ~~((who meet access to care standards which~~
21 ~~services)),~~ or substance use disorders, that recognize the special
22 needs of underserved populations, including minorities, children,
23 older adults, individuals with disabilities, and low-income persons.
24 Access to mental health and substance use disorder services shall not
25 be limited by a person's history of confinement in a state, federal,
26 or local correctional facility. It is also the purpose of this
27 chapter to promote the early identification of children with mental
28 illness and to ensure that they receive the mental health care and
29 treatment which is appropriate to their developmental level. This
30 care should improve home, school, and community functioning, maintain
31 children in a safe and nurturing home environment, and should enable

1 treatment decisions to be made in response to clinical needs in
2 accordance with sound professional judgment while also recognizing
3 parents' rights to participate in treatment decisions for their
4 children;

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

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

23 (4) Minimum service delivery standards;

24 (5) Priorities for the use of available resources for the care of
25 individuals with mental illness or substance use disorder consistent
26 with the priorities defined in the statute;

27 (6) Coordination of services within the department of social and
28 health services, (~~including those divisions within the department of~~
29 ~~social and health services that provide services to children,~~
30 ~~between~~) the authority, the department, the department of (~~social~~
31 ~~and health services~~) children, youth, and families, and the office
32 of the superintendent of public instruction, and among state mental
33 hospitals, tribes, residential treatment facilities, county
34 authorities, behavioral health administrative services organizations,
35 managed care organizations, community (~~mental~~) behavioral health
36 services, and other support services, which shall to the maximum
37 extent feasible also include the families of individuals with mental
38 illness or substance use disorder, and other service providers,
39 including Indian health care providers; and

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

5 It is the policy of the state to encourage the provision of a
6 full range of treatment and rehabilitation services in the state for
7 mental disorders, or substance use disorders, including services
8 operated by consumers and advocates. The legislature intends to
9 encourage the development of regional (~~(mental)~~) behavioral health
10 services with adequate local flexibility to assure eligible people in
11 need of care access to the least-restrictive treatment alternative
12 appropriate to their needs, and the availability of treatment
13 components to assure continuity of care. (~~(To this end, counties must
14 enter into joint operating agreements with other counties to form
15 regional systems of care that are consistent with the regional
16 service areas established under RCW 74.09.870. Regional systems of
17 care, whether operated by a county, group of counties, or another
18 entity shall integrate planning, administration, and service delivery
19 duties under chapter 71.05 RCW and this chapter to consolidate
20 administration, reduce administrative layering, and reduce
21 administrative costs.)~~) The legislature hereby finds and declares
22 that sound fiscal management requires vigilance to ensure that funds
23 appropriated by the legislature for the provision of needed community
24 (~~(mental)~~) behavioral health (~~(programs and)~~) system services are
25 ultimately expended solely for the purpose for which they were
26 appropriated, and not for any other purpose.

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

32 **Sec. 1003.** RCW 71.24.016 and 2014 c 225 s 7 are each amended to
33 read as follows:

34 (1) The legislature intends that eastern and western state
35 hospitals shall operate as clinical centers for handling the most
36 complicated long-term care needs of patients with a primary diagnosis
37 of mental disorder. It is further the intent of the legislature that
38 the community (~~(mental)~~) behavioral health service delivery system
39 focus on maintaining individuals with mental illness in the

1 community. The program shall be evaluated and managed through a
2 limited number of outcome and performance measures, as provided in
3 RCW 43.20A.895 (as recodified by this act), 70.320.020, and
4 71.36.025.

5 (2) The legislature intends to address the needs of people with
6 mental disorders with a targeted, coordinated, and comprehensive set
7 of evidence-based practices that are effective in serving individuals
8 in their community and will reduce the need for placements in state
9 mental hospitals. The legislature further intends to explicitly hold
10 behavioral health administrative services organizations, within
11 available resources, and managed care organizations accountable for
12 serving people with mental disorders within the boundaries of their
13 regional service area ~~((and for not exceeding their allocation of~~
14 ~~state hospital beds))~~.

15 (3) The authority shall establish a work group to determine: (a)
16 How to appropriately manage access to adult long-term inpatient
17 involuntary care and the children's long-term inpatient program in
18 the community and at eastern and western state hospitals, until such
19 a time as the risk for long-term involuntary inpatient care may be
20 fully integrated into managed care organization contracts, and
21 provide advice to guide the integration process; and (b) how to
22 expand bidirectional integration through increased support for co-
23 occurring disorder services, including recommendations related to
24 purchasing and rates. The work group shall include representation
25 from the department of social and health services, the department of
26 health, behavioral health administrative services organizations, at
27 least two managed care organizations, the Washington state
28 association of counties, community behavioral health providers,
29 including providers with experience providing co-occurring disorder
30 services, and the Washington state hospital association. Managed care
31 representation on the work group must include at least one member
32 with financial expertise and at least one member with clinical
33 expertise. The managed care organizations on the work group shall
34 represent the entire managed care sector and shall collaborate with
35 the nonrepresented managed care organizations. The work group shall
36 provide recommendations to the office of financial management and
37 appropriate committees of the legislature by December 15, 2019.

38 **Sec. 1004.** RCW 71.24.025 and 2018 c 201 s 4002 are each amended
39 to read as follows:

1 Unless the context clearly requires otherwise, the definitions in
2 this section apply throughout this chapter.

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

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

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

10 (c) Presenting a likelihood of serious harm as defined in RCW
11 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

12 (2) "Alcoholism" means a disease, characterized by a dependency
13 on alcoholic beverages, loss of control over the amount and
14 circumstances of use, symptoms of tolerance, physiological or
15 psychological withdrawal, or both, if use is reduced or discontinued,
16 and impairment of health or disruption of social or economic
17 functioning.

18 (3) "Approved substance use disorder treatment program" means a
19 program for persons with a substance use disorder provided by a
20 treatment program licensed or certified by the department as meeting
21 standards adopted under this chapter.

22 (4) "Authority" means the Washington state health care authority.

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

33 (6) "Behavioral health administrative services organization"
34 means (~~(any county authority or group of county authorities or other~~
35 ~~entity recognized by the director in contract in a defined region))~~
36 an entity contracted with the authority to administer behavioral
37 health services and programs under section 1046 of this act,
38 including crisis services and administration of chapter 71.05 RCW,
39 the involuntary treatment act, for all individuals in a defined
40 regional service area.

1 (7) "Community behavioral health program" means all expenditures,
2 services, activities, or programs, including reasonable
3 administration and overhead, designed and conducted to prevent or
4 treat (~~chemical dependency and~~) substance use disorder, mental
5 illness, or both in the community behavioral health system.

6 (8) "Behavioral health services" means mental health services as
7 described in this chapter and chapter 71.36 RCW and substance use
8 disorder treatment services as described in this chapter that,
9 depending on the type of service, are provided by licensed or
10 certified behavioral health agencies, behavioral health providers, or
11 integrated into other health care providers.

12 (9) "Child" means a person under the age of eighteen years.

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

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

18 (b) Has experienced a continuous psychiatric hospitalization or
19 residential treatment exceeding six months' duration within the
20 preceding year; or

21 (c) Has been unable to engage in any substantial gainful activity
22 by reason of any mental disorder which has lasted for a continuous
23 period of not less than twelve months. "Substantial gainful activity"
24 shall be defined by the authority by rule consistent with Public Law
25 92-603, as amended.

26 (11) "Clubhouse" means a community-based program that provides
27 rehabilitation services and is licensed or certified by the
28 department.

29 (12) "Community (~~mental~~) behavioral health service delivery
30 system" means public, private, or tribal agencies that provide
31 services specifically to persons with mental disorders, substance use
32 disorders, or both, as defined under RCW 71.05.020 and receive
33 funding from public sources.

34 (13) "Community support services" means services authorized,
35 planned, and coordinated through resource management services
36 including, at a minimum, assessment, diagnosis, emergency crisis
37 intervention available twenty-four hours, seven days a week,
38 prescreening determinations for persons who are mentally ill being
39 considered for placement in nursing homes as required by federal law,
40 screening for patients being considered for admission to residential

1 services, diagnosis and treatment for children who are acutely
2 mentally ill or severely emotionally or behaviorally disturbed
3 discovered under screening through the federal Title XIX early and
4 periodic screening, diagnosis, and treatment program, investigation,
5 legal, and other nonresidential services under chapter 71.05 RCW,
6 case management services, psychiatric treatment including medication
7 supervision, counseling, psychotherapy, assuring transfer of relevant
8 patient information between service providers, recovery services, and
9 other services determined by behavioral health administrative
10 services organizations.

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

16 (15) "County authority" means the board of county commissioners,
17 county council, or county executive having authority to establish a
18 (~~community mental~~) behavioral health (~~program~~) administrative
19 services organization, or two or more of the county authorities
20 specified in this subsection which have entered into an agreement to
21 (~~provide a community mental~~) establish a behavioral health
22 (~~program~~) administrative services organization.

23 (16) "Department" means the department of health.

24 (17) "Designated crisis responder" (~~means a mental health~~
25 ~~professional designated by the county or other authority authorized~~
26 ~~in rule to perform the duties specified in this chapter~~) has the
27 same meaning as in RCW 71.05.020.

28 (18) "Director" means the director of the authority.

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

35 (20) "Early adopter" means a regional service area for which all
36 of the county authorities have requested that the authority purchase
37 medical and behavioral health services through a managed care health
38 system as defined under RCW 71.24.380(6).

39 (21) "Emerging best practice" or "promising practice" means a
40 program or practice that, based on statistical analyses or a well

1 established theory of change, shows potential for meeting the
2 evidence-based or research-based criteria, which may include the use
3 of a program that is evidence-based for outcomes other than those
4 listed in subsection (22) of this section.

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

15 (23) "Indian health care provider" means a health care program
16 operated by the Indian health service or by a tribe, tribal
17 organization, or urban Indian organization as those terms are defined
18 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

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

22 ~~((24))~~ (25) "Licensed or certified ~~((service—provider))~~
23 behavioral health agency" means:

24 (a) An entity licensed or certified according to this chapter or
25 chapter 71.05 RCW ~~((or))~~;

26 (b) An entity deemed to meet state minimum standards as a result
27 of accreditation by a recognized behavioral health accrediting body
28 recognized and having a current agreement with the department ~~((or))~~;
29 or

30 (c) An entity with a tribal attestation that it meets state
31 minimum standards ~~((, or persons licensed under chapter 18.57, 18.57A,~~
32 18.71, 18.71A, 18.83, or 18.79 RCW, as it applies to registered
33 nurses and advanced registered nurse practitioners)) for a licensed
34 or certified behavioral health agency.

35 ~~((25))~~ (26) "Long-term inpatient care" means inpatient services
36 for persons committed for, or voluntarily receiving intensive
37 treatment for, periods of ninety days or greater under chapter 71.05
38 RCW. "Long-term inpatient care" as used in this chapter does not
39 include: (a) Services for individuals committed under chapter 71.05
40 RCW who are receiving services pursuant to a conditional release or a

1 court-ordered less restrictive alternative to detention; or (b)
2 services for individuals voluntarily receiving less restrictive
3 alternative treatment on the grounds of the state hospital.

4 ~~((26) "Mental health services" means all services provided by
5 behavioral health organizations and other services provided by the
6 state for persons who are mentally ill.))~~

7 (27) "Managed care organization" means an organization, having a
8 certificate of authority or certificate of registration from the
9 office of the insurance commissioner, that contracts with the
10 authority under a comprehensive risk contract to provide prepaid
11 health care services to enrollees under the authority's managed care
12 programs under chapter 74.09 RCW.

13 (28) Mental health "treatment records" include registration and
14 all other records concerning persons who are receiving or who at any
15 time have received services for mental illness, which are maintained
16 by the department of social and health services or the authority, by
17 behavioral health administrative services organizations and their
18 staffs, by managed care organizations and their staffs, or by
19 treatment facilities. "Treatment records" do not include notes or
20 records maintained for personal use by a person providing treatment
21 services for the ~~((department of social and health services,
22 behavioral health organizations))~~ entities listed in this subsection,
23 or a treatment facility if the notes or records are not available to
24 others.

25 ~~((28))~~ (29) "Mentally ill persons," "persons who are mentally
26 ill," and "the mentally ill" mean persons and conditions defined in
27 subsections (1), (10), (36), and (37) of this section.

28 ~~((29))~~ (30) "Recovery" means the process in which people are
29 able to live, work, learn, and participate fully in their
30 communities.

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

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

1 where the weight of the evidence from a systemic review supports
2 sustained outcomes as described in subsection (22) of this section
3 but does not meet the full criteria for evidence-based.

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

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

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

1 mentally ill in services and their individual service plan to
2 designated crisis responders, evaluation and treatment facilities,
3 and others as determined by the behavioral health administrative
4 services organization or managed care organization, as applicable.

5 (35) "Secretary" means the secretary of the department of health.

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

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

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

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

16 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

40 (ii) Changes in custodial adult;

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

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

6 (v) Drug or alcohol abuse; or

7 (vi) Homelessness.

8 (38) "State minimum standards" means minimum requirements
9 established by rules adopted and necessary to implement this chapter
10 by:

11 (a) The authority for:

12 (i) Delivery of mental health and substance use disorder
13 services; and

14 (ii) Community support services and resource management services;

15 (b) The department of health for:

16 (i) Licensed or certified (~~(service providers)~~) behavioral health
17 agencies for the (~~(provision of)~~) purpose of providing mental health
18 (~~(and)~~) or substance use disorder programs and services, or both;
19 (~~(and)~~)

20 (ii) Licensed behavioral health providers for the provision of
21 mental health or substance use disorder services, or both; and

22 (iii) Residential services.

23 (39) "Substance use disorder" means a cluster of cognitive,
24 behavioral, and physiological symptoms indicating that an individual
25 continues using the substance despite significant substance-related
26 problems. The diagnosis of a substance use disorder is based on a
27 pathological pattern of behaviors related to the use of the
28 substances.

29 (40) "~~(Tribal authority)~~ Tribe," for the purposes of this
30 section (~~(and RCW 71.24.300 only)~~), means(~~(The)~~) a federally
31 recognized Indian tribe(~~(s and the major Indian organizations~~
32 ~~recognized by the director insofar as these organizations do not have~~
33 ~~a financial relationship with any behavioral health organization that~~
34 ~~would present a conflict of interest)~~).

35 (41) "Behavioral health provider" means a person licensed under
36 chapter 18.57, 18.57A, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79
37 RCW, as it applies to registered nurses and advanced registered nurse
38 practitioners.

1 **Sec. 1005.** RCW 71.24.030 and 2018 c 201 s 4003 are each amended
2 to read as follows:

3 The director is authorized to make grants and/or purchase
4 services from counties, combinations of counties, or other entities,
5 to establish and operate community (~~(mental)~~) behavioral health
6 programs.

7 **Sec. 1006.** RCW 71.24.035 and 2018 c 201 s 4004 are each amended
8 to read as follows:

9 (1) The authority is designated as the state behavioral health
10 authority which includes recognition as the single state authority
11 for substance use disorders and state mental health authority.

12 (2) The director shall provide for public, client, tribal, and
13 licensed or certified (~~(service provider)~~) behavioral health agency
14 participation in developing the state behavioral health program,
15 developing related contracts (~~(with behavioral health~~
16 ~~organizations)~~), and any waiver request to the federal government
17 under medicaid.

18 (3) The director shall provide for participation in developing
19 the state behavioral health program for children and other
20 underserved populations, by including representatives on any
21 committee established to provide oversight to the state behavioral
22 health program.

23 (4) (~~The director shall be designated as the behavioral health~~
24 ~~organization if the behavioral health organization fails to meet~~
25 ~~state minimum standards or refuses to exercise responsibilities under~~
26 ~~its contract or RCW 71.24.045, until such time as a new behavioral~~
27 ~~health organization is designated.)) The authority shall be
28 designated as the behavioral health administrative services
29 organization for a regional service area if a behavioral health
30 administrative services organization fails to meet the authority's
31 contracting requirements or refuses to exercise the responsibilities
32 under its contract or state law, until such time as a new behavioral
33 health administrative services organization is designated.~~

34 (5) The director shall:

35 (a) (~~Develop a biennial state behavioral health program that~~
36 ~~incorporates regional biennial needs assessments and regional mental~~
37 ~~health service plans and state services for adults and children with~~
38 ~~mental disorders or substance use disorders or both;~~

1 ~~(b))~~ Assure that any behavioral health administrative services
2 organization, managed care organization, or ((county)) community
3 behavioral health program provides medically necessary services to
4 medicaid recipients consistent with the state's medicaid state plan
5 or federal waiver authorities, and nonmedicaid services consistent
6 with priorities established by the authority;

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

10 ~~(i) Licensed or certified service providers. These rules shall~~
11 ~~permit a county-operated behavioral health program to be licensed as~~
12 ~~a service provider subject to compliance with applicable statutes and~~
13 ~~rules.~~

14 ~~(ii) Inpatient services, an adequate network of evaluation and~~
15 ~~treatment services and facilities under chapter 71.05 RCW to ensure~~
16 ~~access to treatment, resource management services, and community~~
17 ~~support services;~~

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

22 ~~(e) Establish a standard contract or contracts, consistent with~~
23 ~~state minimum standards which shall be used in contracting with~~
24 ~~behavioral health organizations. The standard contract shall include~~
25 ~~a maximum fund balance, which shall be consistent with that required~~
26 ~~by federal regulations or waiver stipulations;~~

27 ~~(f))~~ (b) Develop contracts in a manner to ensure an adequate
28 network of inpatient services, evaluation and treatment services, and
29 facilities under chapter 71.05 RCW to ensure access to treatment,
30 resource management services, and community support services;

31 (c) Make contracts necessary or incidental to the performance of
32 its duties and the execution of its powers, including managed care
33 contracts for behavioral health services, contracts entered into
34 under RCW 74.09.522, and contracts with public and private agencies,
35 organizations, and individuals to pay them for behavioral health
36 services;

37 ~~((g))~~ (d) Define administrative costs and ensure that the
38 behavioral health administrative services organization does not
39 exceed an administrative cost of ten percent of available funds;

1 (e) Establish, to the extent possible, a standardized auditing
2 procedure which is designed to assure compliance with contractual
3 agreements authorized by this chapter and minimizes paperwork
4 requirements (~~(of behavioral health organizations and licensed or~~
5 ~~certified service providers)~~). The audit procedure shall focus on the
6 outcomes of service as provided in RCW 43.20A.895 (as recodified by
7 this act), 70.320.020, and 71.36.025;

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

18 ~~((i) Periodically monitor the compliance of behavioral health~~
19 ~~organizations and their network of licensed or certified service~~
20 ~~providers for compliance with the contract between the authority, the~~
21 ~~behavioral health organization, and federal and state rules at~~
22 ~~reasonable times and in a reasonable manner;~~

23 ~~(j))~~ (g) Monitor and audit behavioral health administrative
24 services organizations as needed to assure compliance with
25 contractual agreements authorized by this chapter;

26 ~~((k))~~ (h) Monitor and audit access to behavioral health
27 services for individuals eligible for medicaid who are not enrolled
28 in a managed care organization;

29 (i) Adopt such rules as are necessary to implement the
30 authority's responsibilities under this chapter; ~~((and~~

31 ~~(l))~~ (j) Administer or supervise the administration of the
32 provisions relating to persons with substance use disorders and
33 intoxicated persons of any state plan submitted for federal funding
34 pursuant to federal health, welfare, or treatment legislation;

35 (k) Require the behavioral health administrative services
36 organizations and the managed care organizations to develop
37 agreements with tribal, city, and county jails and the department of
38 corrections to accept referrals for enrollment on behalf of a
39 confined person, prior to the person's release; and

1 (1) Require behavioral health administrative services
2 organizations and managed care organizations, as applicable, to
3 provide services as identified in RCW 71.05.585 to individuals
4 committed for involuntary commitment under less restrictive
5 alternative court orders when:

6 (i) The individual is enrolled in the medicaid program; or

7 (ii) The individual is not enrolled in medicaid, does not have
8 other insurance which can pay for the services, and the behavioral
9 health administrative services organization has adequate available
10 resources to provide the services.

11 (6) The director shall use available resources only for
12 behavioral health administrative services organizations and managed
13 care organizations, except:

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

17 (b) To incentivize improved performance with respect to the
18 client outcomes established in RCW 43.20A.895 (as recodified by this
19 act), 70.320.020, and 71.36.025, integration of behavioral health and
20 medical services at the clinical level, and improved care
21 coordination for individuals with complex care needs.

22 (7) Each behavioral health administrative services organization,
23 managed care organization, and licensed or certified (~~service~~
24 ~~provider~~) behavioral health agency shall file with the secretary of
25 the department of health or the director, on request, such data,
26 statistics, schedules, and information as the secretary of the
27 department of health or the director reasonably requires. A
28 behavioral health administrative services organization, managed care
29 organization, or licensed or certified (~~service—provider~~)
30 behavioral health agency which, without good cause, fails to furnish
31 any data, statistics, schedules, or information as requested, or
32 files fraudulent reports thereof, may be subject to the (~~behavioral~~
33 ~~health—organization~~) contractual remedies in RCW 74.09.871 or may
34 have its service provider certification or license revoked or
35 suspended.

36 (8) The superior court may restrain any behavioral health
37 administrative services organization, managed care organization, or
38 service provider from operating without a contract, certification, or
39 a license or any other violation of this section. The court may also
40 review, pursuant to procedures contained in chapter 34.05 RCW, any

1 denial, suspension, limitation, restriction, or revocation of
2 certification or license, and grant other relief required to enforce
3 the provisions of this chapter.

4 (9) Upon petition by the secretary of the department of health or
5 the director, and after hearing held upon reasonable notice to the
6 facility, the superior court may issue a warrant to an officer or
7 employee of the secretary of the department of health or the director
8 authorizing him or her to enter at reasonable times, and examine the
9 records, books, and accounts of any behavioral health administrative
10 services organization, managed care organization, or service provider
11 refusing to consent to inspection or examination by the authority.

12 (10) Notwithstanding the existence or pursuit of any other
13 remedy, the secretary of the department of health or the director may
14 file an action for an injunction or other process against any person
15 or governmental unit to restrain or prevent the establishment,
16 conduct, or operation of a behavioral health administrative services
17 organization, managed care organization, or service provider without
18 a contract, certification, or a license under this chapter.

19 (11) The authority shall distribute appropriated state and
20 federal funds in accordance with any priorities, terms, or conditions
21 specified in the appropriations act.

22 ~~((12) The director shall assume all duties assigned to the~~
23 ~~nonparticipating behavioral health organizations under chapters 71.05~~
24 ~~and 71.34 RCW and this chapter. Such responsibilities shall include~~
25 ~~those which would have been assigned to the nonparticipating counties~~
26 ~~in regions where there are not participating behavioral health~~
27 ~~organizations.~~

28 ~~The behavioral health organizations, or the director's assumption~~
29 ~~of all responsibilities under chapters 71.05 and 71.34 RCW and this~~
30 ~~chapter, shall be included in all state and federal plans affecting~~
31 ~~the state behavioral health program including at least those required~~
32 ~~by this chapter, the medicaid program, and P.L. 99-660. Nothing in~~
33 ~~these plans shall be inconsistent with the intent and requirements of~~
34 ~~this chapter.~~

35 ~~(13) The director shall:~~

36 ~~(a) Disburse funds for the behavioral health organizations within~~
37 ~~sixty days of approval of the biennial contract. The authority must~~
38 ~~either approve or reject the biennial contract within sixty days of~~
39 ~~receipt.~~

1 ~~(b) Enter into biennial contracts with behavioral health~~
2 ~~organizations. The contracts shall be consistent with available~~
3 ~~resources. No contract shall be approved that does not include~~
4 ~~progress toward meeting the goals of this chapter by taking~~
5 ~~responsibility for: (i) Short-term commitments; (ii) residential~~
6 ~~care; and (iii) emergency response systems.~~

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

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

17 ~~(14))~~ (12) The authority, in cooperation with the state
18 congressional delegation, shall actively seek waivers of federal
19 requirements and such modifications of federal regulations as are
20 necessary to allow federal medicaid reimbursement for services
21 provided by freestanding evaluation and treatment facilities licensed
22 under chapter 71.12 RCW or certified under chapter 71.05 RCW. The
23 authority shall periodically ~~((report))~~ share the results of its
24 efforts ~~((to))~~ with the appropriate committees of the senate and the
25 house of representatives.

26 ~~((15))~~ (13) The authority may:

27 (a) Plan, establish, and maintain substance use disorder
28 prevention and substance use disorder treatment programs as necessary
29 or desirable;

30 (b) Coordinate its activities and cooperate with behavioral
31 programs in this and other states, and make contracts and other joint
32 or cooperative arrangements with state, tribal, local, or private
33 agencies in this and other states for behavioral health services and
34 for the common advancement of substance use disorder programs;

35 (c) Solicit and accept for use any gift of money or property made
36 by will or otherwise, and any grant of money, services, or property
37 from the federal government, the state, or any political subdivision
38 thereof or any private source, and do all things necessary to
39 cooperate with the federal government or any of its agencies in
40 making an application for any grant;

1 (d) Keep records and engage in research and the gathering of
2 relevant statistics; and

3 (e) Acquire, hold, or dispose of real property or any interest
4 therein, and construct, lease, or otherwise provide substance use
5 disorder treatment programs.

6 **Sec. 1007.** RCW 71.24.037 and 2018 c 201 s 4005 are each amended
7 to read as follows:

8 (1) The secretary shall ~~((by rule establish state minimum~~
9 ~~standards for licensed or certified behavioral health service~~
10 ~~providers and services, whether those service providers and services~~
11 ~~are licensed or certified to provide solely mental health services,~~
12 ~~substance use disorder treatment services, or services to persons~~
13 ~~with co-occurring disorders)) license or certify any agency or~~
14 ~~facility that: (a) Submits payment of the fee established under RCW~~
15 ~~43.70.110 and 43.70.250; (b) submits a complete application that~~
16 ~~demonstrates the ability to comply with requirements for operating~~
17 ~~and maintaining an agency or facility in statute or rule; and (c)~~
18 ~~successfully completes the prelicensure inspection requirement.~~

19 (2) The secretary shall establish by rule minimum standards for
20 licensed or certified behavioral health ((service providers shall))
21 agencies that must, at a minimum, establish: (a) Qualifications for
22 staff providing services directly to persons with mental disorders,
23 substance use disorders, or both((r)); (b) the intended result of
24 each service((r)); and (c) the rights and responsibilities of persons
25 receiving behavioral health services pursuant to this chapter and
26 chapter 71.05 RCW. The secretary shall provide for deeming of
27 licensed or certified behavioral health ((service providers))
28 agencies as meeting state minimum standards as a result of
29 accreditation by a recognized behavioral health accrediting body
30 recognized and having a current agreement with the department.

31 (3) ~~((Minimum standards for community support services and~~
32 ~~resource management services shall include at least qualifications~~
33 ~~for resource management services, client tracking systems, and the~~
34 ~~transfer of patient information between behavioral health service~~
35 ~~providers.~~

36 (4) ~~The department may suspend, revoke, limit, restrict, or~~
37 ~~modify an approval, or refuse to grant approval, for failure to meet~~
38 ~~the provisions of this chapter, or the standards adopted under this~~
39 ~~chapter. RCW 43.70.115 governs notice of a license or certification~~

1 ~~denial, revocation, suspension, or modification and provides the~~
2 ~~right to an adjudicative proceeding.))~~ The department shall review
3 reports or other information alleging a failure to comply with this
4 chapter or the standards and rules adopted under this chapter and may
5 initiate investigations and enforcement actions based on those
6 reports.

7 (4) The department shall conduct inspections of agencies and
8 facilities, including reviews of records and documents required to be
9 maintained under this chapter or rules adopted under this chapter.

10 (5) The department may suspend, revoke, limit, restrict, or
11 modify an approval, or refuse to grant approval, for failure to meet
12 the provisions of this chapter, or the standards adopted under this
13 chapter. RCW 43.70.115 governs notice of a license or certification
14 denial, revocation, suspension, or modification and provides the
15 right to an adjudicative proceeding.

16 (6) No licensed or certified behavioral health service provider
17 may advertise or represent itself as a licensed or certified
18 behavioral health service provider if approval has not been
19 granted((7)) or has been denied, suspended, revoked, or canceled.

20 ~~((6))~~ (7) Licensure or certification as a behavioral health
21 service provider is effective for one calendar year from the date of
22 issuance of the license or certification. The license or
23 certification must specify the types of services provided by the
24 behavioral health service provider that meet the standards adopted
25 under this chapter. Renewal of a license or certification must be
26 made in accordance with this section for initial approval and in
27 accordance with the standards set forth in rules adopted by the
28 secretary.

29 ~~((7))~~ (8) Licensure or certification as a licensed or certified
30 behavioral health service provider must specify the types of services
31 provided that meet the standards adopted under this chapter. Renewal
32 of a license or certification must be made in accordance with this
33 section for initial approval and in accordance with the standards set
34 forth in rules adopted by the secretary.

35 ~~((8))~~ (9) Licensed or certified behavioral health service
36 providers may not provide types of services for which the licensed or
37 certified behavioral health service provider has not been certified.
38 Licensed or certified behavioral health service providers may provide
39 services for which approval has been sought and is pending, if
40 approval for the services has not been previously revoked or denied.

1 ~~((9))~~ (10) The department periodically shall inspect licensed
2 or certified behavioral health service providers at reasonable times
3 and in a reasonable manner.

4 ~~((10))~~ (11) Upon petition of the department and after a hearing
5 held upon reasonable notice to the facility, the superior court may
6 issue a warrant to an officer or employee of the department
7 authorizing him or her to enter and inspect at reasonable times, and
8 examine the books and accounts of, any licensed or certified
9 behavioral health service provider refusing to consent to inspection
10 or examination by the department or which the department has
11 reasonable cause to believe is operating in violation of this
12 chapter.

13 ~~((11))~~ (12) The department shall maintain and periodically
14 publish a current list of licensed or certified behavioral health
15 service providers.

16 ~~((12))~~ (13) Each licensed or certified behavioral health
17 service provider shall file with the department or the authority upon
18 request, data, statistics, schedules, and information the department
19 or the authority reasonably requires. A licensed or certified
20 behavioral health service provider that without good cause fails to
21 furnish any data, statistics, schedules, or information as requested,
22 or files fraudulent returns thereof, may have its license or
23 certification revoked or suspended.

24 ~~((13))~~ (14) The authority shall use the data provided in
25 subsection ~~((12))~~ (13) of this section to evaluate each program
26 that admits children to inpatient substance use disorder treatment
27 upon application of their parents. The evaluation must be done at
28 least once every twelve months. In addition, the authority shall
29 randomly select and review the information on individual children who
30 are admitted on application of the child's parent for the purpose of
31 determining whether the child was appropriately placed into substance
32 use disorder treatment based on an objective evaluation of the
33 child's condition and the outcome of the child's treatment.

34 ~~((14))~~ (15) Any settlement agreement entered into between the
35 department and licensed or certified behavioral health service
36 providers to resolve administrative complaints, license or
37 certification violations, license or certification suspensions, or
38 license or certification revocations may not reduce the number of
39 violations reported by the department unless the department
40 concludes, based on evidence gathered by inspectors, that the

1 licensed or certified behavioral health service provider did not
2 commit one or more of the violations.

3 ~~((15))~~ (16) In cases in which a behavioral health service
4 provider that is in violation of licensing or certification standards
5 attempts to transfer or sell the behavioral health service provider
6 to a family member, the transfer or sale may only be made for the
7 purpose of remedying license or certification violations and
8 achieving full compliance with the terms of the license or
9 certification. Transfers or sales to family members are prohibited in
10 cases in which the purpose of the transfer or sale is to avoid
11 liability or reset the number of license or certification violations
12 found before the transfer or sale. If the department finds that the
13 owner intends to transfer or sell, or has completed the transfer or
14 sale of, ownership of the behavioral health service provider to a
15 family member solely for the purpose of resetting the number of
16 violations found before the transfer or sale, the department may not
17 renew the behavioral health service provider's license or
18 certification or issue a new license or certification to the
19 behavioral health service provider.

20 **Sec. 1008.** RCW 71.24.045 and 2018 c 201 s 4006 and 2018 c 175 s
21 7 are each reenacted and amended to read as follows:

22 ~~((The behavioral health organization shall:~~

23 ~~(1) Contract as needed with licensed or certified service~~
24 ~~providers. The behavioral health organization may, in the absence of~~
25 ~~a licensed or certified service provider entity, become a licensed or~~
26 ~~certified service provider entity pursuant to minimum standards~~
27 ~~required for licensing or certification by the department for the~~
28 ~~purpose of providing services not available from licensed or~~
29 ~~certified service providers;~~

30 ~~(2) Operate as a licensed or certified service provider if it~~
31 ~~deems that doing so is more efficient and cost effective than~~
32 ~~contracting for services. When doing so, the behavioral health~~
33 ~~organization shall comply with rules adopted by the director that~~
34 ~~shall provide measurements to determine when a behavioral health~~
35 ~~organization provided service is more efficient and cost effective;~~

36 ~~(3) Monitor and perform biennial fiscal audits of licensed or~~
37 ~~certified service providers who have contracted with the behavioral~~
38 ~~health organization to provide services required by this chapter. The~~
39 ~~monitoring and audits shall be performed by means of a formal process~~

1 ~~which insures that the licensed or certified service providers and~~
2 ~~professionals designated in this subsection meet the terms of their~~
3 ~~contracts;~~

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

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

9 ~~(6) Maintain patient tracking information in a central location~~
10 ~~as required for resource management services and the authority's~~
11 ~~information system;~~

12 ~~(7) Collaborate to ensure that policies do not result in an~~
13 ~~adverse shift of persons with mental illness into state and local~~
14 ~~correctional facilities;~~

15 ~~(8) Work with the authority to expedite the enrollment or~~
16 ~~reenrollment of eligible persons leaving state or local correctional~~
17 ~~facilities and institutions for mental diseases;~~

18 ~~(9) Work closely with the designated crisis responder to maximize~~
19 ~~appropriate placement of persons into community services;~~

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

27 ~~(11) Allow reimbursement for time spent supervising persons~~
28 ~~working toward satisfying supervision requirements established for~~
29 ~~the relevant practice areas pursuant to RCW 18.225.090.)~~ (1) The
30 behavioral health administrative services organization contracted
31 with the authority pursuant to section 1046 of this act shall:

32 (a) Administer crisis services for the assigned regional service
33 area. Such services must include:

34 (i) A behavioral health crisis hotline for its assigned regional
35 service area;

36 (ii) Crisis response services twenty-four hours a day, seven days
37 a week, three hundred sixty-five days a year;

38 (iii) Services related to involuntary commitments under chapters
39 71.05 and 71.34 RCW;

1 (iv) Additional noncrisis behavioral health services, within
2 available resources, to individuals who meet certain criteria set by
3 the authority in its contracts with the behavioral health
4 administrative services organization. These services may include
5 services provided through federal grant funds, provisos, and general
6 fund state appropriations;

7 (v) Care coordination, diversion services, and discharge planning
8 for nonmedicaid individuals transitioning from state hospitals or
9 inpatient settings to reduce rehospitalization and utilization of
10 crisis services, as required by the authority in contract; and

11 (vi) Regional coordination, cross-system and cross-jurisdiction
12 coordination with tribal governments, and capacity building efforts,
13 such as supporting the behavioral health advisory board, the
14 behavioral health ombuds, and efforts to support access to services
15 or to improve the behavioral health system;

16 (b) Administer and provide for the availability of an adequate
17 network of evaluation and treatment services to ensure access to
18 treatment, investigation, transportation, court-related, and other
19 services provided as required under chapter 71.05 RCW;

20 (c) Coordinate services for individuals under RCW 71.05.365;

21 (d) Administer and provide for the availability of resource
22 management services, residential services, and community support
23 services as required under its contract with the authority;

24 (e) Contract with a sufficient number, as determined by the
25 authority, of licensed or certified providers for crisis services and
26 other behavioral health services required by the authority;

27 (f) Maintain adequate reserves or secure a bond as required by
28 its contract with the authority;

29 (g) Establish and maintain quality assurance processes;

30 (h) Meet established limitations on administrative costs for
31 agencies that contract with the behavioral health administrative
32 services organization; and

33 (i) Maintain patient tracking information as required by the
34 authority.

35 (2) The behavioral health administrative services organization
36 must collaborate with the authority and its contracted managed care
37 organizations to develop and implement strategies to coordinate care
38 with tribes and community behavioral health providers for individuals
39 with a history of frequent crisis system utilization.

1 (3) The behavioral health administrative services organization
2 shall:

3 (a) Assure that the special needs of minorities, older adults,
4 individuals with disabilities, children, and low-income persons are
5 met;

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

9 (c) Work with the authority to expedite the enrollment or
10 reenrollment of eligible persons leaving state or local correctional
11 facilities and institutions for mental diseases.

12 **Sec. 1009.** RCW 71.24.061 and 2018 c 288 s 2 and 2018 c 201 s
13 4007 are each reenacted and amended to read as follows:

14 (1) The authority shall provide flexibility ~~((in provider~~
15 ~~contracting to behavioral health organizations for children's mental~~
16 ~~health services. Behavioral health organization contracts shall~~
17 ~~authorize behavioral health organizations to allow and encourage~~
18 ~~licensed or certified community mental health centers to subcontract~~
19 ~~with individual licensed mental health professionals when necessary~~
20 ~~to meet the need for)) to encourage licensed or certified community
21 behavioral health agencies to subcontract with an adequate,
22 culturally competent, and qualified children's mental health provider
23 network.~~

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

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

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

17 (c) Partner with youth, family members, family advocacy, and
18 culturally competent provider organizations to develop a series of
19 information sessions, literature, and online resources for families
20 to become informed and engaged in evidence-based and research-based
21 practices;

22 (d) Participate in the identification of outcome-based
23 performance measures under RCW 71.36.025(2) and partner in a
24 statewide effort to implement statewide outcomes monitoring and
25 quality improvement processes; and

26 (e) Serve as a statewide resource to the authority and other
27 entities on child and adolescent evidence-based, research-based,
28 promising, or consensus-based practices for children's mental health
29 treatment, maintaining a working knowledge through ongoing review of
30 academic and professional literature, and knowledge of other
31 evidence-based practice implementation efforts in Washington and
32 other states.

33 (3) (a) To the extent that funds are specifically appropriated for
34 this purpose, the (~~health care~~) authority in collaboration with the
35 University of Washington department of psychiatry and behavioral
36 sciences and Seattle children's hospital shall:

37 (~~(a)~~) (i) Implement a program to support primary care providers
38 in the assessment and provision of appropriate diagnosis and
39 treatment of children with mental and behavioral health disorders and
40 track outcomes of this program;

1 (~~(b)~~) (ii) Beginning January 1, 2019, implement a two-year
2 pilot program called the partnership access line for moms and kids
3 to:

4 (~~(i)~~) (A) Support obstetricians, pediatricians, primary care
5 providers, mental health professionals, and other health care
6 professionals providing care to pregnant women and new mothers
7 through same-day telephone consultations in the assessment and
8 provision of appropriate diagnosis and treatment of depression in
9 pregnant women and new mothers; and

10 (~~(ii)~~) (B) Facilitate referrals to children's mental health
11 services and other resources for parents and guardians with concerns
12 related to the mental health of the parent or guardian's child.
13 Facilitation activities include assessing the level of services
14 needed by the child; within seven days of receiving a call from a
15 parent or guardian, identifying mental health professionals who are
16 in-network with the child's health care coverage who are accepting
17 new patients and taking appointments; coordinating contact between
18 the parent or guardian and the mental health professional; and
19 providing postreferral reviews to determine if the child has
20 outstanding needs. In conducting its referral activities, the program
21 shall collaborate with existing databases and resources to identify
22 in-network mental health professionals.

23 (~~(e)~~) (b) The program activities described in (a)(i) and
24 (~~(b)(i)~~) (a)(ii)(A) of this subsection shall be designed to promote
25 more accurate diagnoses and treatment through timely case
26 consultation between primary care providers and child psychiatric
27 specialists, and focused educational learning collaboratives with
28 primary care providers.

29 (4) The (~~health-care~~) authority, in collaboration with the
30 University of Washington department of psychiatry and behavioral
31 sciences and Seattle children's hospital, shall report on the
32 following:

33 (a) The number of individuals who have accessed the resources
34 described in subsection (3) of this section;

35 (b) The number of providers, by type, who have accessed the
36 resources described in subsection (3) of this section;

37 (c) Demographic information, as available, for the individuals
38 described in (a) of this subsection. Demographic information may not
39 include any personally identifiable information and must be limited
40 to the individual's age, gender, and city and county of residence;

1 (d) A description of resources provided;

2 (e) Average time frames from receipt of call to referral for
3 services or resources provided; and

4 (f) Systemic barriers to services, as determined and defined by
5 the health care authority, the University of Washington department of
6 psychiatry and behavioral sciences, and Seattle children's hospital.

7 (5) Beginning December 30, 2019, and annually thereafter, the
8 (~~health-care~~) authority must submit, in compliance with RCW
9 43.01.036, a report to the governor and appropriate committees of the
10 legislature with findings and recommendations for improving services
11 and service delivery from subsection (4) of this section.

12 (6) The (~~health-care~~) authority shall enforce requirements in
13 managed care contracts to ensure care coordination and network
14 adequacy issues are addressed in order to remove barriers to access
15 to mental health services identified in the report described in
16 subsection (4) of this section.

17 **Sec. 1010.** RCW 71.24.100 and 2018 c 201 s 4008 are each amended
18 to read as follows:

19 (1) A county authority or a group of county authorities may enter
20 into a joint operating agreement to (~~respond to a request for a~~
21 detailed plan and)) submit a request to contract with the (~~state~~)
22 authority to operate a behavioral health administrative services
23 organization whose boundaries are consistent with the regional
24 service areas established under RCW 74.09.870. (~~Any agreement~~
25 between two or more county authorities shall provide:

26 ~~(1) That each county shall bear a share of the cost of mental~~
27 ~~health services; and~~

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

33 (2) All counties within the regional service area must mutually
34 agree to enter into a contract with the authority to become a
35 behavioral health administrative services organization and appoint a
36 single fiscal agent for the regional service area. Similarly, in
37 order to terminate such contract, all counties that are contracted
38 with the authority as a behavioral health administrative services

1 organization must mutually agree to terminate the contract with the
2 authority.

3 (3) Once the authority receives a request from a county or a
4 group of counties within a regional service area to be the designated
5 behavioral health administrative services organization, the authority
6 must promptly collaborate with the county or group of counties within
7 that regional service area to determine the most feasible
8 implementation date and coordinate readiness reviews.

9 (4) No behavioral health administrative services organization may
10 contract with itself as a behavioral health agency, or contract with
11 a behavioral health agency that has administrative linkages to the
12 behavioral health administrative services organization in any manner
13 that would give the agency a competitive advantage in obtaining or
14 competing for contracts, except that a county or group of counties
15 may provide designated crisis responder services, initial crisis
16 services, criminal diversion services, hospital reentry services, and
17 criminal reentry services. The county-administered service must have
18 a clear separation of powers and duties separate from a county-run
19 behavioral health administrative services organization and suitable
20 accounting procedures must be followed to ensure the funding is
21 traceable and accounted for separately from other funds.

22 (5) Nothing in this section limits the authority's ability to
23 take remedial actions up to and including termination of a contract
24 in order to enforce contract terms or to remedy nonperformance of
25 contractual duties.

26 **Sec. 1011.** RCW 71.24.155 and 2018 c 201 s 4009 are each amended
27 to read as follows:

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

36 **Sec. 1012.** RCW 71.24.160 and 2018 c 201 s 4010 are each amended
37 to read as follows:

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

9 **Sec. 1013.** RCW 71.24.215 and 2018 c 201 s 4011 are each amended
10 to read as follows:

11 Clients receiving (~~mental~~) behavioral health services funded by
12 available resources shall be charged a fee under sliding-scale fee
13 schedules, based on ability to pay, approved by the authority (~~or~~
14 ~~the department of social and health services, as appropriate~~). Fees
15 shall not exceed the actual cost of care.

16 **Sec. 1014.** RCW 71.24.220 and 2018 c 201 s 4012 are each amended
17 to read as follows:

18 The director may withhold state grants in whole or in part for
19 any community (~~mental~~) behavioral health program in the event of a
20 failure to comply with this chapter or the related rules adopted by
21 the authority.

22 **Sec. 1015.** RCW 71.24.240 and 2018 c 201 s 4013 are each amended
23 to read as follows:

24 In order to establish eligibility for funding under this chapter,
25 any behavioral health administrative services organization seeking to
26 obtain federal funds for the support of any aspect of a community
27 (~~mental~~) behavioral health program as defined in this chapter shall
28 submit program plans to the director for prior review and approval
29 before such plans are submitted to any federal agency.

30 **Sec. 1016.** RCW 71.24.250 and 2014 c 225 s 38 are each amended to
31 read as follows:

32 The behavioral health administrative services organization may
33 accept and expend gifts and grants received from private, county,
34 state, and federal sources.

1 **Sec. 1017.** RCW 71.24.260 and 1986 c 274 s 10 are each amended to
2 read as follows:

3 The department shall waive postgraduate educational requirements
4 applicable to mental health professionals under this chapter for
5 those persons who have a bachelor's degree and on June 11, 1986:

6 (1) Are employed by an agency subject to licensure under this
7 chapter, the community (~~mental~~) behavioral health services act, in
8 a capacity involving the treatment of mental illness; and

9 (2) Have at least ten years of full-time experience in the
10 treatment of mental illness.

11 **Sec. 1018.** RCW 71.24.300 and 2018 c 201 s 4014 are each amended
12 to read as follows:

13 ~~(1) ((Upon the request of a tribal authority or authorities~~
14 ~~within a behavioral health organization the joint operating agreement~~
15 ~~or the county authority shall allow for the inclusion of the tribal~~
16 ~~authority to be represented as a party to the behavioral health~~
17 ~~organization.~~

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

24 ~~(3) The state behavioral health authority may not determine the~~
25 ~~roles and responsibilities of county authorities as to each other~~
26 ~~under behavioral health organizations by rule, except to assure that~~
27 ~~all duties required of behavioral health organizations are assigned~~
28 ~~and that counties and the behavioral health organization do not~~
29 ~~duplicate functions and that a single authority has final~~
30 ~~responsibility for all available resources and performance under the~~
31 ~~behavioral health organization's contract with the director.~~

32 ~~(4) If a behavioral health organization is a private entity, the~~
33 ~~authority shall allow for the inclusion of the tribal authority to be~~
34 ~~represented as a party to the behavioral health organization.~~

35 ~~(5) The roles and responsibilities of the private entity and the~~
36 ~~tribal authorities shall be determined by the authority, through~~
37 ~~negotiation with the tribal authority.~~

38 ~~(6) Behavioral health organizations shall submit an overall six-~~
39 ~~year operating and capital plan, timeline, and budget and submit~~

1 progress reports and an updated two-year plan biennially thereafter,
2 to assume within available resources all of the following duties:

3 (a) Administer and provide for the availability of all resource
4 management services, residential services, and community support
5 services.

6 (b) Administer and provide for the availability of an adequate
7 network of evaluation and treatment services to ensure access to
8 treatment, all investigation, transportation, court-related, and
9 other services provided by the state or counties pursuant to chapter
10 71.05 RCW.

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

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

23 (ii) Individuals detained or committed for periods up to
24 seventeen days at the state hospitals at the discretion of the
25 director.

26 (d) Administer and provide for the availability of all other
27 mental health services, which shall include patient counseling, day
28 treatment, consultation, education services, employment services as
29 described in RCW 71.24.035, and mental health services to children.

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

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

1 ~~(8)~~) Each behavioral health administrative services organization
2 shall appoint a behavioral health advisory board which shall review
3 and provide comments on plans and policies developed under this
4 chapter, provide local oversight regarding the activities of the
5 behavioral health administrative services organization, and work with
6 the behavioral health administrative services organization to resolve
7 significant concerns regarding service delivery and outcomes. The
8 authority shall establish statewide procedures for the operation of
9 regional advisory committees including mechanisms for advisory board
10 feedback to the authority regarding behavioral health administrative
11 services organization performance. The composition of the board shall
12 be broadly representative of the demographic character of the region
13 and shall include, but not be limited to, representatives of
14 consumers of substance use disorder and mental health services and
15 their families, law enforcement, and, where the county is not the
16 behavioral health administrative services organization, county
17 elected officials. Composition and length of terms of board members
18 may differ between behavioral health administrative services
19 organizations but shall be included in each behavioral health
20 administrative services organization's contract and approved by the
21 director.

22 ~~((9) Behavioral health organizations shall assume all duties~~
23 ~~specified in their plans and joint operating agreements through~~
24 ~~biennial contractual agreements with the director.~~

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

32 (2) The authority must allow for the inclusion of tribes in any
33 interlocal leadership structure or committees formed under RCW
34 71.24.880, when requested by a tribe.

35 (3) If an interlocal leadership structure is not formed under RCW
36 71.24.880, the roles and responsibilities of the behavioral health
37 administrative services organizations, managed care organizations,
38 counties, and each tribe shall be determined by the authority through
39 negotiation with the tribes.

1 **Sec. 1019.** RCW 71.24.335 and 2017 c 202 s 7 are each amended to
2 read as follows:

3 (1) Upon initiation or renewal of a contract with the
4 (~~department~~) authority, ((a)) behavioral health administrative
5 services organizations and managed care organizations shall reimburse
6 a provider for a behavioral health service provided to a covered
7 person who is under eighteen years old through telemedicine or store
8 and forward technology if:

9 (a) The behavioral health administrative services organization or
10 managed care organization in which the covered person is enrolled
11 provides coverage of the behavioral health service when provided in
12 person by the provider; and

13 (b) The behavioral health service is medically necessary.

14 (2)(a) If the service is provided through store and forward
15 technology there must be an associated visit between the covered
16 person and the referring provider. Nothing in this section prohibits
17 the use of telemedicine for the associated office visit.

18 (b) For purposes of this section, reimbursement of store and
19 forward technology is available only for those services specified in
20 the negotiated agreement between the behavioral health administrative
21 services organization, or managed care organization, and the
22 provider.

23 (3) An originating site for a telemedicine behavioral health
24 service subject to subsection (1) of this section means an
25 originating site as defined in rule by the department or the health
26 care authority.

27 (4) Any originating site, other than a home, under subsection (3)
28 of this section may charge a facility fee for infrastructure and
29 preparation of the patient. Reimbursement must be subject to a
30 negotiated agreement between the originating site and the behavioral
31 health administrative services organization, or managed care
32 organization, as applicable. A distant site or any other site not
33 identified in subsection (3) of this section may not charge a
34 facility fee.

35 (5) ((A)) Behavioral health administrative services organizations
36 and managed care organizations may not distinguish between
37 originating sites that are rural and urban in providing the coverage
38 required in subsection (1) of this section.

39 (6) ((A)) Behavioral health administrative services organizations
40 and managed care organizations may subject coverage of a telemedicine

1 or store and forward technology behavioral health service under
2 subsection (1) of this section to all terms and conditions of the
3 behavioral health administrative services organization or managed
4 care organization in which the covered person is enrolled, including,
5 but not limited to, utilization review, prior authorization,
6 deductible, copayment, or coinsurance requirements that are
7 applicable to coverage of a comparable behavioral health care service
8 provided in person.

9 (7) This section does not require a behavioral health
10 administrative services organization or a managed care organization
11 to reimburse:

- 12 (a) An originating site for professional fees;
- 13 (b) A provider for a behavioral health service that is not a
14 covered benefit (~~(under the behavioral health organization)~~); or
- 15 (c) An originating site or provider when the site or provider is
16 not a contracted provider (~~(with the behavioral health~~
17 ~~organization)~~).

18 (8) For purposes of this section:

- 19 (a) "Distant site" means the site at which a physician or other
20 licensed provider, delivering a professional service, is physically
21 located at the time the service is provided through telemedicine;
- 22 (b) "Hospital" means a facility licensed under chapter 70.41,
23 71.12, or 72.23 RCW;
- 24 (c) "Originating site" means the physical location of a patient
25 receiving behavioral health services through telemedicine;
- 26 (d) "Provider" has the same meaning as in RCW 48.43.005;
- 27 (e) "Store and forward technology" means use of an asynchronous
28 transmission of a covered person's medical or behavioral health
29 information from an originating site to the provider at a distant
30 site which results in medical or behavioral health diagnosis and
31 management of the covered person, and does not include the use of
32 audio-only telephone, facsimile, or email; and
- 33 (f) "Telemedicine" means the delivery of health care or
34 behavioral health services through the use of interactive audio and
35 video technology, permitting real-time communication between the
36 patient at the originating site and the provider, for the purpose of
37 diagnosis, consultation, or treatment. For purposes of this section
38 only, "telemedicine" does not include the use of audio-only
39 telephone, facsimile, or email.

1 (9) The (~~department must, in consultation with the health care~~)
2 authority(~~(r)~~) must adopt rules as necessary to implement the
3 provisions of this section.

4 **Sec. 1020.** RCW 71.24.350 and 2018 c 201 s 4019 are each amended
5 to read as follows:

6 The authority shall require each behavioral health administrative
7 services organization to provide for a separately funded behavioral
8 health ombuds office (~~(in each behavioral health organization)~~) that
9 is independent of the behavioral health administrative services
10 organization and managed care organizations for the assigned regional
11 service area. The ombuds office shall maximize the use of consumer
12 advocates.

13 **Sec. 1021.** RCW 71.24.370 and 2018 c 201 s 4021 are each amended
14 to read as follows:

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

19 (2) Except as expressly provided in contracts entered into
20 (~~(between)~~) by the authority (~~(and the behavioral health~~
21 ~~organizations after March 29, 2006)~~), the entities identified in
22 subsection (3) of this section shall have no claim for declaratory
23 relief, injunctive relief, judicial review under chapter 34.05 RCW,
24 or civil liability against the state (~~(or)~~), state agencies, state
25 officials, or state employees for actions or inactions performed
26 pursuant to the administration of this chapter with regard to the
27 following: (a) The allocation or payment of federal or state funds;
28 (b) the use or allocation of state hospital beds; or (c) financial
29 responsibility for the provision of inpatient mental health care.

30 (3) This section applies to counties, behavioral health
31 administrative services organizations, managed care organizations,
32 and entities which contract to provide behavioral health
33 (~~(organization)~~) services and their subcontractors, agents, or
34 employees.

35 **Sec. 1022.** RCW 71.24.380 and 2018 c 201 s 4022 are each amended
36 to read as follows:

1 (1) The director shall purchase (~~(mental health and chemical~~
2 ~~dependency treatment)~~) behavioral health services primarily through
3 managed care contracting, but may continue to purchase behavioral
4 health services directly from (~~(tribal clinics and other tribal~~
5 ~~providers)~~) providers serving medicaid clients who are not enrolled
6 in a managed care organization.

7 (2) (~~(a) The director shall request a detailed plan from the~~
8 ~~entities identified in (b) of this subsection that demonstrates~~
9 ~~compliance with the contractual elements of RCW 74.09.871 and federal~~
10 ~~regulations related to medicaid managed care contracting including,~~
11 ~~but not limited to: Having a sufficient network of providers to~~
12 ~~provide adequate access to mental health and chemical dependency~~
13 ~~services for residents of the regional service area that meet~~
14 ~~eligibility criteria for services, ability to maintain and manage~~
15 ~~adequate reserves, and maintenance of quality assurance processes.~~
16 ~~Any responding entity that submits a detailed plan that demonstrates~~
17 ~~that it can meet the requirements of this section must be awarded the~~
18 ~~contract to serve as the behavioral health organization.~~

19 ~~(b) (i) For purposes of responding to the request for a detailed~~
20 ~~plan under (a) of this subsection, the entities from which a plan~~
21 ~~will be requested are:~~

22 ~~(A) A county in a single county regional service area that~~
23 ~~currently serves as the regional support network for that area;~~

24 ~~(B) In the event that a county has made a decision prior to~~
25 ~~January 1, 2014, not to contract as a regional support network, any~~
26 ~~private entity that serves as the regional support network for that~~
27 ~~area;~~

28 ~~(C) All counties within a regional service area that includes~~
29 ~~more than one county, which shall form a responding entity through~~
30 ~~the adoption of an interlocal agreement. The interlocal agreement~~
31 ~~must specify the terms by which the responding entity shall serve as~~
32 ~~the behavioral health organization within the regional service area.~~

33 ~~(ii) In the event that a regional service area is comprised of~~
34 ~~multiple counties including one that has made a decision prior to~~
35 ~~January 1, 2014, not to contract as a regional support network the~~
36 ~~counties shall adopt an interlocal agreement and may respond to the~~
37 ~~request for a detailed plan under (a) of this subsection and the~~
38 ~~private entity may also respond to the request for a detailed plan.~~
39 ~~If both responding entities meet the requirements of this section,~~

1 ~~the responding entities shall follow the authority's procurement~~
2 ~~process established in subsection (3) of this section.~~

3 ~~(3) If an entity that has received a request under this section~~
4 ~~to submit a detailed plan does not respond to the request, a~~
5 ~~responding entity under subsection (1) of this section is unable to~~
6 ~~substantially meet the requirements of the request for a detailed~~
7 ~~plan, or more than one responding entity substantially meets the~~
8 ~~requirements for the request for a detailed plan, the authority shall~~
9 ~~use a procurement process in which other entities recognized by the~~
10 ~~director may bid to serve as the behavioral health organization in~~
11 ~~that regional service area.~~

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

14 ~~(5) Upon request of all of the county authorities in a regional~~
15 ~~service area, the authority may purchase behavioral health services~~
16 ~~through an integrated medical and behavioral health services contract~~
17 ~~with a behavioral health organization or a managed health care system~~
18 ~~as defined in RCW 74.09.522, pursuant to standards to be developed by~~
19 ~~the authority. Any contract for such a purchase must comply with all~~
20 ~~federal medicaid and state law requirements related to managed health~~
21 ~~care contracting.)) The director shall require that contracted~~
22 ~~managed care organizations have a sufficient network of providers to~~
23 ~~provide adequate access to behavioral health services for residents~~
24 ~~of the regional service area that meet eligibility criteria for~~
25 ~~services, and for maintenance of quality assurance processes.~~
26 ~~Contracts with managed care organizations must comply with all~~
27 ~~federal medicaid and state law requirements related to managed health~~
28 ~~care contracting, including RCW 74.09.522.~~

29 ~~(3) A managed care organization must contract with the~~
30 ~~authority's selected behavioral health administrative services~~
31 ~~organization for the assigned regional service area for the~~
32 ~~administration of crisis services. The contract shall require the~~
33 ~~managed care organization to reimburse the behavioral health~~
34 ~~administrative services organization for behavioral health crisis~~
35 ~~services delivered to individuals enrolled in the managed care~~
36 ~~organization.~~

37 ~~(4) A managed care organization must collaborate with the~~
38 ~~authority and its contracted behavioral health administrative~~
39 ~~services organization to develop and implement strategies to~~

1 coordinate care with tribes and community behavioral health providers
2 for individuals with a history of frequent crisis system utilization.

3 (5) A managed care organization must work closely with designated
4 crisis responders, behavioral health administrative services
5 organizations, and behavioral health providers to maximize
6 appropriate placement of persons into community services, ensuring
7 the client receives the least restrictive level of care appropriate
8 for their condition. Additionally, the managed care organization
9 shall work with the authority to expedite the enrollment or
10 reenrollment of eligible persons leaving state or local correctional
11 facilities and institutions for mental diseases.

12 (6) As an incentive to county authorities to become early
13 adopters of fully integrated purchasing of medical and behavioral
14 health services, the standards adopted by the authority (~~under~~
15 ~~subsection (5) of this section~~) shall provide for an incentive
16 payment to counties which elect to move to full integration by
17 January 1, 2016. Subject to federal approval, the incentive payment
18 shall be targeted at ten percent of savings realized by the state
19 within the regional service area in which the fully integrated
20 purchasing takes place. Savings shall be calculated in alignment with
21 the outcome and performance measures established in RCW 43.20A.895
22 (as recodified by this act), 70.320.020, and 71.36.025, and incentive
23 payments for early adopter counties shall be made available for up to
24 a six-year period, or until full integration of medical and
25 behavioral health services is accomplished statewide, whichever comes
26 sooner, according to rules to be developed by the authority.

27 **Sec. 1023.** RCW 71.24.385 and 2018 c 201 s 4023 and 2018 c 175 s
28 6 are each reenacted and amended to read as follows:

29 (1) Within funds appropriated by the legislature for this
30 purpose, behavioral health administrative services organizations and
31 managed care organizations, as applicable, shall develop the means to
32 serve the needs of people:

33 (a) With mental disorders residing within the boundaries of their
34 regional service area. Elements of the program may include:

- 35 (i) Crisis diversion services;
36 (ii) Evaluation and treatment and community hospital beds;
37 (iii) Residential treatment;
38 (iv) Programs for intensive community treatment;
39 (v) Outpatient services, including family support;

- 1 (vi) Peer support services;
2 (vii) Community support services;
3 (viii) Resource management services; and
4 (ix) Supported housing and supported employment services.

5 (b) With substance use disorders and their families, people
6 incapacitated by alcohol or other psychoactive chemicals, and
7 intoxicated people.

8 (i) Elements of the program shall include, but not necessarily be
9 limited to, a continuum of substance use disorder treatment services
10 that includes:

- 11 (A) Withdrawal management;
12 (B) Residential treatment; and
13 (C) Outpatient treatment.

14 (ii) The program may include peer support, supported housing,
15 supported employment, crisis diversion, or recovery support services.

16 (iii) The authority may contract for the use of an approved
17 substance use disorder treatment program or other individual or
18 organization if the director considers this to be an effective and
19 economical course to follow.

20 (2) (a) The (~~behavioral health~~) managed care organization and
21 the behavioral health administrative services organization shall have
22 the flexibility, within the funds appropriated by the legislature for
23 this purpose and the terms of their contract, to design the mix of
24 services that will be most effective within their service area of
25 meeting the needs of people with behavioral health disorders and
26 avoiding placement of such individuals at the state mental hospital.
27 (~~Behavioral health~~) Managed care organizations and behavioral
28 health administrative services organizations are encouraged to
29 maximize the use of evidence-based practices and alternative
30 resources with the goal of substantially reducing and potentially
31 eliminating the use of institutions for mental diseases.

32 (b) (~~The behavioral health~~) Managed care organizations and
33 behavioral health administrative services organizations may allow
34 reimbursement to providers for services delivered through a partial
35 hospitalization or intensive outpatient program. Such payment and
36 services are distinct from the state's delivery of wraparound with
37 intensive services under the *T.R. v. Strange and* (~~McDermott,~~
38 ~~formerly the T.R. v. Dreyfus and Porter,~~) Birch settlement
39 agreement.

1 (3) (a) Treatment provided under this chapter must be purchased
2 primarily through managed care contracts.

3 (b) Consistent with RCW 71.24.580, services and funding provided
4 through the criminal justice treatment account are intended to be
5 exempted from managed care contracting.

6 **Sec. 1024.** RCW 71.24.405 and 2018 c 201 s 4025 are each amended
7 to read as follows:

8 The authority shall ~~((establish—a))~~ work comprehensively and
9 collaboratively ~~((effort—within))~~ with behavioral health
10 administrative services organizations and with local ~~((mental))~~
11 behavioral health service providers ~~((aimed at creating))~~ to create
12 innovative and streamlined community ~~((mental))~~ behavioral health
13 service delivery systems ~~((, in order to carry out the purposes set~~
14 ~~forth in RCW 71.24.400))~~ and to capture the diversity of the
15 community ~~((mental))~~ behavioral health service delivery system. The
16 authority ~~((must accomplish the following))~~ shall periodically:

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

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

27 ~~((3) The elimination of process))~~ Review regulations ~~((and~~
28 ~~related))~~, contracts, and reporting requirements ~~((.~~ ~~In place of the~~
29 ~~regulations and requirements, a set))~~ to ensure achievement of
30 outcomes for ~~((mental))~~ behavioral health adult and children clients
31 ~~((according to this chapter must be used to measure the performance~~
32 ~~of mental health service providers and behavioral health~~
33 ~~organizations. Such outcomes shall focus on stabilizing out-of-home~~
34 ~~and hospital care, increasing stable community living, increasing~~
35 ~~age-appropriate activities, achieving family and consumer~~
36 ~~satisfaction with services, and system efficiencies))~~ under RCW
37 43.20A.895 (as recodified by this act);

38 ~~((4) Evaluation of the feasibility of contractual agreements~~
39 ~~between the authority and behavioral health organizations and mental~~

1 ~~health service providers that link financial incentives to the~~
2 ~~success or failure of mental health service providers and behavioral~~
3 ~~health organizations to meet outcomes established for mental health~~
4 ~~service clients;~~

5 ~~(5) The involvement of mental))~~ (3) Involve behavioral health
6 consumers and their representatives (~~(. Mental health consumers and~~
7 ~~their representatives will be involved in the development of outcome~~
8 ~~standards for mental health clients under section 5 of this act; and~~

9 ~~(6) An independent evaluation component to measure the success of~~
10 ~~the authority in fully implementing the provisions of RCW 71.24.400~~
11 ~~and this section)); and~~

12 (4) Provide for an independent evaluation component to measure
13 the success of the authority in fully implementing the provisions of
14 RCW 71.24.400 and this section.

15 **Sec. 1025.** RCW 71.24.420 and 2018 c 201 s 4027 are each amended
16 to read as follows:

17 The authority shall operate the community (~~(mental))~~ behavioral
18 health service delivery system authorized under this chapter within
19 the following constraints:

20 (1) The full amount of federal funds for (~~(mental))~~ community
21 behavioral health system services, plus qualifying state expenditures
22 as appropriated in the biennial operating budget, shall be
23 appropriated to the authority each year in the biennial
24 appropriations act to carry out the provisions of the community
25 (~~(mental))~~ behavioral health service delivery system authorized in
26 this chapter.

27 (2) The authority may expend funds defined in subsection (1) of
28 this section in any manner that will effectively accomplish the
29 outcome measures established in RCW 43.20A.895 (as recodified by this
30 act) and 71.36.025 and performance measures linked to those outcomes.

31 (3) The authority shall implement strategies that accomplish the
32 outcome measures established in RCW 43.20A.895 (as recodified by this
33 act), 70.320.020, and 71.36.025 and performance measures linked to
34 those outcomes.

35 (4) The authority shall monitor expenditures against the
36 appropriation levels provided for in subsection (1) of this section
37 and report to the governor's office and the appropriate committees of
38 the legislature once every two years, on or about December 1st, on
39 each even-numbered year.

1 **Sec. 1026.** RCW 71.24.430 and 2018 c 201 s 4028 are each amended
2 to read as follows:

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

9 (2) The authority shall propose, in operating budget requests,
10 transfers of funding among programs to support collaborative service
11 delivery to persons who require services from multiple department of
12 social and health services and authority programs. ~~((The authority~~
13 ~~shall report annually to the appropriate committees of the senate and~~
14 ~~house of representatives on actions and projects it has taken to~~
15 ~~promote collaborative service delivery)) The authority shall provide
16 status reports as requested by the legislature.~~

17 **Sec. 1027.** RCW 71.24.450 and 1997 c 342 s 1 are each amended to
18 read as follows:

19 (1) Many ~~((acute and chronically mentally ill))~~ offenders with
20 acute and chronic mental illness are delayed in their release from
21 Washington correctional facilities due to their inability to access
22 reasonable treatment and living accommodations prior to the maximum
23 expiration of their sentences. Often the offender reaches the end of
24 his or her sentence and is released without any follow-up care,
25 funds, or housing. These delays are costly to the state, often lead
26 to psychiatric relapse, and result in unnecessary risk to the public.

27 Many of these offenders ~~((rarely possess))~~ lack the skills or
28 emotional stability to maintain employment or even complete
29 applications to receive entitlement funding. ~~((Nationwide only five~~
30 ~~percent of diagnosed schizophrenics are able to maintain part-time or~~
31 ~~full-time employment.)) Housing and appropriate treatment are
32 difficult to obtain.~~

33 This lack of resources, funding, treatment, and housing creates
34 additional stress for the ~~((mentally ill))~~ offender with mental
35 illness, impairing self-control and judgment. When the mental illness
36 is instrumental in the offender's patterns of crime, such stresses
37 may lead to a worsening of his or her illness, reoffending, and a
38 threat to public safety.

1 (2) It is the intent of the legislature to create a (~~pilot~~)
2 program to provide for postrelease mental health care and housing for
3 a select group of (~~mentally ill~~) offenders with mental illness
4 entering community living, in order to reduce incarceration costs,
5 increase public safety, and enhance the offender's quality of life.

6 **Sec. 1028.** RCW 71.24.455 and 2018 c 201 s 4029 are each amended
7 to read as follows:

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

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

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

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

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

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

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

36 (3) The behavioral health administrative services organization,
37 managed care organization, behavioral health agency, or private
38 provider shall provide specialized access and services to the
39 selected offenders. The services shall be aimed at lowering the risk

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

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

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

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

36 (d) Medications including the full range of psychotropic
37 medications including atypical antipsychotic medications may be
38 required as a condition of the program. Medication prescription,
39 medication monitoring, and counseling to support offender

1 understanding, acceptance, and compliance with prescribed medication
2 regimens must be included.

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

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

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

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

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

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

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

26 **Sec. 1029.** RCW 71.24.460 and 2018 c 201 s 4030 are each amended
27 to read as follows:

28 The authority, in collaboration with the department of
29 corrections and the oversight committee created in RCW 71.24.455,
30 shall track outcomes and submit to the legislature annual reports
31 regarding services and outcomes. The reports shall include the
32 following: (1) A statistical analysis regarding the reoffense and
33 reinstitutionalization rate by the enrollees in the program set forth
34 in RCW 71.24.455; (2) a quantitative description of the services
35 provided in the program set forth in RCW 71.24.455; and (3)
36 recommendations for any needed modifications in the services and
37 funding levels to increase the effectiveness of the program set forth
38 in RCW 71.24.455. ~~((By December 1, 2003, the department shall certify
39 the reoffense rate for enrollees in the program authorized by RCW~~

1 ~~71.24.455 to the office of financial management and the appropriate~~
2 ~~legislative committees. If the reoffense rate exceeds fifteen~~
3 ~~percent, the authorization for the department to conduct the program~~
4 ~~under RCW 71.24.455 is terminated on January 1, 2004.)~~)

5 **Sec. 1030.** RCW 71.24.470 and 2018 c 201 s 4031 are each amended
6 to read as follows:

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

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

23 (3) The legislature intends that funds appropriated for the
24 purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section
25 ~~((and distributed to the behavioral health organizations))~~ are to
26 supplement and not to supplant general funding. Funds appropriated to
27 implement RCW 72.09.370, 71.05.145, and 71.05.212, and this section
28 are not to be considered available resources as defined in RCW
29 71.24.025 and are not subject to the priorities, terms, or conditions
30 in the appropriations act established pursuant to RCW 71.24.035.

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

33 **Sec. 1031.** RCW 71.24.480 and 2018 c 201 s 4032 are each amended
34 to read as follows:

35 (1) A licensed or certified ~~((service provider or behavioral~~
36 ~~health organization,))~~ behavioral health agency acting in the course
37 of the provider's ~~((or organization's))~~ duties under this chapter, is
38 not liable for civil damages resulting from the injury or death of

1 another caused by a participant in the offender reentry community
2 safety program who is a client of the provider or organization,
3 unless the act or omission of the provider or organization
4 constitutes:

5 (a) Gross negligence;

6 (b) Willful or wanton misconduct; or

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

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

19 (3) A licensed or certified (~~service provider's or behavioral~~
20 ~~health organization's~~) behavioral health agency's mere act of
21 treating a participant in the offender reentry community safety
22 program is not negligence. Nothing in this subsection alters the
23 licensed or certified (~~service provider's or behavioral health~~
24 ~~organization's~~) behavioral health agency's normal duty of care with
25 regard to the client.

26 (4) The limited liability provided by this section applies only
27 to the conduct of licensed or certified (~~service providers and~~
28 ~~behavioral health organizations~~) behavioral health agencies and does
29 not apply to conduct of the state.

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

35 **Sec. 1032.** RCW 71.24.490 and 2018 c 201 s 4033 are each amended
36 to read as follows:

37 The authority must collaborate with (~~regional support networks~~
38 ~~or~~) behavioral health administrative services organizations, managed
39 care organizations, and the Washington state institute for public

1 policy to estimate the capacity needs for evaluation and treatment
2 services within each regional service area. Estimated capacity needs
3 shall include consideration of the average occupancy rates needed to
4 provide an adequate network of evaluation and treatment services to
5 ensure access to treatment. (~~(A regional service network or)~~)
6 Behavioral health administrative services organizations and managed
7 care organizations must develop and maintain an adequate plan to
8 provide for evaluation and treatment needs.

9 **Sec. 1033.** RCW 71.24.500 and 2018 c 201 s 4034 are each amended
10 to read as follows:

11 The (~~(department of social and health services and the)~~)
12 authority shall periodically publish written guidance and provide
13 trainings to behavioral health administrative services organizations,
14 managed care organizations, and behavioral health providers related
15 to how these organizations may provide outreach, assistance,
16 transition planning, and rehabilitation case management reimbursable
17 under federal law to persons who are incarcerated, involuntarily
18 hospitalized, or in the process of transitioning out of one of these
19 services. The guidance and trainings may also highlight preventive
20 activities not reimbursable under federal law which may be cost-
21 effective in a managed care environment. The purpose of this written
22 guidance and trainings is to champion best clinical practices
23 including, where appropriate, use of care coordination and long-
24 acting injectable psychotropic medication, and to assist the health
25 community to leverage federal funds and standardize payment and
26 reporting procedures. (~~(The authority and the department of social~~
27 ~~and health services shall construe governing laws liberally to~~
28 ~~effectuate the broad remedial purposes of chapter 154, Laws of 2016,~~
29 ~~and provide a status update to the legislature by December 31,~~
30 ~~2016.)~~)

31 **Sec. 1034.** RCW 71.24.520 and 2018 c 201 s 4036 are each amended
32 to read as follows:

33 The authority, in the operation of the (~~(chemical dependency)~~)
34 substance use disorder program(~~(+)~~), may:

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

37 (2) Make contracts necessary or incidental to the performance of
38 its duties and the execution of its powers, including managed care

1 contracts for behavioral health services, contracts entered into
2 under RCW 74.09.522, and contracts with public and private agencies,
3 organizations, and individuals to pay them for services rendered or
4 furnished to persons with substance use disorders, persons
5 incapacitated by alcohol or other psychoactive chemicals, or
6 intoxicated persons;

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

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

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

19 (6) Administer or supervise the administration of the provisions
20 relating to persons with substance use disorders and intoxicated
21 persons of any state plan submitted for federal funding pursuant to
22 federal health, welfare, or treatment legislation;

23 (7) Coordinate its activities and cooperate with (~~chemical~~
24 ~~dependency~~) substance use disorder programs in this and other
25 states, and make contracts and other joint or cooperative
26 arrangements with state, local, or private agencies in this and other
27 states for the treatment of persons with substance use disorders and
28 their families, persons incapacitated by alcohol or other
29 psychoactive chemicals, and intoxicated persons and for the common
30 advancement of (~~chemical—dependency~~) substance use disorder
31 programs;

32 (8) Keep records and engage in research and the gathering of
33 relevant statistics;

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

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

1 **Sec. 1035.** RCW 71.24.535 and 2018 c 201 s 4039 are each amended
2 to read as follows:

3 The authority shall:

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

12 (2) Assure that any (~~behavioral health organization managed care~~
13 ~~contract, or~~) contract with a managed care (~~contract under RCW~~
14 ~~74.09.522~~) organization for behavioral health services or programs
15 for the treatment of persons with substance use disorders and their
16 families (~~(, persons incapacitated by alcohol or other psychoactive~~
17 ~~chemicals, and intoxicated persons)~~) provides medically necessary
18 services to medicaid recipients. This must include a continuum of
19 mental health and substance use disorder services consistent with the
20 state's medicaid plan or federal waiver authorities, and nonmedicaid
21 services consistent with priorities established by the authority;

22 (3) Coordinate the efforts and enlist the assistance of all
23 public and private agencies, organizations, and individuals
24 interested in prevention of alcoholism and drug addiction, and
25 treatment of persons with substance use disorders and their families,
26 persons incapacitated by alcohol or other psychoactive chemicals, and
27 intoxicated persons;

28 (4) Cooperate with public and private agencies in establishing
29 and conducting programs to provide treatment for persons with
30 substance use disorders and their families, persons incapacitated by
31 alcohol or other psychoactive chemicals, and intoxicated persons who
32 are clients of the correctional system;

33 (5) Cooperate with the superintendent of public instruction,
34 state board of education, schools, police departments, courts, and
35 other public and private agencies, organizations and individuals in
36 establishing programs for the prevention of substance use disorders,
37 treatment of persons with substance use disorders and their families,
38 persons incapacitated by alcohol or other psychoactive chemicals, and
39 intoxicated persons, and preparing curriculum materials thereon for
40 use at all levels of school education;

1 (6) Prepare, publish, evaluate, and disseminate educational
2 material dealing with the nature and effects of alcohol and other
3 psychoactive chemicals and the consequences of their use;

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

12 (8) Organize and foster training programs for persons engaged in
13 treatment of persons with substance use disorders, persons
14 incapacitated by alcohol or other psychoactive chemicals, and
15 intoxicated persons;

16 (9) Sponsor and encourage research into the causes and nature of
17 substance use disorders, treatment of persons with substance use
18 disorders, persons incapacitated by alcohol or other psychoactive
19 chemicals, and intoxicated persons, and serve as a clearinghouse for
20 information relating to substance use disorders;

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

26 (11) Advise the governor in the preparation of a comprehensive
27 plan for treatment of persons with substance use disorders, persons
28 incapacitated by alcohol or other psychoactive chemicals, and
29 intoxicated persons for inclusion in the state's comprehensive health
30 plan;

31 (12) Review all state health, welfare, and treatment plans to be
32 submitted for federal funding under federal legislation, and advise
33 the governor on provisions to be included relating to substance use
34 disorders;

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

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

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

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

12 (17) Encourage all health and disability insurance programs to
13 include substance use disorders as a covered illness; and

14 (18) Organize and sponsor a statewide program to help court
15 personnel, including judges, better understand substance use
16 disorders and the uses of substance use disorder treatment programs
17 and medications.

18 **Sec. 1036.** RCW 71.24.540 and 2018 c 201 s 4040 are each amended
19 to read as follows:

20 The authority shall contract with behavioral health
21 administrative services organizations, managed care organizations, or
22 counties ((operating drug courts and counties in the process of
23 implementing new drug courts)), as applicable, for the provision of

24 substance use disorder treatment services ordered by a county-
25 operated drug court.

26 **Sec. 1037.** RCW 71.24.545 and 2018 c 201 s 4041 are each amended
27 to read as follows:

28 (1) The authority shall establish by appropriate means a
29 comprehensive and coordinated program for the treatment of persons
30 with substance use disorders and their families, persons
31 incapacitated by alcohol or other psychoactive chemicals, and
32 intoxicated persons.

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

36 (i) Withdrawal management;

37 (ii) Residential treatment; and

38 (iii) Outpatient treatment.

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

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

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

8 (5) (~~By April 1, 2016,~~) Treatment provided under this chapter
9 must be purchased primarily through managed care contracts.
10 Consistent with RCW 71.24.580, services and funding provided through
11 the criminal justice treatment account are intended to be exempted
12 from managed care contracting.

13 **Sec. 1038.** RCW 71.24.555 and 2018 c 201 s 4042 are each amended
14 to read as follows:

15 To be eligible to receive its share of liquor taxes and profits,
16 each city and county shall devote no less than two percent of its
17 share of liquor taxes and profits to the support of a substance use
18 disorder program (~~(approved by the behavioral health organization and~~
19 ~~the director, and)~~) licensed or certified by the department of
20 health.

21 **Sec. 1039.** RCW 71.24.565 and 2018 c 201 s 4043 are each amended
22 to read as follows:

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

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

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

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

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

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

6 **Sec. 1040.** RCW 71.24.580 and 2018 c 205 s 2 and 2018 c 201 s
7 4044 are each reenacted and amended to read as follows:

8 (1) The criminal justice treatment account is created in the
9 state treasury. Moneys in the account may be expended solely for: (a)
10 Substance use disorder treatment and treatment support services for
11 offenders with a substance use disorder that, if not treated, would
12 result in addiction, against whom charges are filed by a prosecuting
13 attorney in Washington state; (b) the provision of substance use
14 disorder treatment services and treatment support services for
15 nonviolent offenders within a drug court program; and (c) the
16 administrative and overhead costs associated with the operation of a
17 drug court. Amounts provided in this subsection must be used for
18 treatment and recovery support services for criminally involved
19 offenders and authorization of these services shall not be subject to
20 determinations of medical necessity. During the 2017-2019 fiscal
21 biennium, the legislature may direct the state treasurer to make
22 transfers of moneys in the criminal justice treatment account to the
23 state general fund. It is the intent of the legislature to continue
24 in the 2019-2021 biennium the policy of transferring to the state
25 general fund such amounts as reflect the excess fund balance of the
26 account. Moneys in the account may be spent only after appropriation.

27 (2) For purposes of this section:

28 (a) "Treatment" means services that are critical to a
29 participant's successful completion of his or her substance use
30 disorder treatment program, including but not limited to the recovery
31 support and other programmatic elements outlined in RCW 2.30.030
32 authorizing therapeutic courts; and

33 (b) "Treatment support" includes transportation to or from
34 inpatient or outpatient treatment services when no viable alternative
35 exists, and child care services that are necessary to ensure a
36 participant's ability to attend outpatient treatment sessions.

37 (3) Revenues to the criminal justice treatment account consist
38 of: (a) Funds transferred to the account pursuant to this section;

1 and (b) any other revenues appropriated to or deposited in the
2 account.

3 (4) (a) For the fiscal year beginning July 1, 2005, and each
4 subsequent fiscal year, the state treasurer shall transfer eight
5 million two hundred fifty thousand dollars from the general fund to
6 the criminal justice treatment account, divided into four equal
7 quarterly payments. For the fiscal year beginning July 1, 2006, and
8 each subsequent fiscal year, the amount transferred shall be
9 increased on an annual basis by the implicit price deflator as
10 published by the federal bureau of labor statistics.

11 (b) In each odd-numbered year, the legislature shall appropriate
12 the amount transferred to the criminal justice treatment account in
13 (a) of this subsection to the department for the purposes of
14 subsection (5) of this section.

15 (5) Moneys appropriated to the authority from the criminal
16 justice treatment account shall be distributed as specified in this
17 subsection. The authority may retain up to three percent of the
18 amount appropriated under subsection (4) (b) of this section for its
19 administrative costs.

20 (a) Seventy percent of amounts appropriated to the authority from
21 the account shall be distributed to counties pursuant to the
22 distribution formula adopted under this section. The authority, in
23 consultation with the department of corrections, the Washington state
24 association of counties, the Washington state association of drug
25 court professionals, the superior court judges' association, the
26 Washington association of prosecuting attorneys, representatives of
27 the criminal defense bar, representatives of substance use disorder
28 treatment providers, and any other person deemed by the authority to
29 be necessary, shall establish a fair and reasonable methodology for
30 distribution to counties of moneys in the criminal justice treatment
31 account. County or regional plans submitted for the expenditure of
32 formula funds must be approved by the panel established in (b) of
33 this subsection.

34 (b) Thirty percent of the amounts appropriated to the authority
35 from the account shall be distributed as grants for purposes of
36 treating offenders against whom charges are filed by a county
37 prosecuting attorney. The authority shall appoint a panel of
38 representatives from the Washington association of prosecuting
39 attorneys, the Washington association of sheriffs and police chiefs,
40 the superior court judges' association, the Washington state

1 association of counties, the Washington defender's association or the
2 Washington association of criminal defense lawyers, the department of
3 corrections, the Washington state association of drug court
4 professionals, and substance use disorder treatment providers. The
5 panel shall review county or regional plans for funding under (a) of
6 this subsection and grants approved under this subsection. The panel
7 shall attempt to ensure that treatment as funded by the grants is
8 available to offenders statewide.

9 (6) The county alcohol and drug coordinator, county prosecutor,
10 county sheriff, county superior court, a substance abuse treatment
11 provider appointed by the county legislative authority, a member of
12 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 legislative authority or authorities, to the panel established in
16 subsection (5)(b) of this section, for disposition of all the funds
17 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 71.24.560 and treatment
20 support services. No more than ten percent of the total moneys
21 received under subsections (4) and (5) of this section by a county or
22 group of counties participating in a regional agreement shall be
23 spent for treatment support services.

24 (7) Counties are encouraged to consider regional agreements and
25 submit regional plans for the efficient delivery of treatment under
26 this section.

27 (8) Moneys allocated under this section shall be used to
28 supplement, not supplant, other federal, state, and local funds used
29 for substance abuse treatment.

30 (9) Counties must meet the criteria established in RCW
31 2.30.030(3).

32 (10) The authority shall annually review and monitor the
33 expenditures made by any county or group of counties that receives
34 appropriated funds distributed under this section. Counties shall
35 repay any funds that are not spent in accordance with the
36 requirements of its contract with the authority.

37 **Sec. 1041.** RCW 71.24.600 and 2018 c 201 s 4047 are each amended
38 to read as follows:

1 The authority shall not refuse admission for diagnosis,
2 evaluation, guidance or treatment to any applicant because it is
3 determined that the applicant is financially unable to contribute
4 fully or in part to the cost of any services or facilities available
5 under the community behavioral health program (~~on alcoholism~~).

6 For nonmedicaid clients, through its contracts with the
7 behavioral health administrative services organizations, the
8 authority may limit admissions of such applicants or modify its
9 programs in order to ensure that expenditures for services or
10 programs do not exceed amounts appropriated by the legislature and
11 are allocated by the authority for such services or programs. For
12 nonmedicaid clients, the authority may establish admission priorities
13 in the event that the number of eligible applicants exceeds the
14 limits set by the authority.

15 **Sec. 1042.** RCW 71.24.625 and 2018 c 201 s 4052 are each amended
16 to read as follows:

17 The authority shall ensure that the provisions of this chapter
18 are applied by (~~the~~) behavioral health administrative services
19 organizations and managed care organizations in a consistent and
20 uniform manner. The authority shall also ensure that, to the extent
21 possible within available funds, the (~~behavioral health~~
22 ~~organization~~) designated (~~chemical dependency specialists~~) crisis
23 responders are specifically trained in adolescent (~~chemical~~
24 ~~dependency~~) substance use disorder issues, the (~~chemical~~
25 ~~dependency~~) substance use disorder commitment laws, and the criteria
26 for commitment (~~, as specified in this chapter and chapter 70.96A~~
27 ~~RCW~~).

28 **Sec. 1043.** RCW 71.24.630 and 2018 c 201 s 4053 are each amended
29 to read as follows:

30 (1) The authority shall maintain an integrated and comprehensive
31 screening and assessment process for substance use and mental
32 disorders and co-occurring substance use and mental disorders.

33 (a) The process adopted shall include, at a minimum:

34 (i) An initial screening tool that can be used by intake
35 personnel system-wide and which will identify the most common types
36 of co-occurring disorders;

1 (ii) An assessment process for those cases in which assessment is
2 indicated that provides an appropriate degree of assessment for most
3 situations, which can be expanded for complex situations;

4 (iii) Identification of triggers in the screening that indicate
5 the need to begin an assessment;

6 (iv) Identification of triggers after or outside the screening
7 that indicate a need to begin or resume an assessment;

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

11 (vi) Emphasis that the process adopted under this section is to
12 replace and not to duplicate existing intake, screening, and
13 assessment tools and processes.

14 (b) The authority shall consider existing models, including those
15 already adopted by other states, and to the extent possible, adopt an
16 established, proven model.

17 (c) The integrated, comprehensive screening and assessment
18 process shall be implemented statewide by all substance use disorder
19 and mental health treatment providers (~~as well as all designated~~
20 ~~mental health professionals, designated chemical dependency~~
21 ~~specialists,~~) and designated crisis responders.

22 (2) The authority shall provide for adequate training to effect
23 statewide implementation (~~by the dates designated in this section~~)
24 and, upon request, shall report the rates of co-occurring disorders
25 the stage of screening or assessment at which the co-occurring
26 disorder was identified to the appropriate committees of the
27 legislature.

28 (3) The authority shall establish (~~contractual penalties to~~
29 ~~contracted treatment providers, the behavioral health organizations,~~
30 ~~and their contracted providers for failure to~~) performance-based
31 contracts with managed care organizations and behavioral health
32 administrative services organizations and implement the integrated
33 screening and assessment process.

34 **Sec. 1044.** RCW 71.24.845 and 2014 c 225 s 46 are each amended to
35 read as follows:

36 The (~~behavioral health organizations shall jointly~~) authority,
37 in consultation with the established behavioral health administrative
38 services organizations, shall develop a uniform transfer agreement to
39 govern the transfer of clients between behavioral health

1 administrative services organizations, taking into account the needs
2 of the regional service area. ((By September 1, 2013, the behavioral
3 health organizations shall submit the uniform transfer agreement to
4 the department. By December 1, 2013, the department shall establish
5 guidelines to implement the uniform transfer agreement and may modify
6 the uniform transfer agreement as necessary to avoid impacts on state
7 administrative systems.))

8 **Sec. 1045.** RCW 71.24.870 and 2017 c 207 s 2 are each amended to
9 read as follows:

10 (1) ~~((Subject to the availability of amounts appropriated for~~
11 ~~this specific purpose, the department must immediately perform a~~
12 ~~review of its rules, policies, and procedures related to the~~
13 ~~documentation requirements for behavioral health services.))~~ Rules
14 adopted by the department relating to the provision of behavioral
15 health services must:

16 (a) Identify areas in which duplicative or inefficient
17 documentation requirements can be eliminated or streamlined for
18 providers;

19 (b) Limit prescriptive requirements for individual initial
20 assessments to allow clinicians to exercise professional judgment to
21 conduct age-appropriate, strength-based psychosocial assessments,
22 including current needs and relevant history according to current
23 best practices;

24 (c) ~~((By April 1, 2018, provide a single set of regulations for~~
25 ~~agencies to follow that provide mental health, substance use~~
26 ~~disorder, and co-occurring treatment services;~~

27 ~~(d))~~ Exempt providers from duplicative state documentation
28 requirements when the provider is following documentation
29 requirements of an evidence-based, research-based, or state-mandated
30 program that provides adequate protection for patient safety; and

31 ~~((e))~~ (d) Be clear and not unduly burdensome in order to
32 maximize the time available for the provision of care.

33 (2) Subject to the availability of amounts appropriated for this
34 specific purpose, audits conducted by the department relating to
35 provision of behavioral health services must:

36 (a) Rely on a sampling methodology to conduct reviews of
37 personnel files and clinical records based on written guidelines
38 established by the department that are consistent with the standards
39 of other licensing and accrediting bodies;

1 (b) Treat organizations with multiple locations as a single
2 entity. The department must not require annual visits at all
3 locations operated by a single entity when a sample of records may be
4 reviewed from a centralized location;

5 (c) Share audit results with behavioral health administrative
6 services organizations and managed care organizations to assist with
7 their review process and, when appropriate, take steps to coordinate
8 and combine audit activities;

9 ~~(d) ((Coordinate audit functions between the department and the~~
10 ~~department of health to combine audit activities into a single site~~
11 ~~visit and eliminate redundancies;~~

12 ~~(e))~~ Not require information to be provided in particular
13 documents or locations when the same information is included or
14 demonstrated elsewhere in the clinical file, except where required by
15 federal law; and

16 ~~((f))~~ (e) Ensure that audits involving manualized programs such
17 as wraparound with intensive services or other evidence or research-
18 based programs are conducted to the extent practicable by personnel
19 familiar with the program model and in a manner consistent with the
20 documentation requirements of the program.

21 NEW SECTION. Sec. 1046. A new section is added to chapter 71.24
22 RCW to read as follows:

23 (1) The authority shall contract with one or more behavioral
24 health administrative services organizations to carry out the duties
25 and responsibilities set forth in this chapter and chapter 71.05 RCW
26 to provide crisis services to assigned regional service areas.

27 (2) For clients eligible for medical assistance under chapter
28 74.09 RCW, the authority shall contract with one or more managed care
29 organizations as set forth in RCW 71.24.380 and 74.09.871 to provide
30 medically necessary physical and behavioral health services.

31 NEW SECTION. Sec. 1047. A new section is added to chapter 71.24
32 RCW to read as follows:

33 (1) The legislature finds that ongoing coordination between state
34 agencies, the counties, and the behavioral health administrative
35 services organizations is necessary to coordinate the behavioral
36 health system. To this end, the authority shall establish a committee
37 to meet quarterly to address systemic issues.

1 (2) The committee established in subsection (1) of this section
2 must be convened by the authority, meet quarterly, and include
3 representatives from:

4 (a) The authority;

5 (b) The department of social and health services;

6 (c) The department;

7 (d) The office of the governor;

8 (e) One representative from the behavioral health administrative
9 services organization per regional service area; and

10 (f) One county representative per regional service area.

11 **PART 2**

12 **Sec. 2001.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended
13 to read as follows:

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

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

22 (2) "Approved substance use disorder treatment program" means a
23 program for minors with substance use disorders provided by a
24 treatment program licensed or certified by the department of health
25 as meeting standards adopted under chapter 71.24 RCW.

26 (3) "Authority" means the Washington state health care authority.

27 (4) (~~"Chemical dependency" means:~~

28 ~~(a) Alcoholism;~~

29 ~~(b) Drug addiction; or~~

30 ~~(c) Dependence on alcohol and one or more other psychoactive
31 chemicals, as the context requires.~~

32 ~~(5))~~ "Chemical dependency professional" means a person certified
33 as a chemical dependency professional by the department of health
34 under chapter 18.205 RCW.

35 ~~((6))~~ (5) "Child psychiatrist" means a person having a license
36 as a physician and surgeon in this state, who has had graduate
37 training in child psychiatry in a program approved by the American

1 Medical Association or the American Osteopathic Association, and who
2 is board eligible or board certified in child psychiatry.

3 ~~((7))~~ (6) "Children's mental health specialist" means:

4 (a) A mental health professional who has completed a minimum of
5 one hundred actual hours, not quarter or semester hours, of
6 specialized training devoted to the study of child development and
7 the treatment of children; and

8 (b) A mental health professional who has the equivalent of one
9 year of full-time experience in the treatment of children under the
10 supervision of a children's mental health specialist.

11 ~~((8))~~ (7) "Commitment" means a determination by a judge or
12 court commissioner, made after a commitment hearing, that the minor
13 is in need of inpatient diagnosis, evaluation, or treatment or that
14 the minor is in need of less restrictive alternative treatment.

15 ~~((9))~~ (8) "Department" means the department of social and
16 health services.

17 ~~((10))~~ (9) "Designated crisis responder" ~~((means a person
18 designated by a behavioral health organization to perform the duties
19 specified in this chapter))~~ has the same meaning as provided in RCW
20 71.05.020.

21 ~~((11))~~ (10) "Director" means the director of the authority.

22 ~~((12) "Drug addiction" means a disease, characterized by a
23 dependency on psychoactive chemicals, loss of control over the amount
24 and circumstances of use, symptoms of tolerance, physiological or
25 psychological withdrawal, or both, if use is reduced or discontinued,
26 and impairment of health or disruption of social or economic
27 functioning))~~ (11) "Behavioral health administrative services
28 organization" has the same meaning as provided in RCW 71.24.025.

29 ~~((13))~~ (12) "Evaluation and treatment facility" means a public
30 or private facility or unit that is licensed or certified by the
31 department of health to provide emergency, inpatient, residential, or
32 outpatient mental health evaluation and treatment services for
33 minors. A physically separate and separately-operated portion of a
34 state hospital may be designated as an evaluation and treatment
35 facility for minors. A facility which is part of or operated by the
36 state or federal agency does not require licensure or certification.
37 No correctional institution or facility, juvenile court detention
38 facility, or jail may be an evaluation and treatment facility within
39 the meaning of this chapter.

1 (~~(14)~~) (13) "Evaluation and treatment program" means the total
2 system of services and facilities coordinated and approved by a
3 county or combination of counties for the evaluation and treatment of
4 minors under this chapter.

5 (~~(15)~~) (14) "Gravely disabled minor" means a minor who, as a
6 result of a mental disorder, or as a result of the use of alcohol or
7 other psychoactive chemicals, is in danger of serious physical harm
8 resulting from a failure to provide for his or her essential human
9 needs of health or safety, or manifests severe deterioration in
10 routine functioning evidenced by repeated and escalating loss of
11 cognitive or volitional control over his or her actions and is not
12 receiving such care as is essential for his or her health or safety.

13 (~~(16)~~) (15) "Inpatient treatment" means twenty-four-hour-per-
14 day mental health care provided within a general hospital,
15 psychiatric hospital, residential treatment facility licensed or
16 certified by the department of health as an evaluation and treatment
17 facility for minors, secure detoxification facility for minors, or
18 approved substance use disorder treatment program for minors.

19 (~~(17)~~) (16) "Intoxicated minor" means a minor whose mental or
20 physical functioning is substantially impaired as a result of the use
21 of alcohol or other psychoactive chemicals.

22 (~~(18)~~) (17) "Less restrictive alternative" or "less restrictive
23 setting" means outpatient treatment provided to a minor who is not
24 residing in a facility providing inpatient treatment as defined in
25 this chapter.

26 (~~(19)~~) (18) "Likelihood of serious harm" means either: (a) A
27 substantial risk that physical harm will be inflicted by an
28 individual upon his or her own person, as evidenced by threats or
29 attempts to commit suicide or inflict physical harm on oneself; (b) a
30 substantial risk that physical harm will be inflicted by an
31 individual upon another, as evidenced by behavior which has caused
32 such harm or which places another person or persons in reasonable
33 fear of sustaining such harm; or (c) a substantial risk that physical
34 harm will be inflicted by an individual upon the property of others,
35 as evidenced by behavior which has caused substantial loss or damage
36 to the property of others.

37 (~~(20)~~) (19) "Medical necessity" for inpatient care means a
38 requested service which is reasonably calculated to: (a) Diagnose,
39 correct, cure, or alleviate a mental disorder or substance use
40 disorder; or (b) prevent the progression of a mental disorder or

1 substance use disorder that endangers life or causes suffering and
2 pain, or results in illness or infirmity or threatens to cause or
3 aggravate a handicap, or causes physical deformity or malfunction,
4 and there is no adequate less restrictive alternative available.

5 ~~((21))~~ (20) "Mental disorder" means any organic, mental, or
6 emotional impairment that has substantial adverse effects on an
7 individual's cognitive or volitional functions. The presence of
8 alcohol abuse, drug abuse, juvenile criminal history, antisocial
9 behavior, or intellectual disabilities alone is insufficient to
10 justify a finding of "mental disorder" within the meaning of this
11 section.

12 ~~((22))~~ (21) "Mental health professional" means a psychiatrist,
13 psychiatric advanced registered nurse practitioner, physician
14 assistant working with a supervising psychiatrist, psychologist,
15 psychiatric nurse, or social worker, and such other mental health
16 professionals as may be defined by rules adopted by the secretary of
17 the department of health under this chapter.

18 ~~((23))~~ (22) "Minor" means any person under the age of eighteen
19 years.

20 ~~((24))~~ (23) "Outpatient treatment" means any of the
21 nonresidential services mandated under chapter 71.24 RCW and provided
22 by licensed or certified ~~((service providers))~~ behavioral health
23 agencies as identified by RCW 71.24.025.

24 ~~((25))~~ (24) "Parent" means:

25 (a) A biological or adoptive parent who has legal custody of the
26 child, including either parent if custody is shared under a joint
27 custody agreement; or

28 (b) A person or agency judicially appointed as legal guardian or
29 custodian of the child.

30 ~~((26))~~ (25) "Private agency" means any person, partnership,
31 corporation, or association that is not a public agency, whether or
32 not financed in whole or in part by public funds, that constitutes an
33 evaluation and treatment facility or private institution, or
34 hospital, or approved substance use disorder treatment program, that
35 is conducted for, or includes a distinct unit, floor, or ward
36 conducted for, the care and treatment of persons with mental illness,
37 substance use disorders, or both mental illness and substance use
38 disorders.

39 ~~((27))~~ (26) "Physician assistant" means a person licensed as a
40 physician assistant under chapter 18.57A or 18.71A RCW.

1 ~~((28))~~ (27) "Professional person in charge" or "professional
2 person" means a physician, other mental health professional, or other
3 person empowered by an evaluation and treatment facility, secure
4 detoxification facility, or approved substance use disorder treatment
5 program with authority to make admission and discharge decisions on
6 behalf of that facility.

7 ~~((29))~~ (28) "Psychiatric nurse" means a registered nurse who
8 has experience in the direct treatment of persons who have a mental
9 illness or who are emotionally disturbed, such experience gained
10 under the supervision of a mental health professional.

11 ~~((30))~~ (29) "Psychiatrist" means a person having a license as a
12 physician in this state who has completed residency training in
13 psychiatry in a program approved by the American Medical Association
14 or the American Osteopathic Association, and is board eligible or
15 board certified in psychiatry.

16 ~~((31))~~ (30) "Psychologist" means a person licensed as a
17 psychologist under chapter 18.83 RCW.

18 ~~((32))~~ (31) "Public agency" means any evaluation and treatment
19 facility or institution, or hospital, or approved substance use
20 disorder treatment program that is conducted for, or includes a
21 distinct unit, floor, or ward conducted for, the care and treatment
22 of persons with mental illness, substance use disorders, or both
23 mental illness and substance use disorders if the agency is operated
24 directly by federal, state, county, or municipal government, or a
25 combination of such governments.

26 ~~((33))~~ (32) "Responsible other" means the minor, the minor's
27 parent or estate, or any other person legally responsible for support
28 of the minor.

29 ~~((34))~~ (33) "Secretary" means the secretary of the department
30 or secretary's designee.

31 ~~((35))~~ (34) "Secure detoxification facility" means a facility
32 operated by either a public or private agency or by the program of an
33 agency that:

34 (a) Provides for intoxicated minors:

35 (i) Evaluation and assessment, provided by certified chemical
36 dependency professionals;

37 (ii) Acute or subacute detoxification services; and

38 (iii) Discharge assistance provided by certified chemical
39 dependency professionals, including facilitating transitions to

1 appropriate voluntary or involuntary inpatient services or to less
2 restrictive alternatives as appropriate for the minor;

3 (b) Includes security measures sufficient to protect the
4 patients, staff, and community; and

5 (c) Is licensed or certified as such by the department of health.

6 ~~((36))~~ (35) "Social worker" means a person with a master's or
7 further advanced degree from a social work educational program
8 accredited and approved as provided in RCW 18.320.010.

9 ~~((37))~~ (36) "Start of initial detention" means the time of
10 arrival of the minor at the first evaluation and treatment facility,
11 secure detoxification facility, or approved substance use disorder
12 treatment program offering inpatient treatment if the minor is being
13 involuntarily detained at the time. With regard to voluntary
14 patients, "start of initial detention" means the time at which the
15 minor gives notice of intent to leave under the provisions of this
16 chapter.

17 ~~((38))~~ (37) "Substance use disorder" means a cluster of
18 cognitive, behavioral, and physiological symptoms indicating that an
19 individual continues using the substance despite significant
20 substance-related problems. The diagnosis of a substance use disorder
21 is based on a pathological pattern of behaviors related to the use of
22 the substances.

23 (38) "Managed care organization" has the same meaning as provided
24 in RCW 71.24.025.

25 **Sec. 2002.** RCW 71.34.300 and 2018 c 201 s 5003 are each amended
26 to read as follows:

27 ~~((1))~~ The ~~((county or combination of counties))~~ authority is
28 responsible for development and coordination of the evaluation and
29 treatment program for minors ~~((, for incorporating the program into~~
30 ~~the mental health plan,))~~ and for coordination of evaluation and
31 treatment services and resources with the community ~~((mental))~~
32 behavioral health program required under chapter 71.24 RCW.

33 ~~((2) The county shall be responsible for maintaining its support~~
34 ~~of involuntary treatment services for minors at its 1984 level,~~
35 ~~adjusted for inflation, with the authority responsible for additional~~
36 ~~costs to the county resulting from this chapter. Maintenance of~~
37 ~~effort funds devoted to judicial services related to involuntary~~
38 ~~commitment reimbursed under RCW 71.05.730 must be expended for other~~

1 ~~purposes that further treatment for mental health and chemical~~
2 ~~dependency disorders.))~~

3 **Sec. 2003.** RCW 71.34.330 and 2014 c 225 s 89 are each amended to
4 read as follows:

5 Attorneys appointed for minors under this chapter shall be
6 compensated for their services as follows:

7 (1) Responsible others shall bear the costs of such legal
8 services if financially able according to standards set by the court
9 of the county in which the proceeding is held.

10 (2) If all responsible others are indigent as determined by these
11 standards, the behavioral health administrative services organization
12 shall reimburse the county in which the proceeding is held for the
13 direct costs of such legal services, as provided in RCW 71.05.730.

14 **Sec. 2004.** RCW 71.34.379 and 2011 c 302 s 5 are each amended to
15 read as follows:

16 (~~(1) By December 1, 2011,~~) Facilities licensed under chapter
17 70.41, 71.12, or 72.23 RCW are required to adopt policies and
18 protocols regarding the notice requirements described in RCW
19 71.34.375 (~~;~~ and

20 ~~(2) By December 1, 2012, the department, in collaboration with~~
21 ~~the department of health, shall provide a detailed report to the~~
22 ~~legislature regarding the facilities' compliance with RCW 71.34.375~~
23 ~~and subsection (1) of this section)).~~

24 **Sec. 2005.** RCW 71.34.385 and 2018 c 201 s 5007 are each amended
25 to read as follows:

26 The authority shall ensure that the provisions of this chapter
27 are applied (~~(by the counties)~~) in a consistent and uniform manner.
28 The authority shall also ensure that, to the extent possible within
29 available funds, the designated crisis responders are specifically
30 trained in adolescent mental health issues, the mental health and
31 substance use disorder civil commitment laws, and the criteria for
32 civil commitment.

33 **Sec. 2006.** RCW 71.34.415 and 2014 c 225 s 90 are each amended to
34 read as follows:

35 A county may apply to its behavioral health administrative
36 services organization for reimbursement of its direct costs in

1 providing judicial services for civil commitment cases under this
2 chapter, as provided in RCW 71.05.730.

3 **Sec. 2007.** RCW 71.34.670 and 2018 c 201 s 2001 are each amended
4 to read as follows:

5 The authority shall adopt rules defining "appropriately trained
6 professional person" operating within their scope of practice within
7 Title 18 RCW for the purposes of conducting mental health and
8 (~~chemical dependency~~) substance use disorder evaluations under RCW
9 71.34.600(3) and 71.34.650(1).

10 **Sec. 2008.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c
11 155 s 21 are each reenacted and amended to read as follows:

12 (1) At any time during the minor's period of fourteen-day
13 commitment, the professional person in charge may petition the court
14 for an order requiring the minor to undergo an additional one hundred
15 eighty-day period of treatment. The evidence in support of the
16 petition shall be presented by the county prosecutor unless the
17 petition is filed by the professional person in charge of a state-
18 operated facility in which case the evidence shall be presented by
19 the attorney general.

20 (2) The petition for one hundred eighty-day commitment shall
21 contain the following:

22 (a) The name and address of the petitioner or petitioners;

23 (b) The name of the minor alleged to meet the criteria for one
24 hundred eighty-day commitment;

25 (c) A statement that the petitioner is the professional person in
26 charge of the evaluation and treatment facility, secure
27 detoxification facility, or approved substance use disorder treatment
28 program responsible for the treatment of the minor;

29 (d) The date of the fourteen-day commitment order; and

30 (e) A summary of the facts supporting the petition.

31 (3) The petition shall be supported by accompanying affidavits
32 signed by: (a) Two examining physicians, one of whom shall be a child
33 psychiatrist, or two psychiatric advanced registered nurse
34 practitioners, one of whom shall be a child and adolescent or family
35 psychiatric advanced registered nurse practitioner, or two physician
36 assistants, one of whom must be supervised by a child psychiatrist;
37 (b) one children's mental health specialist and either an examining
38 physician, physician assistant, or a psychiatric advanced registered

1 nurse practitioner; or (c) two among an examining physician,
2 physician assistant, and a psychiatric advanced registered nurse
3 practitioner, one of which needs to be a child psychiatrist((+,+)) , a
4 physician assistant supervised by a child psychiatrist, or a child
5 and adolescent psychiatric nurse practitioner. The affidavits shall
6 describe in detail the behavior of the detained minor which supports
7 the petition and shall state whether a less restrictive alternative
8 to inpatient treatment is in the best interests of the minor.

9 (4) The petition for one hundred eighty-day commitment shall be
10 filed with the clerk of the court at least three days before the
11 expiration of the fourteen-day commitment period. The petitioner or
12 the petitioner's designee shall within twenty-four hours of filing
13 serve a copy of the petition on the minor and notify the minor's
14 attorney and the minor's parent. A copy of the petition shall be
15 provided to such persons at least twenty-four hours prior to the
16 hearing.

17 (5) At the time of filing, the court shall set a date within
18 seven days for the hearing on the petition. The court may continue
19 the hearing upon the written request of the minor or the minor's
20 attorney for not more than ten days. The minor or the parents shall
21 be afforded the same rights as in a fourteen-day commitment hearing.
22 Treatment of the minor shall continue pending the proceeding.

23 (6) For one hundred eighty-day commitment:

24 (a) The court must find by clear, cogent, and convincing evidence
25 that the minor:

26 (i) Is suffering from a mental disorder or substance use
27 disorder;

28 (ii) Presents a likelihood of serious harm or is gravely
29 disabled; and

30 (iii) Is in need of further treatment that only can be provided
31 in a one hundred eighty-day commitment.

32 (b) If commitment is for a substance use disorder, the court must
33 find that there is an available approved substance use disorder
34 treatment program that has adequate space for the minor.

35 (7) If the court finds that the criteria for commitment are met
36 and that less restrictive treatment in a community setting is not
37 appropriate or available, the court shall order the minor committed
38 to the custody of the ((secretary)) director for further inpatient
39 mental health treatment, to an approved substance use disorder
40 treatment program for further substance use disorder treatment, or to

1 a private treatment and evaluation facility for inpatient mental
2 health or substance use disorder treatment if the minor's parents
3 have assumed responsibility for payment for the treatment. If the
4 court finds that a less restrictive alternative is in the best
5 interest of the minor, the court shall order less restrictive
6 alternative treatment upon such conditions as necessary.

7 If the court determines that the minor does not meet the criteria
8 for one hundred eighty-day commitment, the minor shall be released.

9 (8) Successive one hundred eighty-day commitments are permissible
10 on the same grounds and under the same procedures as the original one
11 hundred eighty-day commitment. Such petitions shall be filed at least
12 five days prior to the expiration of the previous one hundred eighty-
13 day commitment order.

14 **Sec. 2009.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each
15 amended to read as follows:

16 (1) At any time during the minor's period of fourteen-day
17 commitment, the professional person in charge may petition the court
18 for an order requiring the minor to undergo an additional one hundred
19 eighty-day period of treatment. The evidence in support of the
20 petition shall be presented by the county prosecutor unless the
21 petition is filed by the professional person in charge of a state-
22 operated facility in which case the evidence shall be presented by
23 the attorney general.

24 (2) The petition for one hundred eighty-day commitment shall
25 contain the following:

26 (a) The name and address of the petitioner or petitioners;

27 (b) The name of the minor alleged to meet the criteria for one
28 hundred eighty-day commitment;

29 (c) A statement that the petitioner is the professional person in
30 charge of the evaluation and treatment facility, secure
31 detoxification facility, or approved substance use disorder treatment
32 program responsible for the treatment of the minor;

33 (d) The date of the fourteen-day commitment order; and

34 (e) A summary of the facts supporting the petition.

35 (3) The petition shall be supported by accompanying affidavits
36 signed by: (a) Two examining physicians, one of whom shall be a child
37 psychiatrist, or two psychiatric advanced registered nurse
38 practitioners, one of whom shall be a child and adolescent or family
39 psychiatric advanced registered nurse practitioner, or two physician

1 assistants, one of whom must be supervised by a child psychiatrist;
2 (b) one children's mental health specialist and either an examining
3 physician, physician assistant, or a psychiatric advanced registered
4 nurse practitioner; or (c) two among an examining physician,
5 physician assistant, and a psychiatric advanced registered nurse
6 practitioner, one of which needs to be a child psychiatrist(~~(+)~~), a
7 physician assistant supervised by a child psychiatrist, or a child
8 and adolescent psychiatric nurse practitioner. The affidavits shall
9 describe in detail the behavior of the detained minor which supports
10 the petition and shall state whether a less restrictive alternative
11 to inpatient treatment is in the best interests of the minor.

12 (4) The petition for one hundred eighty-day commitment shall be
13 filed with the clerk of the court at least three days before the
14 expiration of the fourteen-day commitment period. The petitioner or
15 the petitioner's designee shall within twenty-four hours of filing
16 serve a copy of the petition on the minor and notify the minor's
17 attorney and the minor's parent. A copy of the petition shall be
18 provided to such persons at least twenty-four hours prior to the
19 hearing.

20 (5) At the time of filing, the court shall set a date within
21 seven days for the hearing on the petition. The court may continue
22 the hearing upon the written request of the minor or the minor's
23 attorney for not more than ten days. The minor or the parents shall
24 be afforded the same rights as in a fourteen-day commitment hearing.
25 Treatment of the minor shall continue pending the proceeding.

26 (6) For one hundred eighty-day commitment, the court must find by
27 clear, cogent, and convincing evidence that the minor:

28 (a) Is suffering from a mental disorder or substance use
29 disorder;

30 (b) Presents a likelihood of serious harm or is gravely disabled;
31 and

32 (c) Is in need of further treatment that only can be provided in
33 a one hundred eighty-day commitment.

34 (7) If the court finds that the criteria for commitment are met
35 and that less restrictive treatment in a community setting is not
36 appropriate or available, the court shall order the minor committed
37 to the custody of the (~~secretary~~) director for further inpatient
38 mental health treatment, to an approved substance use disorder
39 treatment program for further substance use disorder treatment, or to
40 a private treatment and evaluation facility for inpatient mental

1 health or substance use disorder treatment if the minor's parents
2 have assumed responsibility for payment for the treatment. If the
3 court finds that a less restrictive alternative is in the best
4 interest of the minor, the court shall order less restrictive
5 alternative treatment upon such conditions as necessary.

6 If the court determines that the minor does not meet the criteria
7 for one hundred eighty-day commitment, the minor shall be released.

8 (8) Successive one hundred eighty-day commitments are permissible
9 on the same grounds and under the same procedures as the original one
10 hundred eighty-day commitment. Such petitions shall be filed at least
11 five days prior to the expiration of the previous one hundred eighty-
12 day commitment order.

13 **Sec. 2010.** RCW 71.36.010 and 2018 c 201 s 5023 are each amended
14 to read as follows:

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

17 (1) "Agency" means a state, tribal, or local governmental entity
18 or a private not-for-profit organization.

19 (2) "Behavioral health administrative services organization"
20 means (~~(a county authority or group of county authorities or other~~
21 ~~nonprofit entity that has entered into contracts with the health care~~
22 ~~authority pursuant to)) an entity contracted with the health care
23 authority to administer behavioral health services and programs under
24 section 1046 of this act, including crisis services and
25 administration of the involuntary treatment act, chapter 71.05 RCW,
26 for all individuals in a defined regional service area under chapter
27 71.24 RCW.~~

28 (3) "Child" means a person under eighteen years of age, except as
29 expressly provided otherwise in state or federal law.

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

35 (5) "County authority" means the board of county commissioners or
36 county executive.

37 (6) "Early periodic screening, diagnosis, and treatment" means
38 the component of the federal medicaid program established pursuant to
39 42 U.S.C. Sec. 1396d(r), as amended.

1 (7) "Evidence-based" means a program or practice that has had
2 multiple site random controlled trials across heterogeneous
3 populations demonstrating that the program or practice is effective
4 for the population.

5 (8) "Family" means a child's biological parents, adoptive
6 parents, foster parents, guardian, legal custodian authorized
7 pursuant to Title 26 RCW, a relative with whom a child has been
8 placed by the department of social and health services, or a tribe.

9 (9) "Managed care organization" means an organization, having a
10 certificate of authority or certificate of registration from the
11 office of the insurance commissioner, that contracts with the health
12 care authority under a comprehensive risk contract to provide prepaid
13 health care services to enrollees under the authority's managed care
14 programs under chapter 74.09 RCW.

15 (10) "Promising practice" or "emerging best practice" means a
16 practice that presents, based upon preliminary information, potential
17 for becoming a research-based or consensus-based practice.

18 ((~~10~~)) (11) "Research-based" means a program or practice that
19 has some research demonstrating effectiveness, but that does not yet
20 meet the standard of evidence-based practices.

21 ((~~11~~)) (12) "Wraparound process" means a family driven planning
22 process designed to address the needs of children and youth by the
23 formation of a team that empowers families to make key decisions
24 regarding the care of the child or youth in partnership with
25 professionals and the family's natural community supports. The team
26 produces a community-based and culturally competent intervention plan
27 which identifies the strengths and needs of the child or youth and
28 family and defines goals that the team collaborates on achieving with
29 respect for the unique cultural values of the family. The "wraparound
30 process" shall emphasize principles of persistence and outcome-based
31 measurements of success.

32 **Sec. 2011.** RCW 71.36.025 and 2018 c 201 s 5024 are each amended
33 to read as follows:

34 (1) It is the goal of the legislature that(~~(, by 2012,)~~) the
35 children's mental health system in Washington state include the
36 following elements:

37 (a) A continuum of services from early identification,
38 intervention, and prevention through crisis intervention and

1 inpatient treatment, including peer support and parent mentoring
2 services;

3 (b) Equity in access to services for similarly situated children,
4 including children with co-occurring disorders;

5 (c) Developmentally appropriate, high quality, and culturally
6 competent services available statewide;

7 (d) Treatment of each child in the context of his or her family
8 and other persons that are a source of support and stability in his
9 or her life;

10 (e) A sufficient supply of qualified and culturally competent
11 children's mental health providers;

12 (f) Use of developmentally appropriate evidence-based and
13 research-based practices;

14 (g) Integrated and flexible services to meet the needs of
15 children who, due to mental illness or emotional or behavioral
16 disturbance, are at risk of out-of-home placement or involved with
17 multiple child-serving systems.

18 (2) The effectiveness of the children's mental health system
19 shall be determined through the use of outcome-based performance
20 measures. The health care authority and the evidence-based practice
21 institute established in RCW 71.24.061, in consultation with parents,
22 caregivers, youth, behavioral health administrative services
23 organizations, managed care organizations contracted with the
24 authority under chapter 74.09 RCW, mental health services providers,
25 health plans, primary care providers, tribes, and others, shall
26 develop outcome-based performance measures such as:

27 (a) Decreased emergency room utilization;

28 (b) Decreased psychiatric hospitalization;

29 (c) Lessening of symptoms, as measured by commonly used
30 assessment tools;

31 (d) Decreased out-of-home placement, including residential,
32 group, and foster care, and increased stability of such placements,
33 when necessary;

34 (e) Decreased runaways from home or residential placements;

35 (f) Decreased rates of ((~~chemical dependency~~)) substance use
36 disorder;

37 (g) Decreased involvement with the juvenile justice system;

38 (h) Improved school attendance and performance;

39 (i) Reductions in school or child care suspensions or expulsions;

1 (j) Reductions in use of prescribed medication where cognitive
2 behavioral therapies are indicated;

3 (k) Improved rates of high school graduation and employment; and

4 (l) Decreased use of mental health services upon reaching
5 adulthood for mental disorders other than those that require ongoing
6 treatment to maintain stability.

7 Performance measure reporting for children's mental health
8 services should be integrated into existing performance measurement
9 and reporting systems developed and implemented under chapter 71.24
10 RCW.

11 **Sec. 2012.** RCW 71.36.040 and 2018 c 201 s 5025 are each amended
12 to read as follows:

13 (1) (~~The legislature supports recommendations made in the August~~
14 ~~2002 study of the public mental health system for children conducted~~
15 ~~by the joint legislative audit and review committee.~~

16 ~~(2))~~ The health care authority shall, within available funds:

17 (a) Identify internal business operation issues that limit the
18 (~~agency's~~) authority's ability to meet legislative intent to
19 coordinate existing categorical children's mental health programs and
20 funding;

21 (b) Collect reliable mental health cost, service, and outcome
22 data specific to children. This information must be used to identify
23 best practices and methods of improving fiscal management;

24 (c) Revise the early and periodic screening diagnosis and
25 treatment plan to reflect the mental health system structure in place
26 (~~on July 27, 2003, and thereafter revise the plan~~) as necessary to
27 conform to (~~subsequent~~) changes in the structure.

28 (~~(3))~~ (2) The health care authority and the office of the
29 superintendent of public instruction shall jointly identify school
30 districts where mental health and education systems coordinate
31 services and resources to provide public mental health care for
32 children. The health care authority and the office of the
33 superintendent of public instruction shall work together to share
34 information about these approaches with other school districts,
35 managed care organizations, behavioral health administrative services
36 organizations, and state agencies.

37 **PART 3**

1 **Sec. 3001.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and
2 2018 c 201 s 3001 are each reenacted and amended to read as follows:

3 The definitions in this section apply throughout this chapter
4 unless the context clearly requires otherwise.

5 (1) "Admission" or "admit" means a decision by a physician,
6 physician assistant, or psychiatric advanced registered nurse
7 practitioner that a person should be examined or treated as a patient
8 in a hospital;

9 (2) "Alcoholism" means a disease, characterized by a dependency
10 on alcoholic beverages, loss of control over the amount and
11 circumstances of use, symptoms of tolerance, physiological or
12 psychological withdrawal, or both, if use is reduced or discontinued,
13 and impairment of health or disruption of social or economic
14 functioning;

15 (3) "Antipsychotic medications" means that class of drugs
16 primarily used to treat serious manifestations of mental illness
17 associated with thought disorders, which includes, but is not limited
18 to atypical antipsychotic medications;

19 (4) "Approved substance use disorder treatment program" means a
20 program for persons with a substance use disorder provided by a
21 treatment program certified by the department as meeting standards
22 adopted under chapter 71.24 RCW;

23 (5) "Attending staff" means any person on the staff of a public
24 or private agency having responsibility for the care and treatment of
25 a patient;

26 (6) "Authority" means the Washington state health care authority;

27 (7) (~~"Chemical dependency" means:~~

28 ~~(a) Alcoholism;~~

29 ~~(b) Drug addiction; or~~

30 ~~(c) Dependence on alcohol and one or more psychoactive chemicals,~~
31 ~~as the context requires;~~

32 ~~(8))~~ "Chemical dependency professional" means a person certified
33 as a chemical dependency professional by the department under chapter
34 18.205 RCW;

35 ~~((9))~~ (8) "Commitment" means the determination by a court that
36 a person should be detained for a period of either evaluation or
37 treatment, or both, in an inpatient or a less restrictive setting;

38 ~~((10))~~ (9) "Conditional release" means a revocable modification
39 of a commitment, which may be revoked upon violation of any of its
40 terms;

1 (~~(11)~~) (10) "Crisis stabilization unit" means a short-term
2 facility or a portion of a facility licensed or certified by the
3 department (~~(under RCW 71.24.035)~~), such as an evaluation and
4 treatment facility or a hospital, which has been designed to assess,
5 diagnose, and treat individuals experiencing an acute crisis without
6 the use of long-term hospitalization;

7 (~~(12)~~) (11) "Custody" means involuntary detention under the
8 provisions of this chapter or chapter 10.77 RCW, uninterrupted by any
9 period of unconditional release from commitment from a facility
10 providing involuntary care and treatment;

11 (~~(13)~~) (12) "Department" means the department of health;

12 (~~(14)~~) (13) "Designated crisis responder" means a mental health
13 professional appointed by the county(~~(r)~~) or an entity appointed by
14 the county, (~~(or the behavioral health organization)~~) to perform the
15 duties specified in this chapter;

16 (~~(15)~~) (14) "Detention" or "detain" means the lawful
17 confinement of a person, under the provisions of this chapter;

18 (~~(16)~~) (15) "Developmental disabilities professional" means a
19 person who has specialized training and three years of experience in
20 directly treating or working with persons with developmental
21 disabilities and is a psychiatrist, physician assistant working with
22 a supervising psychiatrist, psychologist, psychiatric advanced
23 registered nurse practitioner, or social worker, and such other
24 developmental disabilities professionals as may be defined by rules
25 adopted by the secretary of the department of social and health
26 services;

27 (~~(17)~~) (16) "Developmental disability" means that condition
28 defined in RCW 71A.10.020(5);

29 (~~(18)~~) (17) "Director" means the director of the authority;

30 (~~(19)~~) (18) "Discharge" means the termination of hospital
31 medical authority. The commitment may remain in place, be terminated,
32 or be amended by court order;

33 (~~(20)~~) (19) "Drug addiction" means a disease, characterized by
34 a dependency on psychoactive chemicals, loss of control over the
35 amount and circumstances of use, symptoms of tolerance, physiological
36 or psychological withdrawal, or both, if use is reduced or
37 discontinued, and impairment of health or disruption of social or
38 economic functioning;

39 (~~(21)~~) (20) "Evaluation and treatment facility" means any
40 facility which can provide directly, or by direct arrangement with

1 other public or private agencies, emergency evaluation and treatment,
2 outpatient care, and timely and appropriate inpatient care to persons
3 suffering from a mental disorder, and which is licensed or certified
4 as such by the department. The authority may certify single beds as
5 temporary evaluation and treatment beds under RCW 71.05.745. A
6 physically separate and separately operated portion of a state
7 hospital may be designated as an evaluation and treatment facility. A
8 facility which is part of, or operated by, the department of social
9 and health services or any federal agency will not require
10 certification. No correctional institution or facility, or jail,
11 shall be an evaluation and treatment facility within the meaning of
12 this chapter;

13 ~~((22))~~ (21) "Gravely disabled" means a condition in which a
14 person, as a result of a mental disorder, or as a result of the use
15 of alcohol or other psychoactive chemicals: (a) Is in danger of
16 serious physical harm resulting from a failure to provide for his or
17 her essential human needs of health or safety; or (b) manifests
18 severe deterioration in routine functioning evidenced by repeated and
19 escalating loss of cognitive or volitional control over his or her
20 actions and is not receiving such care as is essential for his or her
21 health or safety;

22 ~~((23))~~ (22) "Habilitative services" means those services
23 provided by program personnel to assist persons in acquiring and
24 maintaining life skills and in raising their levels of physical,
25 mental, social, and vocational functioning. Habilitative services
26 include education, training for employment, and therapy. The
27 habilitative process shall be undertaken with recognition of the risk
28 to the public safety presented by the person being assisted as
29 manifested by prior charged criminal conduct;

30 ~~((24))~~ (23) "Hearing" means any proceeding conducted in open
31 court. For purposes of this chapter, at any hearing the petitioner,
32 the respondent, the witnesses, and the presiding judicial officer may
33 be present and participate either in person or by video, as
34 determined by the court. The term "video" as used herein shall
35 include any functional equivalent. At any hearing conducted by video,
36 the technology used must permit the judicial officer, counsel, all
37 parties, and the witnesses to be able to see, hear, and speak, when
38 authorized, during the hearing; to allow attorneys to use exhibits or
39 other materials during the hearing; and to allow respondent's counsel
40 to be in the same location as the respondent unless otherwise

1 requested by the respondent or the respondent's counsel. Witnesses in
2 a proceeding may also appear in court through other means, including
3 telephonically, pursuant to the requirements of superior court civil
4 rule 43. Notwithstanding the foregoing, the court, upon its own
5 motion or upon a motion for good cause by any party, may require all
6 parties and witnesses to participate in the hearing in person rather
7 than by video. In ruling on any such motion, the court may allow in-
8 person or video testimony; and the court may consider, among other
9 things, whether the respondent's alleged mental illness affects the
10 respondent's ability to perceive or participate in the proceeding by
11 video;

12 ~~((25))~~ (24) "History of one or more violent acts" refers to the
13 period of time ten years prior to the filing of a petition under this
14 chapter, excluding any time spent, but not any violent acts
15 committed, in a mental health facility, a long-term alcoholism or
16 drug treatment facility, or in confinement as a result of a criminal
17 conviction;

18 ~~((26))~~ (25) "Imminent" means the state or condition of being
19 likely to occur at any moment or near at hand, rather than distant or
20 remote;

21 ~~((27))~~ (26) "Individualized service plan" means a plan prepared
22 by a developmental disabilities professional with other professionals
23 as a team, for a person with developmental disabilities, which shall
24 state:

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

27 (b) The conditions and strategies necessary to achieve the
28 purposes of habilitation;

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

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

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

34 (f) Where relevant in light of past criminal behavior and due
35 consideration for public safety, the criteria for proposed movement
36 to less-restrictive settings, criteria for proposed eventual
37 discharge or release, and a projected possible date for discharge or
38 release; and

39 (g) The type of residence immediately anticipated for the person
40 and possible future types of residences;

1 (~~(28)~~) (27) "Information related to mental health services"
2 means all information and records compiled, obtained, or maintained
3 in the course of providing services to either voluntary or
4 involuntary recipients of services by a mental health service
5 provider. This may include documents of legal proceedings under this
6 chapter or chapter 71.34 or 10.77 RCW, or somatic health care
7 information;

8 (~~(29)~~) (28) "Intoxicated person" means a person whose mental or
9 physical functioning is substantially impaired as a result of the use
10 of alcohol or other psychoactive chemicals;

11 (~~(30)~~) (29) "In need of assisted outpatient behavioral health
12 treatment" means that a person, as a result of a mental disorder or
13 substance use disorder: (a) Has been committed by a court to
14 detention for involuntary behavioral health treatment during the
15 preceding thirty-six months; (b) is unlikely to voluntarily
16 participate in outpatient treatment without an order for less
17 restrictive alternative treatment, based on a history of nonadherence
18 with treatment or in view of the person's current behavior; (c) is
19 likely to benefit from less restrictive alternative treatment; and
20 (d) requires less restrictive alternative treatment to prevent a
21 relapse, decompensation, or deterioration that is likely to result in
22 the person presenting a likelihood of serious harm or the person
23 becoming gravely disabled within a reasonably short period of time;

24 (~~(31)~~) (30) "Judicial commitment" means a commitment by a court
25 pursuant to the provisions of this chapter;

26 (~~(32)~~) (31) "Legal counsel" means attorneys and staff employed
27 by county prosecutor offices or the state attorney general acting in
28 their capacity as legal representatives of public mental health and
29 substance use disorder service providers under RCW 71.05.130;

30 (~~(33)~~) (32) "Less restrictive alternative treatment" means a
31 program of individualized treatment in a less restrictive setting
32 than inpatient treatment that includes the services described in RCW
33 71.05.585;

34 (~~(34)~~) (33) "Licensed physician" means a person licensed to
35 practice medicine or osteopathic medicine and surgery in the state of
36 Washington;

37 (~~(35)~~) (34) "Likelihood of serious harm" means:

38 (a) A substantial risk that: (i) Physical harm will be inflicted
39 by a person upon his or her own person, as evidenced by threats or
40 attempts to commit suicide or inflict physical harm on oneself; (ii)

1 physical harm will be inflicted by a person upon another, as
2 evidenced by behavior which has caused such harm or which places
3 another person or persons in reasonable fear of sustaining such harm;
4 or (iii) physical harm will be inflicted by a person upon the
5 property of others, as evidenced by behavior which has caused
6 substantial loss or damage to the property of others; or

7 (b) The person has threatened the physical safety of another and
8 has a history of one or more violent acts;

9 ~~((36))~~ (35) "Medical clearance" means a physician or other
10 health care provider has determined that a person is medically stable
11 and ready for referral to the designated crisis responder;

12 ~~((37))~~ (36) "Mental disorder" means any organic, mental, or
13 emotional impairment which has substantial adverse effects on a
14 person's cognitive or volitional functions;

15 ~~((38))~~ (37) "Mental health professional" means a psychiatrist,
16 psychologist, physician assistant working with a supervising
17 psychiatrist, psychiatric advanced registered nurse practitioner,
18 psychiatric nurse, or social worker, and such other mental health
19 professionals as may be defined by rules adopted by the secretary
20 pursuant to the provisions of this chapter;

21 ~~((39))~~ (38) "Mental health service provider" means a public or
22 private agency that provides mental health services to persons with
23 mental disorders or substance use disorders as defined under this
24 section and receives funding from public sources. This includes, but
25 is not limited to, hospitals licensed under chapter 70.41 RCW,
26 evaluation and treatment facilities as defined in this section,
27 community mental health service delivery systems or community
28 behavioral health programs as defined in RCW 71.24.025, facilities
29 conducting competency evaluations and restoration under chapter 10.77
30 RCW, approved substance use disorder treatment programs as defined in
31 this section, secure detoxification facilities as defined in this
32 section, and correctional facilities operated by state and local
33 governments;

34 ~~((40))~~ (39) "Peace officer" means a law enforcement official of
35 a public agency or governmental unit, and includes persons
36 specifically given peace officer powers by any state law, local
37 ordinance, or judicial order of appointment;

38 ~~((41))~~ (40) "Physician assistant" means a person licensed as a
39 physician assistant under chapter 18.57A or 18.71A RCW;

1 ~~((42))~~ (41) "Private agency" means any person, partnership,
2 corporation, or association that is not a public agency, whether or
3 not financed in whole or in part by public funds, which constitutes
4 an evaluation and treatment facility or private institution, or
5 hospital, or approved substance use disorder treatment program, which
6 is conducted for, or includes a department or ward conducted for, the
7 care and treatment of persons with mental illness, substance use
8 disorders, or both mental illness and substance use disorders;

9 ~~((43))~~ (42) "Professional person" means a mental health
10 professional, chemical dependency professional, or designated crisis
11 responder and shall also mean a physician, physician assistant,
12 psychiatric advanced registered nurse practitioner, registered nurse,
13 and such others as may be defined by rules adopted by the secretary
14 pursuant to the provisions of this chapter;

15 ~~((44))~~ (43) "Psychiatric advanced registered nurse
16 practitioner" means a person who is licensed as an advanced
17 registered nurse practitioner pursuant to chapter 18.79 RCW; and who
18 is board certified in advanced practice psychiatric and mental health
19 nursing;

20 ~~((45))~~ (44) "Psychiatrist" means a person having a license as a
21 physician and surgeon in this state who has in addition completed
22 three years of graduate training in psychiatry in a program approved
23 by the American medical association or the American osteopathic
24 association and is certified or eligible to be certified by the
25 American board of psychiatry and neurology;

26 ~~((46))~~ (45) "Psychologist" means a person who has been licensed
27 as a psychologist pursuant to chapter 18.83 RCW;

28 ~~((47))~~ (46) "Public agency" means any evaluation and treatment
29 facility or institution, secure detoxification facility, approved
30 substance use disorder treatment program, or hospital which is
31 conducted for, or includes a department or ward conducted for, the
32 care and treatment of persons with mental illness, substance use
33 disorders, or both mental illness and substance use disorders, if the
34 agency is operated directly by federal, state, county, or municipal
35 government, or a combination of such governments;

36 ~~((48))~~ (47) "Release" means legal termination of the commitment
37 under the provisions of this chapter;

38 ~~((49))~~ (48) "Resource management services" has the meaning
39 given in chapter 71.24 RCW;

1 (~~(50)~~) (49) "Secretary" means the secretary of the department
2 of health, or his or her designee;

3 (~~(51)~~) (50) "Secure detoxification facility" means a facility
4 operated by either a public or private agency or by the program of an
5 agency that:

6 (a) Provides for intoxicated persons:

7 (i) Evaluation and assessment, provided by certified chemical
8 dependency professionals;

9 (ii) Acute or subacute detoxification services; and

10 (iii) Discharge assistance provided by certified chemical
11 dependency professionals, including facilitating transitions to
12 appropriate voluntary or involuntary inpatient services or to less
13 restrictive alternatives as appropriate for the individual;

14 (b) Includes security measures sufficient to protect the
15 patients, staff, and community; and

16 (c) Is licensed or certified as such by the department of health;

17 (~~(52)~~) (51) "Serious violent offense" has the same meaning as
18 provided in RCW 9.94A.030;

19 (~~(53)~~) (52) "Social worker" means a person with a master's or
20 further advanced degree from a social work educational program
21 accredited and approved as provided in RCW 18.320.010;

22 (~~(54)~~) (53) "Substance use disorder" means a cluster of
23 cognitive, behavioral, and physiological symptoms indicating that an
24 individual continues using the substance despite significant
25 substance-related problems. The diagnosis of a substance use disorder
26 is based on a pathological pattern of behaviors related to the use of
27 the substances;

28 (~~(55)~~) (54) "Therapeutic court personnel" means the staff of a
29 mental health court or other therapeutic court which has jurisdiction
30 over defendants who are dually diagnosed with mental disorders,
31 including court personnel, probation officers, a court monitor,
32 prosecuting attorney, or defense counsel acting within the scope of
33 therapeutic court duties;

34 (~~(56)~~) (55) "Treatment records" include registration and all
35 other records concerning persons who are receiving or who at any time
36 have received services for mental illness, which are maintained by
37 the department of social and health services, the department, the
38 authority, behavioral health administrative services organizations
39 and their staffs, managed care organizations and their staffs, and by
40 treatment facilities. Treatment records include mental health

1 information contained in a medical bill including but not limited to
2 mental health drugs, a mental health diagnosis, provider name, and
3 dates of service stemming from a medical service. Treatment records
4 do not include notes or records maintained for personal use by a
5 person providing treatment services for the department of social and
6 health services, the department, the authority, behavioral health
7 administrative services organizations, managed care organizations, or
8 a treatment facility if the notes or records are not available to
9 others;

10 ((+57)) (56) "Triage facility" means a short-term facility or a
11 portion of a facility licensed or certified by the department (~~under~~
12 ~~RCW 71.24.035~~), which is designed as a facility to assess and
13 stabilize an individual or determine the need for involuntary
14 commitment of an individual, and must meet department residential
15 treatment facility standards. A triage facility may be structured as
16 a voluntary or involuntary placement facility;

17 ((+58)) (57) "Violent act" means behavior that resulted in
18 homicide, attempted suicide, nonfatal injuries, or substantial damage
19 to property.

20 **Sec. 3002.** RCW 71.05.025 and 2016 sp.s. c 29 s 205 are each
21 amended to read as follows:

22 The legislature intends that the procedures and services
23 authorized in this chapter be integrated with those in chapter 71.24
24 RCW to the maximum extent necessary to assure a continuum of care to
25 persons with mental illness or who have mental disorders or substance
26 use disorders, as defined in either or both this chapter and chapter
27 71.24 RCW. To this end, behavioral health administrative services
28 organizations established in accordance with chapter 71.24 RCW shall
29 institute procedures which require timely consultation with resource
30 management services by designated crisis responders, managed care
31 organizations, evaluation and treatment facilities, secure
32 detoxification facilities, and approved substance use disorder
33 treatment programs to assure that determinations to admit, detain,
34 commit, treat, discharge, or release persons with mental disorders or
35 substance use disorders under this chapter are made only after
36 appropriate information regarding such person's treatment history and
37 current treatment plan has been sought from resource management
38 services.

1 **Sec. 3003.** RCW 71.05.026 and 2018 c 201 s 3002 are each amended
2 to read as follows:

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

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

18 (3) This section applies to counties, behavioral health
19 administrative services organizations, managed care organizations,
20 and entities which contract to provide behavioral health
21 ~~((organization))~~ services and their subcontractors, agents, or
22 employees.

23 **Sec. 3004.** RCW 71.05.027 and 2018 c 201 s 3003 are each amended
24 to read as follows:

25 ~~((1) Not later than January 1, 2007,))~~ All persons providing
26 treatment under this chapter shall also ((implement the)) provide an
27 integrated comprehensive screening and assessment process for
28 ~~((chemical dependency))~~ substance use disorders and mental disorders
29 adopted pursuant to RCW 71.24.630 ~~((and shall document the numbers of~~
30 ~~clients with co-occurring mental and substance abuse disorders based~~
31 ~~on a quadrant system of low and high needs))~~.

32 ~~((2) Treatment providers and behavioral health organizations who~~
33 ~~fail to implement the integrated comprehensive screening and~~
34 ~~assessment process for chemical dependency and mental disorders by~~
35 ~~July 1, 2007, shall be subject to contractual penalties established~~
36 ~~under RCW 71.24.630.))~~

37 **Sec. 3005.** RCW 71.05.110 and 2014 c 225 s 83 are each amended to
38 read as follows:

1 Attorneys appointed for persons pursuant to this chapter shall be
2 compensated for their services as follows: (1) The person for whom an
3 attorney is appointed shall, if he or she is financially able
4 pursuant to standards as to financial capability and indigency set by
5 the superior court of the county in which the proceeding is held,
6 bear the costs of such legal services; (2) if such person is indigent
7 pursuant to such standards, the behavioral health administrative
8 services organization shall reimburse the county in which the
9 proceeding is held for the direct costs of such legal services, as
10 provided in RCW 71.05.730.

11 **Sec. 3006.** RCW 71.05.203 and 2018 c 201 s 3006 are each amended
12 to read as follows:

13 (1) The authority and each behavioral health administrative
14 services organization or agency employing designated crisis
15 responders shall publish information in an easily accessible format
16 describing the process for an immediate family member, guardian, or
17 conservator to petition for court review of a detention decision
18 under RCW 71.05.201.

19 (2) A designated crisis responder or designated crisis responder
20 agency that receives a request for investigation for possible
21 detention under this chapter must inquire whether the request comes
22 from an immediate family member, guardian, or conservator who would
23 be eligible to petition under RCW 71.05.201. If the designated crisis
24 responder decides not to detain the person for evaluation and
25 treatment under RCW 71.05.150 or 71.05.153 or forty-eight hours have
26 elapsed since the request for investigation was received and the
27 designated crisis responder has not taken action to have the person
28 detained, the designated crisis responder or designated crisis
29 responder agency must inform the immediate family member, guardian,
30 or conservator who made the request for investigation about the
31 process to petition for court review under RCW 71.05.201 and, to the
32 extent feasible, provide the immediate family member, guardian, or
33 conservator with written or electronic information about the petition
34 process. If provision of written or electronic information is not
35 feasible, the designated crisis responder or designated crisis
36 responder agency must refer the immediate family member, guardian, or
37 conservator to a web site where published information on the petition
38 process may be accessed. The designated crisis responder or
39 designated crisis responder agency must document the manner and date

1 on which the information required under this subsection was provided
2 to the immediate family member, guardian, or conservator.

3 (3) A designated crisis responder or designated crisis responder
4 agency must, upon request, disclose the date of a designated crisis
5 responder investigation under this chapter to an immediate family
6 member, guardian, or conservator of a person to assist in the
7 preparation of a petition under RCW 71.05.201.

8 **Sec. 3007.** RCW 71.05.300 and 2017 3rd sp.s. c 14 s 19 are each
9 amended to read as follows:

10 (1) The petition for ninety day treatment shall be filed with the
11 clerk of the superior court at least three days before expiration of
12 the fourteen-day period of intensive treatment. At the time of filing
13 such petition, the clerk shall set a time for the person to come
14 before the court on the next judicial day after the day of filing
15 unless such appearance is waived by the person's attorney, and the
16 clerk shall notify the designated crisis responder. The designated
17 crisis responder shall immediately notify the person detained, his or
18 her attorney, if any, and his or her guardian or conservator, if any,
19 the prosecuting attorney, and the behavioral health administrative
20 services organization administrator, and provide a copy of the
21 petition to such persons as soon as possible. The behavioral health
22 administrative services organization administrator or designee may
23 review the petition and may appear and testify at the full hearing on
24 the petition.

25 (2) At the time set for appearance the detained person shall be
26 brought before the court, unless such appearance has been waived and
27 the court shall advise him or her of his or her right to be
28 represented by an attorney, his or her right to a jury trial, and, if
29 the petition is for commitment for mental health treatment, his or
30 her loss of firearm rights if involuntarily committed. If the
31 detained person is not represented by an attorney, or is indigent or
32 is unwilling to retain an attorney, the court shall immediately
33 appoint an attorney to represent him or her. The court shall, if
34 requested, appoint a reasonably available licensed physician,
35 physician assistant, psychiatric advanced registered nurse
36 practitioner, psychologist, psychiatrist, or other professional
37 person, designated by the detained person to examine and testify on
38 behalf of the detained person.

1 (3) The court may, if requested, also appoint a professional
2 person as defined in RCW 71.05.020 to seek less restrictive
3 alternative courses of treatment and to testify on behalf of the
4 detained person. In the case of a person with a developmental
5 disability who has been determined to be incompetent pursuant to RCW
6 10.77.086(4), then the appointed professional person under this
7 section shall be a developmental disabilities professional.

8 (4) The court shall also set a date for a full hearing on the
9 petition as provided in RCW 71.05.310.

10 **Sec. 3008.** RCW 71.05.365 and 2016 sp.s. c 37 s 15 are each
11 amended to read as follows:

12 When a person has been involuntarily committed for treatment to a
13 hospital for a period of ninety or one hundred eighty days, and the
14 superintendent or professional person in charge of the hospital
15 determines that the person no longer requires active psychiatric
16 treatment at an inpatient level of care, the behavioral health
17 administrative services organization, (~~full integration entity under~~
18 ~~RCW 71.24.380~~) managed care organization, or agency providing
19 oversight of long-term care or developmental disability services that
20 is responsible for resource management services for the person must
21 work with the hospital to develop an individualized discharge plan
22 and arrange for a transition to the community in accordance with the
23 person's individualized discharge plan within fourteen days of the
24 determination.

25 **Sec. 3009.** RCW 71.05.445 and 2018 c 201 s 3021 are each amended
26 to read as follows:

27 (1)(a) When a mental health service provider conducts its initial
28 assessment for a person receiving court-ordered treatment, the
29 service provider shall inquire and shall be told by the offender
30 whether he or she is subject to supervision by the department of
31 corrections.

32 (b) When a person receiving court-ordered treatment or treatment
33 ordered by the department of corrections discloses to his or her
34 mental health service provider that he or she is subject to
35 supervision by the department of corrections, the mental health
36 service provider shall notify the department of corrections that he
37 or she is treating the offender and shall notify the offender that
38 his or her community corrections officer will be notified of the

1 treatment, provided that if the offender has received relief from
2 disclosure pursuant to RCW 9.94A.562 or 71.05.132 and the offender
3 has provided the mental health service provider with a copy of the
4 order granting relief from disclosure pursuant to RCW 9.94A.562 or
5 71.05.132, the mental health service provider is not required to
6 notify the department of corrections that the mental health service
7 provider is treating the offender. The notification may be written or
8 oral and shall not require the consent of the offender. If an oral
9 notification is made, it must be confirmed by a written notification.
10 For purposes of this section, a written notification includes
11 notification by email or facsimile, so long as the notifying mental
12 health service provider is clearly identified.

13 (2) The information to be released to the department of
14 corrections shall include all relevant records and reports, as
15 defined by rule, necessary for the department of corrections to carry
16 out its duties.

17 (3) The authority and the department of corrections, in
18 consultation with behavioral health administrative services
19 organizations, managed care organizations, mental health service
20 providers as defined in RCW 71.05.020, mental health consumers, and
21 advocates for persons with mental illness, shall adopt rules to
22 implement the provisions of this section related to the type and
23 scope of information to be released. These rules shall:

24 (a) Enhance and facilitate the ability of the department of
25 corrections to carry out its responsibility of planning and ensuring
26 community protection with respect to persons subject to sentencing
27 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
28 disclosing information of persons who received mental health services
29 as a minor; and

30 (b) Establish requirements for the notification of persons under
31 the supervision of the department of corrections regarding the
32 provisions of this section.

33 (4) The information received by the department of corrections
34 under this section shall remain confidential and subject to the
35 limitations on disclosure outlined in this chapter, except as
36 provided in RCW 72.09.585.

37 (5) No mental health service provider or individual employed by a
38 mental health service provider shall be held responsible for
39 information released to or used by the department of corrections

1 under the provisions of this section or rules adopted under this
2 section.

3 (6) Whenever federal law or federal regulations restrict the
4 release of information and records related to mental health services
5 for any patient who receives treatment for alcoholism or drug
6 dependency, the release of the information may be restricted as
7 necessary to comply with federal law and regulations.

8 (7) This section does not modify the terms and conditions of
9 disclosure of information related to sexually transmitted diseases
10 under chapter 70.24 RCW.

11 (8) The authority shall, subject to available resources,
12 electronically, or by the most cost-effective means available,
13 provide the department of corrections with the names, last dates of
14 services, and addresses of specific behavioral health administrative
15 services organizations, managed care organizations, and mental health
16 service providers that delivered mental health services to a person
17 subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between
18 the authority and the department of corrections.

19 **Sec. 3010.** RCW 71.05.458 and 2016 c 158 s 5 are each amended to
20 read as follows:

21 As soon as possible, but no later than twenty-four hours from
22 receiving a referral from a law enforcement officer or law
23 enforcement agency, excluding Saturdays, Sundays, and holidays, a
24 mental health professional contacted by the designated (~~mental~~
25 ~~health professional~~) crisis responder agency must attempt to contact
26 the referred person to determine whether additional mental health
27 intervention is necessary, including, if needed, an assessment by a
28 designated (~~mental health professional~~) crisis responder for
29 initial detention under RCW 71.05.150 or 71.05.153. Documentation of
30 the mental health professional's attempt to contact and assess the
31 person must be maintained by the designated (~~mental health~~
32 ~~professional~~) crisis responder agency.

33 **Sec. 3011.** RCW 71.05.730 and 2015 c 250 s 15 are each amended to
34 read as follows:

35 (1) A county may apply to its behavioral health administrative
36 services organization on a quarterly basis for reimbursement of its
37 direct costs in providing judicial services for civil commitment
38 cases under this chapter and chapter 71.34 RCW. The behavioral health

1 administrative services organization shall in turn be entitled to
2 reimbursement from the behavioral health administrative services
3 organization that serves the county of residence of the individual
4 who is the subject of the civil commitment case. (~~Reimbursements~~
5 ~~under this section shall be paid out of the behavioral health~~
6 ~~organization's nonmedicaid appropriation.~~)

7 (2) Reimbursement for judicial services shall be provided per
8 civil commitment case at a rate to be determined based on an
9 independent assessment of the county's actual direct costs. This
10 assessment must be based on an average of the expenditures for
11 judicial services within the county over the past three years. In the
12 event that a baseline cannot be established because there is no
13 significant history of similar cases within the county, the
14 reimbursement rate shall be equal to eighty percent of the median
15 reimbursement rate of counties included in the independent
16 assessment.

17 (3) For the purposes of this section:

18 (a) "Civil commitment case" includes all judicial hearings
19 related to a single episode of hospitalization or less restrictive
20 alternative treatment, except that the filing of a petition for a one
21 hundred eighty-day commitment under this chapter or a petition for a
22 successive one hundred eighty-day commitment under chapter 71.34 RCW
23 shall be considered to be a new case regardless of whether there has
24 been a break in detention. "Civil commitment case" does not include
25 the filing of a petition for a one hundred eighty-day commitment
26 under this chapter on behalf of a patient at a state psychiatric
27 hospital.

28 (b) "Judicial services" means a county's reasonable direct costs
29 in providing prosecutor services, assigned counsel and defense
30 services, court services, and court clerk services for civil
31 commitment cases under this chapter and chapter 71.34 RCW.

32 (4) To the extent that resources have a shared purpose, the
33 behavioral health administrative services organization may only
34 reimburse counties to the extent such resources are necessary for and
35 devoted to judicial services as described in this section.

36 (5) No filing fee may be charged or collected for any civil
37 commitment case subject to reimbursement under this section.

38 **Sec. 3012.** RCW 71.05.740 and 2018 c 201 s 3031 are each amended
39 to read as follows:

1 All behavioral health administrative services organizations in
2 the state of Washington must forward historical mental health
3 involuntary commitment information retained by the organization,
4 including identifying information and dates of commitment to the
5 authority. As soon as feasible, the behavioral health administrative
6 services organizations must arrange to report new commitment data to
7 the authority within twenty-four hours. Commitment information under
8 this section does not need to be resent if it is already in the
9 possession of the authority. Behavioral health administrative
10 services organizations and the authority shall be immune from
11 liability related to the sharing of commitment information under this
12 section.

13 **Sec. 3013.** RCW 71.05.750 and 2018 c 201 s 3033 are each amended
14 to read as follows:

15 (1) A designated crisis responder shall make a report to the
16 authority when he or she determines a person meets detention criteria
17 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are
18 not any beds available at an evaluation and treatment facility, the
19 person has not been provisionally accepted for admission by a
20 facility, and the person cannot be served on a single bed
21 certification or less restrictive alternative. Starting at the time
22 when the designated crisis responder determines a person meets
23 detention criteria and the investigation has been completed, the
24 designated crisis responder has twenty-four hours to submit a
25 completed report to the authority.

26 (2) The report required under subsection (1) of this section must
27 contain at a minimum:

28 (a) The date and time that the investigation was completed;

29 (b) The identity of the responsible behavioral health
30 administrative services organization and managed care organization,
31 if applicable;

32 (c) The county in which the person met detention criteria;

33 (d) A list of facilities which refused to admit the person; and

34 (e) Identifying information for the person, including age or date
35 of birth.

36 (3) The authority shall develop a standardized reporting form or
37 modify the current form used for single bed certifications for the
38 report required under subsection (2) of this section and may require
39 additional reporting elements as it determines are necessary or

1 supportive. The authority shall also determine the method for the
2 transmission of the completed report from the designated crisis
3 responder to the authority.

4 (4) The authority shall create quarterly reports displayed on its
5 web site that summarize the information reported under subsection (2)
6 of this section. At a minimum, the reports must display data by
7 county and by month. The reports must also include the number of
8 single bed certifications granted by category. The categories must
9 include all of the reasons that the authority recognizes for issuing
10 a single bed certification, as identified in rule.

11 (5) The reports provided according to this section may not
12 display "protected health information" as that term is used in the
13 federal health insurance portability and accountability act of 1996,
14 nor information contained in "mental health treatment records" as
15 that term is used in chapter 70.02 RCW or elsewhere in state law, and
16 must otherwise be compliant with state and federal privacy laws.

17 (6) For purposes of this section, the term "single bed
18 certification" means a situation in which an adult on a seventy-two
19 hour detention, fourteen-day commitment, ninety-day commitment, or
20 one hundred eighty-day commitment is detained to a facility that is:

21 (a) Not licensed or certified as an inpatient evaluation and
22 treatment facility; or

23 (b) A licensed or certified inpatient evaluation and treatment
24 facility that is already at capacity.

25 **Sec. 3014.** RCW 71.05.755 and 2018 c 201 s 3034 are each amended
26 to read as follows:

27 (1) The authority shall promptly share reports it receives under
28 RCW 71.05.750 with the responsible (~~((regional support network or))~~)
29 behavioral health administrative services organization or managed
30 care organization, if applicable. The (~~((regional support network or))~~)
31 behavioral health administrative services organization or managed
32 care organization, if applicable, receiving this notification must
33 attempt to engage the person in appropriate services for which the
34 person is eligible and report back within seven days to the
35 authority.

36 (2) The authority shall track and analyze reports submitted under
37 RCW 71.05.750. The authority must initiate corrective action when
38 appropriate to ensure that each (~~((regional support network or))~~)
39 behavioral health administrative services organization or managed

1 care organization, if applicable, has implemented an adequate plan to
2 provide evaluation and treatment services. Corrective actions may
3 include remedies under (~~RCW 71.24.330 and 74.09.871, including~~
4 ~~requiring expenditure of reserve funds~~) the authority's contract
5 with such entity. An adequate plan may include development of less
6 restrictive alternatives to involuntary commitment such as crisis
7 triage, crisis diversion, voluntary treatment, or prevention programs
8 reasonably calculated to reduce demand for evaluation and treatment
9 under this chapter.

10 **Sec. 3015.** RCW 71.05.760 and 2018 c 201 s 3035 are each amended
11 to read as follows:

12 (1) (a) (~~By April 1, 2018, the authority, by rule, must combine~~
13 ~~the functions of a designated mental health professional and~~
14 ~~designated chemical dependency specialist by establishing a~~
15 ~~designated crisis responder who is authorized to conduct~~
16 ~~investigations, detain persons up to seventy-two hours to the proper~~
17 ~~facility, and carry out the other functions identified in this~~
18 ~~chapter and chapter 71.34 RCW.)) The (~~behavioral health~~
19 ~~organizations~~) authority or its designee shall provide training to
20 the designated crisis responders (~~as required by the authority~~).~~

21 (b) (i) To qualify as a designated crisis responder, a person must
22 have received (~~chemical dependency~~) substance use disorder training
23 as determined by the (~~department~~) authority and be a:

24 (A) Psychiatrist, psychologist, physician assistant working with
25 a supervising psychiatrist, psychiatric advanced registered nurse
26 practitioner, or social worker;

27 (B) Person who is licensed by the department as a mental health
28 counselor or mental health counselor associate, or marriage and
29 family therapist or marriage and family therapist associate;

30 (C) Person with a master's degree or further advanced degree in
31 counseling or one of the social sciences from an accredited college
32 or university and who have, in addition, at least two years of
33 experience in direct treatment of persons with mental illness or
34 emotional disturbance, such experience gained under the direction of
35 a mental health professional;

36 (D) Person who meets the waiver criteria of RCW 71.24.260, which
37 waiver was granted before 1986;

38 (E) Person who had an approved waiver to perform the duties of a
39 mental health professional that was requested by the regional support

1 network and granted by the department of social and health services
2 before July 1, 2001; or

3 (F) Person who has been granted an exception of the minimum
4 requirements of a mental health professional by the department
5 consistent with rules adopted by the secretary.

6 (ii) Training must include (~~chemical dependency~~) training
7 specific to the duties of a designated crisis responder, including
8 diagnosis of substance abuse and dependence and assessment of risk
9 associated with substance use.

10 (~~(c) The authority must develop a transition process for any
11 person who has been designated as a designated mental health
12 professional or a designated chemical dependency specialist before
13 April 1, 2018, to be converted to a designated crisis responder. The
14 behavioral health organizations shall provide training, as required
15 by the authority, to persons converting to designated crisis
16 responders, which must include both mental health and chemical
17 dependency training applicable to the designated crisis responder
18 role.~~)

19 (2) (a) The authority must ensure that at least one sixteen-bed
20 secure detoxification facility is operational by April 1, 2018, and
21 that at least two sixteen-bed secure detoxification facilities are
22 operational by April 1, 2019.

23 (b) If, at any time during the implementation of secure
24 detoxification facility capacity, federal funding becomes unavailable
25 for federal match for services provided in secure detoxification
26 facilities, then the authority must cease any expansion of secure
27 detoxification facilities until further direction is provided by the
28 legislature.

29 **PART 4**

30 **Sec. 4001.** RCW 74.09.337 and 2017 c 226 s 4 are each amended to
31 read as follows:

32 (1) For children who are eligible for medical assistance and who
33 have been identified as requiring mental health treatment, the
34 authority must oversee the coordination of resources and services
35 through (a) the managed health care system as defined in RCW
36 74.09.325 and (b) tribal organizations providing health care
37 services. The authority must ensure the child receives treatment and
38 appropriate care based on their assessed needs, regardless of whether

1 the referral occurred through primary care, school-based services, or
2 another practitioner.

3 (2) The authority must require each managed health care system as
4 defined in RCW 74.09.325 (~~and each behavioral health organization~~)
5 to develop and maintain adequate capacity to facilitate child mental
6 health treatment services in the community (~~or transfers to a~~
7 ~~behavioral health organization, depending on the level of required~~
8 ~~care~~). Managed health care systems (~~and behavioral health~~
9 ~~organizations~~) must:

10 (a) Follow up with individuals to ensure an appointment has been
11 secured;

12 (b) Coordinate with and report back to primary care provider
13 offices on individual treatment plans and medication management, in
14 accordance with patient confidentiality laws;

15 (c) Provide information to health plan members and primary care
16 providers about the behavioral health resource line available twenty-
17 four hours a day, seven days a week; and

18 (d) Maintain an accurate list of providers contracted to provide
19 mental health services to children and youth. The list must contain
20 current information regarding the providers' availability to provide
21 services. The current list must be made available to health plan
22 members and primary care providers.

23 (3) This section expires June 30, 2020.

24 **Sec. 4002.** RCW 74.09.495 and 2018 c 175 s 3 are each amended to
25 read as follows:

26 (1) To better assure and understand issues related to network
27 adequacy and access to services, the authority (~~and the department~~)
28 shall report to the appropriate committees of the legislature by
29 December 1, 2017, and annually thereafter, on the status of access to
30 behavioral health services for children (~~from~~) from birth through
31 age seventeen using data collected pursuant to RCW 70.320.050.

32 (2) At a minimum, the report must include the following
33 components broken down by age, gender, and race and ethnicity:

34 (a) The percentage of discharges for patients ages six through
35 seventeen who had a visit to the emergency room with a primary
36 diagnosis of mental health or alcohol or other drug dependence during
37 the measuring year and who had a follow-up visit with any provider
38 with a corresponding primary diagnosis of mental health or alcohol or
39 other drug dependence within thirty days of discharge;

1 (b) The percentage of health plan members with an identified
2 mental health need who received mental health services during the
3 reporting period;

4 (c) The percentage of children served by behavioral health
5 administrative services organizations and managed care organizations,
6 including the types of services provided;

7 (d) The number of children's mental health providers available in
8 the previous year, the languages spoken by those providers, and the
9 overall percentage of children's mental health providers who were
10 actively accepting new patients; and

11 (e) Data related to mental health and medical services for eating
12 disorder treatment in children and youth by county, including the
13 number of:

14 (i) Eating disorder diagnoses;

15 (ii) Patients treated in outpatient, residential, emergency, and
16 inpatient care settings; and

17 (iii) Contracted providers specializing in eating disorder
18 treatment and the overall percentage of those providers who were
19 actively accepting new patients during the reporting period.

20 **Sec. 4003.** RCW 74.09.515 and 2014 c 225 s 100 are each amended
21 to read as follows:

22 (1) The authority shall adopt rules and policies providing that
23 when youth who were enrolled in a medical assistance program
24 immediately prior to confinement are released from confinement, their
25 medical assistance coverage will be fully reinstated on the day of
26 their release, subject to any expedited review of their continued
27 eligibility for medical assistance coverage that is required under
28 federal or state law.

29 (2) The authority, in collaboration with the department, county
30 juvenile court administrators, managed care organizations, the
31 department of children, youth, and families, and behavioral health
32 administrative services organizations, shall establish procedures for
33 coordination (~~(between department)~~) among field offices, juvenile
34 rehabilitation (~~(administration)~~) institutions, and county juvenile
35 courts that result in prompt reinstatement of eligibility and speedy
36 eligibility determinations for youth who are likely to be eligible
37 for medical assistance services upon release from confinement.
38 Procedures developed under this subsection must address:

1 (a) Mechanisms for receiving medical assistance services'
2 applications on behalf of confined youth in anticipation of their
3 release from confinement;

4 (b) Expeditious review of applications filed by or on behalf of
5 confined youth and, to the extent practicable, completion of the
6 review before the youth is released; and

7 (c) Mechanisms for providing medical assistance services'
8 identity cards to youth eligible for medical assistance services
9 immediately upon their release from confinement.

10 (3) For purposes of this section, "confined" or "confinement"
11 means detained in a juvenile rehabilitation facility operated by or
12 under contract with the department of (~~social and health services,~~
13 ~~juvenile rehabilitation administration~~) children, youth, and
14 families, or detained in a juvenile detention facility operated under
15 chapter 13.04 RCW.

16 (4) The authority shall adopt standardized statewide screening
17 and application practices and forms designed to facilitate the
18 application of a confined youth who is likely to be eligible for a
19 medical assistance program.

20 **Sec. 4004.** RCW 74.09.522 and 2018 c 201 s 7017 are each amended
21 to read as follows:

22 (1) For the purposes of this section:

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

33 (b) "Nonparticipating provider" means a person, health care
34 provider, practitioner, facility, or entity, acting within their
35 scope of practice, that does not have a written contract to
36 participate in a managed health care system's provider network, but
37 provides health care services to enrollees of programs authorized
38 under this chapter or other applicable law whose health care services
39 are provided by the managed health care system.

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

5 (a) Agreements shall be made for at least thirty thousand
6 recipients statewide;

7 (b) Agreements in at least one county shall include enrollment of
8 all recipients of (~~temporary assistance for needy families~~)
9 programs as allowed for in the approved state plan amendment or
10 federal waiver for Washington state's medicaid program;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (i) Demonstrated commitment to or experience in serving low-
35 income populations;

36 (ii) Quality of services provided to enrollees;

37 (iii) Accessibility, including appropriate utilization, of
38 services offered to enrollees;

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

1 (v) Payment rates; and

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

6 (c) Consideration should be given to using multiple year
7 contracting periods.

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

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

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

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

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

36 (8) Managed health care system contracts effective on or after
37 April 1, 2016, shall serve geographic areas that correspond to the
38 regional service areas established in RCW 74.09.870.

39 (9) A managed health care system shall pay a nonparticipating
40 provider that provides a service covered under this chapter or other

1 applicable law to the system's enrollee no more than the lowest
2 amount paid for that service under the managed health care system's
3 contracts with similar providers in the state if the managed health
4 care system has made good faith efforts to contract with the
5 nonparticipating provider.

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

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

30 (12) Payments under RCW 74.60.130 are exempt from this section.

31 (13) Subsections (9) through (11) of this section expire July 1,
32 2021.

33 **Sec. 4005.** RCW 74.09.555 and 2014 c 225 s 102 are each amended
34 to read as follows:

35 (1) The authority shall adopt rules and policies providing that
36 when persons with a mental disorder, who were enrolled in medical
37 assistance immediately prior to confinement, are released from
38 confinement, their medical assistance coverage will be fully
39 reinstated on the day of their release, subject to any expedited

1 review of their continued eligibility for medical assistance coverage
2 that is required under federal or state law.

3 (2) The authority, in collaboration with the Washington
4 association of sheriffs and police chiefs, the department of
5 corrections, managed care organizations, and ~~((the))~~ behavioral
6 health administrative services organizations, shall establish
7 procedures for coordination between the authority and department
8 field offices, institutions for mental disease, and correctional
9 institutions, as defined in RCW 9.94.049, that result in prompt
10 reinstatement of eligibility and speedy eligibility determinations
11 for persons who are likely to be eligible for medical assistance
12 services upon release from confinement. Procedures developed under
13 this subsection must address:

14 (a) Mechanisms for receiving medical assistance services
15 applications on behalf of confined persons in anticipation of their
16 release from confinement;

17 (b) Expeditious review of applications filed by or on behalf of
18 confined persons and, to the extent practicable, completion of the
19 review before the person is released;

20 (c) Mechanisms for providing medical assistance services identity
21 cards to persons eligible for medical assistance services immediately
22 upon their release from confinement; and

23 (d) Coordination with the federal social security administration,
24 through interagency agreements or otherwise, to expedite processing
25 of applications for federal supplemental security income or social
26 security disability benefits, including federal acceptance of
27 applications on behalf of confined persons.

28 (3) Where medical or psychiatric examinations during a person's
29 confinement indicate that the person is disabled, the correctional
30 institution or institution for mental diseases shall provide the
31 authority with that information for purposes of making medical
32 assistance eligibility and enrollment determinations prior to the
33 person's release from confinement. The authority shall, to the
34 maximum extent permitted by federal law, use the examination in
35 making its determination whether the person is disabled and eligible
36 for medical assistance.

37 (4) For purposes of this section, "confined" or "confinement"
38 means incarcerated in a correctional institution, as defined in RCW
39 9.94.049, or admitted to an institute for mental disease, as defined
40 in 42 C.F.R. part 435, Sec. 1009 on July 24, 2005.

1 (5) For purposes of this section, "likely to be eligible" means
2 that a person:

3 (a) Was enrolled in medicaid or supplemental security income or
4 the medical care services program immediately before he or she was
5 confined and his or her enrollment was terminated during his or her
6 confinement; or

7 (b) Was enrolled in medicaid or supplemental security income or
8 the medical care services program at any time during the five years
9 before his or her confinement, and medical or psychiatric
10 examinations during the person's confinement indicate that the person
11 continues to be disabled and the disability is likely to last at
12 least twelve months following release.

13 (6) The economic services administration within the department
14 shall adopt standardized statewide screening and application
15 practices and forms designed to facilitate the application of a
16 confined person who is likely to be eligible for medicaid.

17 **Sec. 4006.** RCW 74.09.871 and 2018 c 201 s 2007 are each amended
18 to read as follows:

19 (1) Any agreement or contract by the authority to provide
20 behavioral health services as defined under RCW 71.24.025 to persons
21 eligible for benefits under medicaid, Title XIX of the social
22 security act, and to persons not eligible for medicaid must include
23 the following:

24 (a) Contractual provisions consistent with the intent expressed
25 in RCW 71.24.015(~~(7)~~) and 71.36.005(~~(7, and 70.96A.011)~~);

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

29 (c) Accountability for the client outcomes established in RCW
30 43.20A.895 (as recodified by this act), 70.320.020, and 71.36.025 and
31 performance measures linked to those outcomes;

32 (d) Standards requiring behavioral health administrative services
33 organizations and managed care organizations to maintain a network of
34 appropriate providers that is supported by written agreements
35 sufficient to provide adequate access to all services covered under
36 the contract with the authority and to protect essential (~~(existing)~~)
37 behavioral health system infrastructure and capacity, including a
38 continuum of (~~(chemical dependency)~~) substance use disorder services;

1 (e) Provisions to require that medically necessary (~~chemical~~
2 ~~dependency~~) substance use disorder and mental health treatment
3 services be available to clients;

4 (f) Standards requiring the use of behavioral health service
5 provider reimbursement methods that incentivize improved performance
6 with respect to the client outcomes established in RCW 43.20A.895 (as
7 recodified by this act) and 71.36.025, integration of behavioral
8 health and primary care services at the clinical level, and improved
9 care coordination for individuals with complex care needs;

10 (g) Standards related to the financial integrity of the
11 (~~responding organization. The authority shall adopt rules~~
12 ~~establishing the solvency requirements and other financial integrity~~
13 ~~standards for behavioral health organizations~~) contracting entity.
14 This subsection does not limit the authority of the authority to take
15 action under a contract upon finding that a (~~behavioral health~~
16 ~~organization's~~) contracting entity's financial status jeopardizes
17 the (~~organization's~~) contracting entity's ability to meet its
18 contractual obligations;

19 (h) Mechanisms for monitoring performance under the contract and
20 remedies for failure to substantially comply with the requirements of
21 the contract including, but not limited to, financial deductions,
22 termination of the contract, receivership, reprocurement of the
23 contract, and injunctive remedies;

24 (i) Provisions to maintain the decision-making independence of
25 designated (~~mental health professionals or designated chemical~~
26 ~~dependency specialists~~) crisis responders; and

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

31 (2) The following factors must be given significant weight in any
32 (~~purchasing~~) procurement process under this section:

33 (a) Demonstrated commitment and experience in serving low-income
34 populations;

35 (b) Demonstrated commitment and experience serving persons who
36 have mental illness, (~~chemical dependency~~) substance use disorders,
37 or co-occurring disorders;

38 (c) Demonstrated commitment to and experience with partnerships
39 with county and municipal criminal justice systems, housing services,
40 and other critical support services necessary to achieve the outcomes

1 established in RCW 43.20A.895 (as recodified by this act),
2 70.320.020, and 71.36.025;

3 (d) Recognition that meeting enrollees' physical and behavioral
4 health care needs is a shared responsibility of contracted behavioral
5 health administrative services organizations, managed (~~(health)~~) care
6 (~~(systems)~~) organizations, service providers, the state, and
7 communities;

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

11 (f) The ability to meet requirements established by the
12 authority.

13 (3) For purposes of purchasing behavioral health services and
14 medical care services for persons eligible for benefits under
15 medicaid, Title XIX of the social security act and for persons not
16 eligible for medicaid, the authority must use regional service areas.
17 The regional service areas must be established by the authority as
18 provided in RCW 74.09.870.

19 (4) Consideration must be given to using multiple-biennia
20 contracting periods.

21 (5) Each behavioral health administrative services organization
22 operating pursuant to a contract issued under this section shall
23 (~~(enroll)~~) serve clients within its regional service area who meet
24 the authority's eligibility criteria for mental health and (~~(chemical~~
25 ~~dependency)~~) substance use disorder services within available
26 resources.

27 **PART 5**

28 **Sec. 5001.** RCW 9.41.280 and 2016 sp.s. c 29 s 403 are each
29 amended to read as follows:

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

34 (a) Any firearm;

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

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

1 (d) Any device, commonly known as "throwing stars," which are
2 multipointed, metal objects designed to embed upon impact from any
3 aspect;

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

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

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

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

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

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

38 Within twenty-four hours of the arrest, the arresting law
39 enforcement agency shall refer the person to the designated crisis
40 responder for examination and evaluation under chapter 71.05 or 71.34

1 RCW and inform a parent or guardian of the person of the arrest,
2 detention, and examination. The designated crisis responder shall
3 examine and evaluate the person subject to the provisions of chapter
4 71.05 or 71.34 RCW. The examination shall occur at the facility in
5 which the person is detained or confined. If the person has been
6 released on probation, bond, or bail, the examination shall occur
7 wherever is appropriate.

8 Upon completion of any examination by the designated crisis
9 responder, the results of the examination shall be sent to the court,
10 and the court shall consider those results in making any
11 determination about the person.

12 The designated crisis responder shall, to the extent permitted by
13 law, notify a parent or guardian of the person that an examination
14 and evaluation has taken place and the results of the examination.
15 Nothing in this subsection prohibits the delivery of additional,
16 appropriate mental health examinations to the person while the person
17 is detained or confined.

18 If the designated crisis responder determines it is appropriate,
19 the designated crisis responder may refer the person to the local
20 behavioral health administrative services organization for follow-up
21 services (~~or the department of social and health services~~) or other
22 community providers for other services to the family and individual.

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

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

26 (b) Any person engaged in military, law enforcement, or school
27 district security activities. However, a person who is not a
28 commissioned law enforcement officer and who provides school security
29 services under the direction of a school administrator may not
30 possess a device listed in subsection (1)(f) of this section unless
31 he or she has successfully completed training in the use of such
32 devices that is equivalent to the training received by commissioned
33 law enforcement officers;

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

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

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

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

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

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

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

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

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

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

29 **Sec. 5002.** RCW 9.94A.660 and 2016 sp.s. c 29 s 524 are each
30 amended to read as follows:

31 (1) An offender is eligible for the special drug offender
32 sentencing alternative if:

33 (a) The offender is convicted of a felony that is not a violent
34 offense or sex offense and the violation does not involve a sentence
35 enhancement under RCW 9.94A.533 (3) or (4);

36 (b) The offender is convicted of a felony that is not a felony
37 driving while under the influence of intoxicating liquor or any drug
38 under RCW 46.61.502(6) or felony physical control of a vehicle while

1 under the influence of intoxicating liquor or any drug under RCW
2 46.61.504(6);

3 (c) The offender has no current or prior convictions for a sex
4 offense at any time or violent offense within ten years before
5 conviction of the current offense, in this state, another state, or
6 the United States;

7 (d) For a violation of the Uniform Controlled Substances Act
8 under chapter 69.50 RCW or a criminal solicitation to commit such a
9 violation under chapter 9A.28 RCW, the offense involved only a small
10 quantity of the particular controlled substance as determined by the
11 judge upon consideration of such factors as the weight, purity,
12 packaging, sale price, and street value of the controlled substance;

13 (e) The offender has not been found by the United States attorney
14 general to be subject to a deportation detainer or order and does not
15 become subject to a deportation order during the period of the
16 sentence;

17 (f) The end of the standard sentence range for the current
18 offense is greater than one year; and

19 (g) The offender has not received a drug offender sentencing
20 alternative more than once in the prior ten years before the current
21 offense.

22 (2) A motion for a special drug offender sentencing alternative
23 may be made by the court, the offender, or the state.

24 (3) If the sentencing court determines that the offender is
25 eligible for an alternative sentence under this section and that the
26 alternative sentence is appropriate, the court shall waive imposition
27 of a sentence within the standard sentence range and impose a
28 sentence consisting of either a prison-based alternative under RCW
29 9.94A.662 or a residential (~~chemical dependency~~) substance use
30 disorder treatment-based alternative under RCW 9.94A.664. The
31 residential (~~chemical dependency~~) substance use disorder treatment-
32 based alternative is only available if the midpoint of the standard
33 range is twenty-four months or less.

34 (4) To assist the court in making its determination, the court
35 may order the department to complete either or both a risk assessment
36 report and a (~~chemical dependency~~) substance use disorder screening
37 report as provided in RCW 9.94A.500.

38 (5) (a) If the court is considering imposing a sentence under the
39 residential (~~chemical dependency~~) substance use disorder treatment-
40 based alternative, the court may order an examination of the offender

1 by the department. The examination shall, at a minimum, address the
2 following issues:

3 (i) Whether the offender suffers from drug addiction;

4 (ii) Whether the addiction is such that there is a probability
5 that criminal behavior will occur in the future;

6 (iii) Whether effective treatment for the offender's addiction is
7 available from a provider that has been licensed or certified by the
8 department of ((social-and)) health ((services)); and

9 (iv) Whether the offender and the community will benefit from the
10 use of the alternative.

11 (b) The examination report must contain:

12 (i) A proposed monitoring plan, including any requirements
13 regarding living conditions, lifestyle requirements, and monitoring
14 by family members and others; and

15 (ii) Recommended crime-related prohibitions and affirmative
16 conditions.

17 (6) When a court imposes a sentence of community custody under
18 this section:

19 (a) The court may impose conditions as provided in RCW 9.94A.703
20 and may impose other affirmative conditions as the court considers
21 appropriate. In addition, an offender may be required to pay thirty
22 dollars per month while on community custody to offset the cost of
23 monitoring for alcohol or controlled substances.

24 (b) The department may impose conditions and sanctions as
25 authorized in RCW 9.94A.704 and 9.94A.737.

26 (7)(a) The court may bring any offender sentenced under this
27 section back into court at any time on its own initiative to evaluate
28 the offender's progress in treatment or to determine if any
29 violations of the conditions of the sentence have occurred.

30 (b) If the offender is brought back to court, the court may
31 modify the conditions of the community custody or impose sanctions
32 under (c) of this subsection.

33 (c) The court may order the offender to serve a term of total
34 confinement within the standard range of the offender's current
35 offense at any time during the period of community custody if the
36 offender violates the conditions or requirements of the sentence or
37 if the offender is failing to make satisfactory progress in
38 treatment.

1 (d) An offender ordered to serve a term of total confinement
2 under (c) of this subsection shall receive credit for any time
3 previously served under this section.

4 (8) In serving a term of community custody imposed upon failure
5 to complete, or administrative termination from, the special drug
6 offender sentencing alternative program, the offender shall receive
7 no credit for time served in community custody prior to termination
8 of the offender's participation in the program.

9 (9) An offender sentenced under this section shall be subject to
10 all rules relating to earned release time with respect to any period
11 served in total confinement.

12 (10) Costs of examinations and preparing treatment plans under a
13 special drug offender sentencing alternative may be paid, at the
14 option of the county, from funds provided to the county from the
15 criminal justice treatment account under RCW 71.24.580.

16 **Sec. 5003.** RCW 9.94A.664 and 2009 c 389 s 5 are each amended to
17 read as follows:

18 (1) A sentence for a residential (~~chemical dependency~~)
19 substance use disorder treatment-based alternative shall include a
20 term of community custody equal to one-half the midpoint of the
21 standard sentence range or two years, whichever is greater,
22 conditioned on the offender entering and remaining in residential
23 (~~chemical dependency~~) substance use disorder treatment certified
24 (~~under chapter 70.96A RCW~~) by the department of health for a period
25 set by the court between three and six months.

26 (2)(a) The court shall impose, as conditions of community
27 custody, treatment and other conditions as proposed in the
28 examination report completed pursuant to RCW 9.94A.660.

29 (b) If the court imposes a term of community custody, the
30 department shall, within available resources, make (~~chemical~~
31 ~~dependency~~) substance use disorder assessment and treatment services
32 available to the offender during the term of community custody.

33 (3)(a) If the court imposes a sentence under this section, the
34 treatment provider must send the treatment plan to the court within
35 thirty days of the offender's arrival to the residential (~~chemical~~
36 ~~dependency~~) substance use disorder treatment program.

37 (b) Upon receipt of the plan, the court shall schedule a progress
38 hearing during the period of residential (~~chemical dependency~~)
39 substance use disorder treatment, and schedule a treatment

1 termination hearing for three months before the expiration of the
2 term of community custody.

3 (c) Before the progress hearing and treatment termination
4 hearing, the treatment provider and the department shall submit
5 written reports to the court and parties regarding the offender's
6 compliance with treatment and monitoring requirements, and
7 recommendations regarding termination from treatment.

8 (4) At a progress hearing or treatment termination hearing, the
9 court may:

10 (a) Authorize the department to terminate the offender's
11 community custody status on the expiration date determined under
12 subsection (1) of this section;

13 (b) Continue the hearing to a date before the expiration date of
14 community custody, with or without modifying the conditions of
15 community custody; or

16 (c) Impose a term of total confinement equal to one-half the
17 midpoint of the standard sentence range, followed by a term of
18 community custody under RCW 9.94A.701.

19 (5) If the court imposes a term of total confinement, the
20 department shall, within available resources, make ~~((chemical~~
21 ~~dependency))~~ substance use disorder assessment and treatment services
22 available to the offender during the term of total confinement and
23 subsequent term of community custody.

24 **Sec. 5004.** RCW 10.31.110 and 2014 c 225 s 57 are each amended to
25 read as follows:

26 (1) When a police officer has reasonable cause to believe that
27 the individual has committed acts constituting a nonfelony crime that
28 is not a serious offense as identified in RCW 10.77.092 and the
29 individual is known by history or consultation with the behavioral
30 health administrative services organization to suffer from a mental
31 disorder, the arresting officer may:

32 (a) Take the individual to a crisis stabilization unit as defined
33 in RCW 71.05.020~~((+6))~~. Individuals delivered to a crisis
34 stabilization unit pursuant to this section may be held by the
35 facility for a period of up to twelve hours. The individual must be
36 examined by a mental health professional within three hours of
37 arrival;

38 (b) Take the individual to a triage facility as defined in RCW
39 71.05.020. An individual delivered to a triage facility which has

1 elected to operate as an involuntary facility may be held up to a
2 period of twelve hours. The individual must be examined by a mental
3 health professional within three hours of arrival;

4 (c) Refer the individual to a mental health professional for
5 evaluation for initial detention and proceeding under chapter 71.05
6 RCW; or

7 (d) Release the individual upon agreement to voluntary
8 participation in outpatient treatment.

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

14 (3) In deciding whether to refer the individual to treatment
15 under this section, the police officer shall be guided by standards
16 mutually agreed upon with the prosecuting authority, which address,
17 at a minimum, the length, seriousness, and recency of the known
18 criminal history of the individual, the mental health history of the
19 individual, where available, and the circumstances surrounding the
20 commission of the alleged offense.

21 (4) Any agreement to participate in treatment shall not require
22 individuals to stipulate to any of the alleged facts regarding the
23 criminal activity as a prerequisite to participation in a mental
24 health treatment alternative. The agreement is inadmissible in any
25 criminal or civil proceeding. The agreement does not create immunity
26 from prosecution for the alleged criminal activity.

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

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

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

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

35 **Sec. 5005.** RCW 10.77.010 and 2016 sp.s. c 29 s 405 are each
36 amended to read as follows:

37 As used in this chapter:

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

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

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

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

12 (5) "Department" means the state department of social and health
13 services.

14 (6) "Designated crisis responder" has the same meaning as
15 provided in RCW 71.05.020.

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

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

24 (9) "Developmental disability" means the condition as defined in
25 RCW 71A.10.020(5).

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

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

36 (12) "Habilitative services" means those services provided by
37 program personnel to assist persons in acquiring and maintaining life
38 skills and in raising their levels of physical, mental, social, and
39 vocational functioning. Habilitative services include education,
40 training for employment, and therapy. The habilitative process shall

1 be undertaken with recognition of the risk to the public safety
2 presented by the person being assisted as manifested by prior charged
3 criminal conduct.

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

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

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

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

19 (17) "Individualized service plan" means a plan prepared by a
20 developmental disabilities professional with other professionals as a
21 team, for an individual with developmental disabilities, which shall
22 state:

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

25 (b) The conditions and strategies necessary to achieve the
26 purposes of habilitation;

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

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

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

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

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

38 (18) "Professional person" means:

39 (a) A psychiatrist licensed as a physician and surgeon in this
40 state who has, in addition, completed three years of graduate

1 training in psychiatry in a program approved by the American medical
2 association or the American osteopathic association and is certified
3 or eligible to be certified by the American board of psychiatry and
4 neurology or the American osteopathic board of neurology and
5 psychiatry;

6 (b) A psychologist licensed as a psychologist pursuant to chapter
7 18.83 RCW; or

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

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

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

18 ~~((21))~~ (20) "Secretary" means the secretary of the department
19 of social and health services or his or her designee.

20 ~~((22))~~ (21) "Treatment" means any currently standardized
21 medical or mental health procedure including medication.

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

33 ~~((24))~~ (23) "Violent act" means behavior that: (a) (i) Resulted
34 in; (ii) if completed as intended would have resulted in; or (iii)
35 was threatened to be carried out by a person who had the intent and
36 opportunity to carry out the threat and would have resulted in,
37 homicide, nonfatal injuries, or substantial damage to property; or
38 (b) recklessly creates an immediate risk of serious physical injury
39 to another person. As used in this subsection, "nonfatal injuries"
40 means physical pain or injury, illness, or an impairment of physical

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

3 **Sec. 5006.** RCW 10.77.065 and 2016 sp.s. c 29 s 409 are each
4 amended to read as follows:

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

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

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

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

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

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

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

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

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

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

33 **Sec. 5007.** RCW 13.40.165 and 2016 c 106 s 3 are each amended to
34 read as follows:

35 (1) The purpose of this disposition alternative is to ensure that
36 successful treatment options to reduce recidivism are available to
37 eligible youth, pursuant to RCW (~~(70.96A.520)~~) 71.24.615. It is also
38 the purpose of the disposition alternative to assure that minors in
39 need of (~~(chemical dependency)~~) substance use disorder, mental

1 health, and/or co-occurring disorder treatment receive an appropriate
2 continuum of culturally relevant care and treatment, including
3 prevention and early intervention, self-directed care, parent-
4 directed care, and residential treatment. To facilitate the continuum
5 of care and treatment to minors in out-of-home placements, all
6 divisions of the department that provide these services to minors
7 shall jointly plan and deliver these services. It is also the purpose
8 of the disposition alternative to protect the rights of minors
9 against needless hospitalization and deprivations of liberty and to
10 enable treatment decisions to be made in response to clinical needs
11 and in accordance with sound professional judgment. The mental
12 health, substance abuse, and co-occurring disorder treatment
13 providers shall, to the extent possible, offer services that involve
14 minors' parents, guardians, and family.

15 (2) The court must consider eligibility for the ((~~chemical~~
16 ~~dependency~~)) substance use disorder or mental health disposition
17 alternative when a juvenile offender is subject to a standard range
18 disposition of local sanctions or 15 to 36 weeks of confinement and
19 has not committed an A- or B+ offense, other than a first time B+
20 offense under chapter 69.50 RCW. The court, on its own motion or the
21 motion of the state or the respondent if the evidence shows that the
22 offender may be chemically dependent, substance abusing, or has
23 significant mental health or co-occurring disorders may order an
24 examination by a ((~~chemical—dependency~~)) substance use disorder
25 counselor from a ((~~chemical—dependency~~)) substance use disorder
26 treatment facility approved under chapter 70.96A RCW or a mental
27 health professional as defined in chapter 71.34 RCW to determine if
28 the youth is chemically dependent, substance abusing, or suffers from
29 significant mental health or co-occurring disorders. The offender
30 shall pay the cost of any examination ordered under this subsection
31 unless the court finds that the offender is indigent and no third
32 party insurance coverage is available, in which case the state shall
33 pay the cost.

34 (3) The report of the examination shall include at a minimum the
35 following: The respondent's version of the facts and the official
36 version of the facts, the respondent's offense history, an assessment
37 of drug-alcohol problems, mental health diagnoses, previous treatment
38 attempts, the respondent's social, educational, and employment
39 situation, and other evaluation measures used. The report shall set
40 forth the sources of the examiner's information.

1 (4) The examiner shall assess and report regarding the
2 respondent's relative risk to the community. A proposed treatment
3 plan shall be provided and shall include, at a minimum:

4 (a) Whether inpatient and/or outpatient treatment is recommended;

5 (b) Availability of appropriate treatment;

6 (c) Monitoring plans, including any requirements regarding living
7 conditions, lifestyle requirements, and monitoring by family members,
8 legal guardians, or others;

9 (d) Anticipated length of treatment; and

10 (e) Recommended crime-related prohibitions.

11 (5) The court on its own motion may order, or on a motion by the
12 state or the respondent shall order, a second examination. The
13 evaluator shall be selected by the party making the motion. The
14 requesting party shall pay the cost of any examination ordered under
15 this subsection unless the requesting party is the offender and the
16 court finds that the offender is indigent and no third party
17 insurance coverage is available, in which case the state shall pay
18 the cost.

19 (6) (a) After receipt of reports of the examination, the court
20 shall then consider whether the offender and the community will
21 benefit from use of this disposition alternative and consider the
22 victim's opinion whether the offender should receive a treatment
23 disposition under this section.

24 (b) If the court determines that this disposition alternative is
25 appropriate, then the court shall impose the standard range for the
26 offense, or if the court concludes, and enters reasons for its
27 conclusion, that such disposition would effectuate a manifest
28 injustice, the court shall impose a disposition above the standard
29 range as indicated in option D of RCW 13.40.0357 if the disposition
30 is an increase from the standard range and the confinement of the
31 offender does not exceed a maximum of fifty-two weeks, suspend
32 execution of the disposition, and place the offender on community
33 supervision for up to one year. As a condition of the suspended
34 disposition, the court shall require the offender to undergo
35 available outpatient drug/alcohol, mental health, or co-occurring
36 disorder treatment and/or inpatient mental health or drug/alcohol
37 treatment. The court shall only order inpatient treatment under this
38 section if a funded bed is available. If the inpatient treatment is
39 longer than ninety days, the court shall hold a review hearing every
40 thirty days beyond the initial ninety days. The respondent may appear

1 telephonically at these review hearings if in compliance with
2 treatment. As a condition of the suspended disposition, the court may
3 impose conditions of community supervision and other sanctions,
4 including up to thirty days of confinement, one hundred fifty hours
5 of community restitution, and payment of legal financial obligations
6 and restitution.

7 (7) The mental health/co-occurring disorder/drug/alcohol
8 treatment provider shall submit monthly reports on the respondent's
9 progress in treatment to the court and the parties. The reports shall
10 reference the treatment plan and include at a minimum the following:
11 Dates of attendance, respondent's compliance with requirements,
12 treatment activities, the respondent's relative progress in
13 treatment, and any other material specified by the court at the time
14 of the disposition.

15 At the time of the disposition, the court may set treatment
16 review hearings as the court considers appropriate.

17 If the offender violates any condition of the disposition or the
18 court finds that the respondent is failing to make satisfactory
19 progress in treatment, the court may impose sanctions pursuant to RCW
20 13.40.200 or revoke the suspension and order execution of the
21 disposition. The court shall give credit for any confinement time
22 previously served if that confinement was for the offense for which
23 the suspension is being revoked.

24 (8) For purposes of this section, "victim" means any person who
25 has sustained emotional, psychological, physical, or financial injury
26 to person or property as a direct result of the offense charged.
27 "Victim" may also include a known parent or guardian of a victim who
28 is a minor child or is not a minor child but is incapacitated,
29 incompetent, disabled, or deceased.

30 (9) Whenever a juvenile offender is entitled to credit for time
31 spent in detention prior to a dispositional order, the dispositional
32 order shall specifically state the number of days of credit for time
33 served.

34 (10) In no case shall the term of confinement imposed by the
35 court at disposition exceed that to which an adult could be subjected
36 for the same offense.

37 (11) A disposition under this section is not appealable under RCW
38 13.40.230.

39 (12) Subject to funds appropriated for this specific purpose, the
40 costs incurred by the juvenile courts for the mental health,

1 ((~~chemical dependency~~)) substance use disorder, and/or co-occurring
2 disorder evaluations, treatment, and costs of supervision required
3 under this section shall be paid by the ((~~department~~)) health care
4 authority.

5 **Sec. 5008.** RCW 36.28A.440 and 2018 c 142 s 1 are each amended to
6 read as follows:

7 (1) Subject to the availability of amounts appropriated for this
8 specific purpose, the Washington association of sheriffs and police
9 chiefs shall develop and implement a mental health field response
10 grant program. The purpose of the program is to assist local law
11 enforcement agencies to establish and expand mental health field
12 response capabilities, utilizing mental health professionals to
13 professionally, humanely, and safely respond to crises involving
14 persons with behavioral health issues with treatment, diversion, and
15 reduced incarceration time as primary goals. A portion of the grant
16 funds may also be used to develop data management capability to
17 support the program.

18 (2) Grants must be awarded to local law enforcement agencies
19 based on locally developed proposals to incorporate mental health
20 professionals into the agencies' mental health field response
21 planning and response. Two or more agencies may submit a joint grant
22 proposal to develop their mental health field response proposals.
23 Proposals must provide a plan for improving mental health field
24 response and diversion from incarceration through modifying or
25 expanding law enforcement practices in partnership with mental health
26 professionals. A peer review panel appointed by the Washington
27 association of sheriffs and police chiefs in consultation with
28 ((~~integrated~~)) managed care organizations and behavioral health
29 administrative services organizations must review the grant
30 applications. Once the Washington association of sheriffs and police
31 chiefs certifies that the application satisfies the proposal
32 criteria, the grant funds will be distributed. To the extent
33 possible, at least one grant recipient agency should be from the east
34 side of the state and one from the west side of the state with the
35 crest of the Cascades being the dividing line. The Washington
36 association of sheriffs and police chiefs shall make every effort to
37 fund at least eight grants per fiscal year with funding provided for
38 this purpose from all allowable sources under this section. The
39 Washington association of sheriffs and police chiefs may prioritize

1 grant applications that include local matching funds. Grant
2 recipients must be selected and receiving funds no later than October
3 1, 2018.

4 (3) Grant recipients must include at least one mental health
5 professional who will perform professional services under the plan. A
6 mental health professional may assist patrolling officers in the
7 field or in an on-call capacity, provide preventive, follow-up,
8 training on mental health field response best practices, or other
9 services at the direction of the local law enforcement agency.
10 Nothing in this subsection (3) limits the mental health
11 professional's participation to field patrol. Grant recipients are
12 encouraged to coordinate with local public safety answering points to
13 maximize the goals of the program.

14 (4) Within existing resources, the Washington association of
15 sheriffs and police chiefs shall:

16 (a) Consult with the department of social and health services
17 research and data analysis unit to establish data collection and
18 reporting guidelines for grant recipients. The data will be used to
19 study and evaluate whether the use of mental health field response
20 programs improves outcomes of interactions with persons experiencing
21 behavioral health crises, including reducing rates of violence and
22 harm, reduced arrests, and jail or emergency room usage;

23 (b) Consult with the (~~department of social and health services~~
24 ~~behavioral health administration~~) health care authority, the
25 department of health, and the managed care system to develop
26 requirements for participating mental health professionals; and

27 (c) Coordinate with public safety answering points, behavioral
28 health, and the department of social and health services to develop
29 and incorporate telephone triage criteria or dispatch protocols to
30 assist with mental health, law enforcement, and emergency medical
31 responses involving mental health situations.

32 (5) The Washington association of sheriffs and police chiefs
33 shall submit an annual report to the governor and appropriate
34 committees of the legislature on the program. The report must include
35 information on grant recipients, use of funds, participation of
36 mental health professionals, and feedback from the grant recipients
37 by December 1st of each year the program is funded.

38 (6) Grant recipients shall develop and provide or arrange for
39 training necessary for mental health professionals to operate
40 successfully and competently in partnership with law enforcement

1 agencies. The training must provide the professionals with a working
2 knowledge of law enforcement procedures and tools sufficient to
3 provide for the safety of the professionals, partnered law
4 enforcement officers, and members of the public.

5 (7) Nothing in this section prohibits the Washington association
6 of sheriffs and police chiefs from soliciting or accepting private
7 funds to support the program created in this section.

8 **Sec. 5009.** RCW 41.05.690 and 2014 c 223 s 6 are each amended to
9 read as follows:

10 (1) There is created a performance measures committee, the
11 purpose of which is to identify and recommend standard statewide
12 measures of health performance to inform public and private health
13 care purchasers and to propose benchmarks to track costs and
14 improvements in health outcomes.

15 (2) Members of the committee must include representation from
16 state agencies, small and large employers, health plans, patient
17 groups, federally recognized tribes, consumers, academic experts on
18 health care measurement, hospitals, physicians, and other providers.
19 The governor shall appoint the members of the committee, except that
20 a statewide association representing hospitals may appoint a member
21 representing hospitals, and a statewide association representing
22 physicians may appoint a member representing physicians. The governor
23 shall ensure that members represent diverse geographic locations and
24 both rural and urban communities. The chief executive officer of the
25 lead organization must also serve on the committee. The committee
26 must be chaired by the director of the authority.

27 (3) The committee shall develop a transparent process for
28 selecting performance measures, and the process must include
29 opportunities for public comment.

30 (4) By January 1, 2015, the committee shall submit the
31 performance measures to the authority. The measures must include
32 dimensions of:

- 33 (a) Prevention and screening;
- 34 (b) Effective management of chronic conditions;
- 35 (c) Key health outcomes;
- 36 (d) Care coordination and patient safety; and
- 37 (e) Use of the lowest cost, highest quality care for preventive
38 care and acute and chronic conditions.

39 (5) The committee shall develop a measure set that:

- 1 (a) Is of manageable size;
- 2 (b) Is based on readily available claims and clinical data;
- 3 (c) Gives preference to nationally reported measures and, where
4 nationally reported measures may not be appropriate, measures used by
5 state agencies that purchase health care or commercial health plans;
- 6 (d) Focuses on the overall performance of the system, including
7 outcomes and total cost;
- 8 (e) Is aligned with the governor's performance management system
9 measures and common measure requirements specific to medicaid
10 delivery systems under RCW 70.320.020 and 43.20A.895 (as recodified
11 by this act);
- 12 (f) Considers the needs of different stakeholders and the
13 populations served; and
- 14 (g) Is usable by multiple payers, providers, hospitals,
15 purchasers, public health, and communities as part of health
16 improvement, care improvement, provider payment systems, benefit
17 design, and administrative simplification for providers and
18 hospitals.
- 19 (6) State agencies shall use the measure set developed under this
20 section to inform and set benchmarks for purchasing decisions.
- 21 (7) The committee shall establish a public process to
22 periodically evaluate the measure set and make additions or changes
23 to the measure set as needed.

24 **Sec. 5010.** RCW 43.20A.895 and 2014 c 225 s 64 are each amended
25 to read as follows:

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

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

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

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

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

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

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

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

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

1 of performance and levels of improvement between geographic regions
2 of Washington; and

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

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

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

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

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

35 **Sec. 5011.** RCW 43.20C.030 and 2014 c 225 s 67 are each amended
36 to read as follows:

37 The department of social and health services, in consultation
38 with a university-based evidence-based practice institute entity in
39 Washington, the Washington partnership council on juvenile justice,

1 the child mental health systems of care planning committee, the
2 children, youth, and family advisory committee, the health care
3 authority, the Washington state racial disproportionality advisory
4 committee, a university-based child welfare research entity in
5 Washington state, behavioral health administrative services
6 organizations established in chapter 71.24 RCW, managed care
7 organizations contracted with the authority under chapter 74.09 RCW,
8 the Washington association of juvenile court administrators, and the
9 Washington state institute for public policy, shall:

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

13 (2) Use monitoring and quality control procedures designed to
14 measure fidelity with evidence-based and research-based prevention
15 and treatment programs; and

16 (3) Utilize any existing data reporting and system of quality
17 management processes at the state and local level for monitoring the
18 quality control and fidelity of the implementation of evidence-based
19 and research-based practices.

20 **Sec. 5012.** RCW 43.185.060 and 2014 c 225 s 61 are each amended
21 to read as follows:

22 Organizations that may receive assistance from the department
23 under this chapter are local governments, local housing authorities,
24 behavioral health administrative services organizations established
25 under chapter 71.24 RCW, nonprofit community or neighborhood-based
26 organizations, federally recognized Indian tribes in the state of
27 Washington, and regional or statewide nonprofit housing assistance
28 organizations.

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

32 **Sec. 5013.** RCW 43.185.070 and 2015 c 155 s 2 are each amended to
33 read as follows:

34 (1) During each calendar year in which funds from the housing
35 trust fund or other legislative appropriations are available for use
36 by the department for the housing assistance program, the department
37 must announce to all known interested parties, and through major
38 media throughout the state, a grant and loan application period of at

1 least ninety days' duration. This announcement must be made as often
2 as the director deems appropriate for proper utilization of
3 resources. The department must then promptly grant as many
4 applications as will utilize available funds less appropriate
5 administrative costs of the department as provided in RCW 43.185.050.

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

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

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

14 (3) The department, with advice and input from the affordable
15 housing advisory board established in RCW 43.185B.020, or a
16 subcommittee of the affordable housing advisory board, must report
17 recommendations for awarding funds in a cost-effective manner. The
18 report must include an implementation plan, timeline, and any other
19 items the department identifies as important to consider to the
20 legislature by December 1, 2012.

21 (4) The department must give first priority to applications for
22 projects and activities which utilize existing privately owned
23 housing stock including privately owned housing stock purchased by
24 nonprofit public development authorities and public housing
25 authorities as created in chapter 35.82 RCW. As used in this
26 subsection, privately owned housing stock includes housing that is
27 acquired by a federal agency through a default on the mortgage by the
28 private owner. Such projects and activities must be evaluated under
29 subsection (5) of this section. Second priority must be given to
30 activities and projects which utilize existing publicly owned housing
31 stock. All projects and activities must be evaluated by some or all
32 of the criteria under subsection (5) of this section, and similar
33 projects and activities shall be evaluated under the same criteria.

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (m) Project location and access to available public
24 transportation services; and

25 (n) Projects involving collaborative partnerships between local
26 school districts and either public housing authorities or nonprofit
27 housing providers, that help children of low-income families succeed
28 in school. To receive this preference, the local school district must
29 provide an opportunity for community members to offer input on the
30 proposed project at the first scheduled school board meeting
31 following submission of the grant application to the department.

32 ~~((6) The department may only approve applications for projects
33 for persons with mental illness that are consistent with a behavioral
34 health organization six-year capital and operating plan.))~~

35 **Sec. 5014.** RCW 43.185.110 and 2014 c 225 s 63 are each amended
36 to read as follows:

37 The affordable housing advisory board established in RCW
38 43.185B.020 shall advise the director on housing needs in this state,
39 including housing needs for persons with mental illness or

1 developmental disabilities or youth who are blind or deaf or
2 otherwise disabled, operational aspects of the grant and loan program
3 or revenue collection programs established by this chapter, and
4 implementation of the policy and goals of this chapter. Such advice
5 shall be consistent with policies and plans developed by behavioral
6 health administrative services organizations according to chapter
7 71.24 RCW for individuals with mental illness and the developmental
8 disabilities planning council for individuals with developmental
9 disabilities.

10 **Sec. 5015.** RCW 43.185C.340 and 2016 c 157 s 3 are each amended
11 to read as follows:

12 (1) Subject to funds appropriated for this specific purpose, the
13 department, in consultation with the office of the superintendent of
14 public instruction, shall administer a grant program that links
15 homeless students and their families with stable housing located in
16 the homeless student's school district. The goal of the program is to
17 provide educational stability for homeless students by promoting
18 housing stability.

19 (2) The department, working with the office of the superintendent
20 of public instruction, shall develop a competitive grant process to
21 make grant awards of no more than one hundred thousand dollars per
22 school, not to exceed five hundred thousand dollars per school
23 district, to school districts partnered with eligible organizations
24 on implementation of the proposal. For the purposes of this
25 subsection, "eligible organization" means any local government, local
26 housing authority, (~~regional support network~~) behavioral health
27 administrative services organization established under chapter 71.24
28 RCW, nonprofit community or neighborhood-based organization,
29 federally recognized Indian tribe in the state of Washington, or
30 regional or statewide nonprofit housing assistance organization.
31 Applications for the grant program must include contractual
32 agreements between the housing providers and school districts
33 defining the responsibilities and commitments of each party to
34 identify, house, and support homeless students.

35 (3) The grants awarded to school districts shall not exceed
36 fifteen school districts per school year. In determining which
37 partnerships will receive grants, preference must be given to
38 districts with a demonstrated commitment of partnership and history
39 with eligible organizations.

1 (4) Activities eligible for assistance under this grant program
2 include but are not limited to:

3 (a) Rental assistance, which includes utilities, security and
4 utility deposits, first and last month's rent, rental application
5 fees, moving expenses, and other eligible expenses to be determined
6 by the department;

7 (b) Transportation assistance, including gasoline assistance for
8 families with vehicles and bus passes;

9 (c) Emergency shelter; and

10 (d) Housing stability case management.

11 (5) All beneficiaries of funds from the grant program must be
12 unaccompanied youth or from very low-income households. For the
13 purposes of this subsection, "very low-income household" means an
14 unaccompanied youth or family or unrelated persons living together
15 whose adjusted income is less than fifty percent of the median family
16 income, adjusted for household size, for the county where the grant
17 recipient is located.

18 (6) (a) Grantee school districts must compile and report
19 information to the department. The department shall report to the
20 legislature the findings of the grantee, the housing stability of the
21 homeless families, the academic performance of the grantee
22 population, and any related policy recommendations.

23 (b) Data on all program participants must be entered into and
24 tracked through the Washington homeless client management information
25 system as described in RCW 43.185C.180.

26 (7) In order to ensure that school districts are meeting the
27 requirements of an approved program for homeless students, the office
28 of the superintendent of public instruction shall monitor the
29 programs at least once every two years. Monitoring shall begin during
30 the 2016-17 school year.

31 (8) Any program review and monitoring under this section may be
32 conducted concurrently with other program reviews and monitoring
33 conducted by the department. In its review, the office of the
34 superintendent of public instruction shall monitor program components
35 that include but need not be limited to the process used by the
36 district to identify and reach out to homeless students, assessment
37 data and other indicators to determine how well the district is
38 meeting the academic needs of homeless students, district
39 expenditures used to expand opportunities for these students, and the
40 academic progress of students under the program.

1 **Sec. 5016.** RCW 43.380.050 and 2016 c 188 s 6 are each amended to
2 read as follows:

3 (1) In addition to other powers and duties prescribed in this
4 chapter, the council is empowered to:

5 (a) Meet at such times and places as necessary;

6 (b) Advise the legislature and the governor on issues relating to
7 reentry and reintegration of offenders;

8 (c) Review, study, and make policy and funding recommendations on
9 issues directly and indirectly related to reentry and reintegration
10 of offenders in Washington state, including, but not limited to:
11 Correctional programming and other issues in state and local
12 correctional facilities; housing; employment; education; treatment;
13 and other issues contributing to recidivism;

14 (d) Apply for, receive, use, and leverage public and private
15 grants as well as specifically appropriated funds to establish,
16 manage, and promote initiatives and programs related to successful
17 reentry and reintegration of offenders;

18 (e) Contract for services as it deems necessary in order to carry
19 out initiatives and programs;

20 (f) Adopt policies and procedures to facilitate the orderly
21 administration of initiatives and programs;

22 (g) Create committees and subcommittees of the council as is
23 necessary for the council to conduct its business; and

24 (h) Create and consult with advisory groups comprising
25 nonmembers. Advisory groups are not eligible for reimbursement under
26 RCW 43.380.060.

27 (2) Subject to the availability of amounts appropriated for this
28 specific purpose, the council may select an executive director to
29 administer the business of the council.

30 (a) The council may delegate to the executive director by
31 resolution all duties necessary to efficiently carry on the business
32 of the council. Approval by a majority vote of the council is
33 required for any decisions regarding employment of the executive
34 director.

35 (b) The executive director may not be a member of the council
36 while serving as executive director.

37 (c) Employment of the executive director must be confirmed by the
38 senate and terminates after a term of three years. At the end of a
39 term, the council may consider hiring the executive director for an
40 additional three-year term or an extension of a specified period less

1 than three years. The council may fix the compensation of the
2 executive director.

3 (d) Subject to the availability of amounts appropriated for this
4 specific purpose, the executive director shall reside in and be
5 funded by the department.

6 (3) In conducting its business, the council shall solicit input
7 and participation from stakeholders interested in reducing
8 recidivism, promoting public safety, and improving community
9 conditions for people reentering the community from incarceration.
10 The council shall consult: The two largest caucuses in the house of
11 representatives; the two largest caucuses in the senate; the
12 governor; local governments; educators; (~~mental health and substance~~
13 ~~abuse~~) behavioral health providers; behavioral health administrative
14 services organizations; managed care organizations; city and county
15 jails; the department of corrections; specialty courts; persons with
16 expertise in evidence-based and research-based reentry practices; and
17 persons with criminal histories and their families.

18 (4) The council shall submit to the governor and appropriate
19 committees of the legislature a preliminary report of its activities
20 and recommendations by December 1st of its first year of operation,
21 and every two years thereafter.

22 **Sec. 5017.** RCW 48.01.220 and 2014 c 225 s 69 are each amended to
23 read as follows:

24 The activities and operations of (~~mental health~~) behavioral
25 health administrative services organizations, (~~to the extent they~~
26 ~~pertain to the operation of a medical assistance managed care system~~
27 ~~in accordance with chapters 71.24 and 74.09 RCW~~) as defined in RCW
28 71.24.025, are exempt from the requirements of this title.

29 **Sec. 5018.** RCW 66.08.180 and 2011 c 325 s 7 are each amended to
30 read as follows:

31 Except as provided in RCW 66.24.290(1), moneys in the liquor
32 revolving fund shall be distributed by the board at least once every
33 three months in accordance with RCW 66.08.190, 66.08.200 and
34 66.08.210. However, the board shall reserve from distribution such
35 amount not exceeding five hundred thousand dollars as may be
36 necessary for the proper administration of this title.

37 (1) All license fees, penalties, and forfeitures derived under
38 chapter 13, Laws of 1935 from spirits, beer, and wine restaurant;

1 spirits, beer, and wine private club; hotel; spirits, beer, and wine
2 nightclub; spirits, beer, and wine VIP airport lounge; and sports
3 entertainment facility licenses shall every three months be disbursed
4 by the board as follows:

5 (a) Three hundred thousand dollars per biennium, to the death
6 investigations account for the state toxicology program pursuant to
7 RCW 68.50.107; and

8 (b) Of the remaining funds:

9 (i) 6.06 percent to the University of Washington and 4.04 percent
10 to Washington State University for alcoholism and drug abuse research
11 and for the dissemination of such research; and

12 (ii) 89.9 percent to the general fund to be used by the
13 (~~department of social and health services~~) health care authority
14 solely to carry out the purposes of RCW (~~70.96A.050~~) 71.24.535;

15 (2) The first fifty-five dollars per license fee provided in RCW
16 66.24.320 and 66.24.330 up to a maximum of one hundred fifty thousand
17 dollars annually shall be disbursed every three months by the board
18 to the general fund to be used for juvenile alcohol and drug
19 prevention programs for kindergarten through third grade to be
20 administered by the superintendent of public instruction;

21 (3) Twenty percent of the remaining total amount derived from
22 license fees pursuant to RCW 66.24.320, 66.24.330, 66.24.350, and
23 66.24.360, shall be transferred to the general fund to be used by the
24 (~~department of social and health services~~) health care authority
25 solely to carry out the purposes of RCW (~~70.96A.050~~) 71.24.535; and

26 (4) One-fourth cent per liter of the tax imposed by RCW 66.24.210
27 shall every three months be disbursed by the board to Washington
28 State University solely for wine and wine grape research, extension
29 programs related to wine and wine grape research, and resident
30 instruction in both wine grape production and the processing aspects
31 of the wine industry in accordance with RCW 28B.30.068. The director
32 of financial management shall prescribe suitable accounting
33 procedures to ensure that the funds transferred to the general fund
34 to be used by the department of social and health services and
35 appropriated are separately accounted for.

36 **Sec. 5019.** RCW 70.02.010 and 2018 c 201 s 8001 are each amended
37 to read as follows:

38 The definitions in this section apply throughout this chapter
39 unless the context clearly requires otherwise.

- 1 (1) "Admission" has the same meaning as in RCW 71.05.020.
- 2 (2) "Audit" means an assessment, evaluation, determination, or
3 investigation of a health care provider by a person not employed by
4 or affiliated with the provider to determine compliance with:
- 5 (a) Statutory, regulatory, fiscal, medical, or scientific
6 standards;
- 7 (b) A private or public program of payments to a health care
8 provider; or
- 9 (c) Requirements for licensing, accreditation, or certification.
- 10 (3) "Authority" means the Washington state health care authority.
- 11 (4) "Commitment" has the same meaning as in RCW 71.05.020.
- 12 (5) "Custody" has the same meaning as in RCW 71.05.020.
- 13 (6) "Deidentified" means health information that does not
14 identify an individual and with respect to which there is no
15 reasonable basis to believe that the information can be used to
16 identify an individual.
- 17 (7) "Department" means the department of social and health
18 services.
- 19 (8) "Designated crisis responder" has the same meaning as in RCW
20 71.05.020 or 71.34.020, as applicable.
- 21 (9) "Detention" or "detain" has the same meaning as in RCW
22 71.05.020.
- 23 (10) "Directory information" means information disclosing the
24 presence, and for the purpose of identification, the name, location
25 within a health care facility, and the general health condition of a
26 particular patient who is a patient in a health care facility or who
27 is currently receiving emergency health care in a health care
28 facility.
- 29 (11) "Discharge" has the same meaning as in RCW 71.05.020.
- 30 (12) "Evaluation and treatment facility" has the same meaning as
31 in RCW 71.05.020 or 71.34.020, as applicable.
- 32 (13) "Federal, state, or local law enforcement authorities" means
33 an officer of any agency or authority in the United States, a state,
34 a tribe, a territory, or a political subdivision of a state, a tribe,
35 or a territory who is empowered by law to: (a) Investigate or conduct
36 an official inquiry into a potential criminal violation of law; or
37 (b) prosecute or otherwise conduct a criminal proceeding arising from
38 an alleged violation of law.

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

4 (15) "Health care" means any care, service, or procedure provided
5 by a health care provider:

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

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

9 (16) "Health care facility" means a hospital, clinic, nursing
10 home, laboratory, office, or similar place where a health care
11 provider provides health care to patients.

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

19 (18) "Health care operations" means any of the following
20 activities of a health care provider, health care facility, or third-
21 party payor to the extent that the activities are related to
22 functions that make an entity a health care provider, a health care
23 facility, or a third-party payor:

24 (a) Conducting: Quality assessment and improvement activities,
25 including outcomes evaluation and development of clinical guidelines,
26 if the obtaining of generalizable knowledge is not the primary
27 purpose of any studies resulting from such activities; population-
28 based activities relating to improving health or reducing health care
29 costs, protocol development, case management and care coordination,
30 contacting of health care providers and patients with information
31 about treatment alternatives; and related functions that do not
32 include treatment;

33 (b) Reviewing the competence or qualifications of health care
34 professionals, evaluating practitioner and provider performance and
35 third-party payor performance, conducting training programs in which
36 students, trainees, or practitioners in areas of health care learn
37 under supervision to practice or improve their skills as health care
38 providers, training of nonhealth care professionals, accreditation,
39 certification, licensing, or credentialing activities;

1 (c) Underwriting, premium rating, and other activities relating
2 to the creation, renewal, or replacement of a contract of health
3 insurance or health benefits, and ceding, securing, or placing a
4 contract for reinsurance of risk relating to claims for health care,
5 including stop-loss insurance and excess of loss insurance, if any
6 applicable legal requirements are met;

7 (d) Conducting or arranging for medical review, legal services,
8 and auditing functions, including fraud and abuse detection and
9 compliance programs;

10 (e) Business planning and development, such as conducting cost-
11 management and planning-related analyses related to managing and
12 operating the health care facility or third-party payor, including
13 formulary development and administration, development, or improvement
14 of methods of payment or coverage policies; and

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

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

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

24 (iii) Resolution of internal grievances;

25 (iv) The sale, transfer, merger, or consolidation of all or part
26 of a health care provider, health care facility, or third-party payor
27 with another health care provider, health care facility, or third-
28 party payor or an entity that following such activity will become a
29 health care provider, health care facility, or third-party payor, and
30 due diligence related to such activity; and

31 (v) Consistent with applicable legal requirements, creating
32 deidentified health care information or a limited dataset for the
33 benefit of the health care provider, health care facility, or third-
34 party payor.

35 (19) "Health care provider" means a person who is licensed,
36 certified, registered, or otherwise authorized by the law of this
37 state to provide health care in the ordinary course of business or
38 practice of a profession.

39 (20) "Human immunodeficiency virus" or "HIV" has the same meaning
40 as in RCW 70.24.017.

1 (21) "Imminent" has the same meaning as in RCW 71.05.020.

2 (22) "Information and records related to mental health services"
3 means a type of health care information that relates to all
4 information and records compiled, obtained, or maintained in the
5 course of providing services by a mental health service agency or
6 mental health professional to persons who are receiving or have
7 received services for mental illness. The term includes mental health
8 information contained in a medical bill, registration records, as
9 defined in RCW (~~71.05.020~~) 70.97.010, and all other records
10 regarding the person maintained by the department, by the authority,
11 by behavioral health administrative services organizations and their
12 staff, managed care organizations contracted with the authority under
13 chapter 74.09 RCW and their staff, and by treatment facilities. The
14 term further includes documents of legal proceedings under chapter
15 71.05, 71.34, or 10.77 RCW, or somatic health care information. For
16 health care information maintained by a hospital as defined in RCW
17 70.41.020 or a health care facility or health care provider that
18 participates with a hospital in an organized health care arrangement
19 defined under federal law, "information and records related to mental
20 health services" is limited to information and records of services
21 provided by a mental health professional or information and records
22 of services created by a hospital-operated community behavioral
23 health program as defined in RCW 71.24.025. The term does not include
24 psychotherapy notes.

25 (23) "Information and records related to sexually transmitted
26 diseases" means a type of health care information that relates to the
27 identity of any person upon whom an HIV antibody test or other
28 sexually transmitted infection test is performed, the results of such
29 tests, and any information relating to diagnosis of or treatment for
30 any confirmed sexually transmitted infections.

31 (24) "Institutional review board" means any board, committee, or
32 other group formally designated by an institution, or authorized
33 under federal or state law, to review, approve the initiation of, or
34 conduct periodic review of research programs to assure the protection
35 of the rights and welfare of human research subjects.

36 (25) "Legal counsel" has the same meaning as in RCW 71.05.020.

37 (26) "Local public health officer" has the same meaning as in RCW
38 70.24.017.

39 (27) "Maintain," as related to health care information, means to
40 hold, possess, preserve, retain, store, or control that information.

1 (28) "Mental health professional" means a psychiatrist,
2 psychologist, psychiatric advanced registered nurse practitioner,
3 psychiatric nurse, or social worker, and such other mental health
4 professionals as may be defined by rules adopted by the secretary of
5 health under chapter 71.05 RCW, whether that person works in a
6 private or public setting.

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

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

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

17 (32) "Patient" means an individual who receives or has received
18 health care. The term includes a deceased individual who has received
19 health care.

20 (33) "Payment" means:

21 (a) The activities undertaken by:

22 (i) A third-party payor to obtain premiums or to determine or
23 fulfill its responsibility for coverage and provision of benefits by
24 the third-party payor; or

25 (ii) A health care provider, health care facility, or third-party
26 payor, to obtain or provide reimbursement for the provision of health
27 care; and

28 (b) The activities in (a) of this subsection that relate to the
29 patient to whom health care is provided and that include, but are not
30 limited to:

31 (i) Determinations of eligibility or coverage, including
32 coordination of benefits or the determination of cost-sharing
33 amounts, and adjudication or subrogation of health benefit claims;

34 (ii) Risk adjusting amounts due based on enrollee health status
35 and demographic characteristics;

36 (iii) Billing, claims management, collection activities,
37 obtaining payment under a contract for reinsurance, including stop-
38 loss insurance and excess of loss insurance, and related health care
39 data processing;

1 (iv) Review of health care services with respect to medical
2 necessity, coverage under a health plan, appropriateness of care, or
3 justification of charges;

4 (v) Utilization review activities, including precertification and
5 preauthorization of services, and concurrent and retrospective review
6 of services; and

7 (vi) Disclosure to consumer reporting agencies of any of the
8 following health care information relating to collection of premiums
9 or reimbursement:

10 (A) Name and address;

11 (B) Date of birth;

12 (C) Social security number;

13 (D) Payment history;

14 (E) Account number; and

15 (F) Name and address of the health care provider, health care
16 facility, and/or third-party payor.

17 (34) "Person" means an individual, corporation, business trust,
18 estate, trust, partnership, association, joint venture, government,
19 governmental subdivision or agency, or any other legal or commercial
20 entity.

21 (35) "Professional person" has the same meaning as in RCW
22 71.05.020.

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

25 (37) "Psychotherapy notes" means notes recorded, in any medium,
26 by a mental health professional documenting or analyzing the contents
27 of conversations during a private counseling session or group, joint,
28 or family counseling session, and that are separated from the rest of
29 the individual's medical record. The term excludes mediation
30 prescription and monitoring, counseling session start and stop times,
31 the modalities and frequencies of treatment furnished, results of
32 clinical tests, and any summary of the following items: Diagnosis,
33 functional status, the treatment plan, symptoms, prognosis, and
34 progress to date.

35 (38) "Reasonable fee" means the charges for duplicating or
36 searching the record, but shall not exceed sixty-five cents per page
37 for the first thirty pages and fifty cents per page for all other
38 pages. In addition, a clerical fee for searching and handling may be
39 charged not to exceed fifteen dollars. These amounts shall be
40 adjusted biennially in accordance with changes in the consumer price

1 index, all consumers, for Seattle-Tacoma metropolitan statistical
2 area as determined by the secretary of health. However, where editing
3 of records by a health care provider is required by statute and is
4 done by the provider personally, the fee may be the usual and
5 customary charge for a basic office visit.

6 (39) "Release" has the same meaning as in RCW 71.05.020.

7 (40) "Resource management services" has the same meaning as in
8 RCW 71.05.020.

9 (41) "Serious violent offense" has the same meaning as in RCW
10 71.05.020.

11 (42) "Sexually transmitted infection" or "sexually transmitted
12 disease" has the same meaning as "sexually transmitted disease" in
13 RCW 70.24.017.

14 (43) "Test for a sexually transmitted disease" has the same
15 meaning as in RCW 70.24.017.

16 (44) "Third-party payor" means an insurer regulated under Title
17 48 RCW authorized to transact business in this state or other
18 jurisdiction, including a health care service contractor, and health
19 maintenance organization; or an employee welfare benefit plan,
20 excluding fitness or wellness plans; or a state or federal health
21 benefit program.

22 (45) "Treatment" means the provision, coordination, or management
23 of health care and related services by one or more health care
24 providers or health care facilities, including the coordination or
25 management of health care by a health care provider or health care
26 facility with a third party; consultation between health care
27 providers or health care facilities relating to a patient; or the
28 referral of a patient for health care from one health care provider
29 or health care facility to another.

30 (46) "Managed care organization" has the same meaning as provided
31 in RCW 71.24.025.

32 **Sec. 5020.** RCW 70.02.230 and 2018 c 201 s 8002 are each amended
33 to read as follows:

34 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
35 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or
36 pursuant to a valid authorization under RCW 70.02.030, the fact of
37 admission to a provider for mental health services and all
38 information and records compiled, obtained, or maintained in the
39 course of providing mental health services to either voluntary or

1 involuntary recipients of services at public or private agencies must
2 be confidential.

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

6 (a) In communications between qualified professional persons to
7 meet the requirements of chapter 71.05 RCW, in the provision of
8 services or appropriate referrals, or in the course of guardianship
9 proceedings if provided to a professional person:

- 10 (i) Employed by the facility;
11 (ii) Who has medical responsibility for the patient's care;
12 (iii) Who is a designated crisis responder;
13 (iv) Who is providing services under chapter 71.24 RCW;
14 (v) Who is employed by a state or local correctional facility
15 where the person is confined or supervised; or
16 (vi) Who is providing evaluation, treatment, or follow-up
17 services under chapter 10.77 RCW;

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

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

26 (ii) A public or private agency shall release to a person's next
27 of kin, attorney, personal representative, guardian, or conservator,
28 if any:

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

31 (B) A statement evaluating the mental and physical condition of
32 the patient, and a statement of the probable duration of the
33 patient's confinement, if such information is requested by the next
34 of kin, attorney, personal representative, guardian, or conservator;
35 and

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

39 (d)(i) To the courts as necessary to the administration of
40 chapter 71.05 RCW or to a court ordering an evaluation or treatment

1 under chapter 10.77 RCW solely for the purpose of preventing the
2 entry of any evaluation or treatment order that is inconsistent with
3 any order entered under chapter 71.05 RCW.

4 (ii) To a court or its designee in which a motion under chapter
5 10.77 RCW has been made for involuntary medication of a defendant for
6 the purpose of competency restoration.

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

10 (e)(i) When a mental health professional or designated crisis
11 responder is requested by a representative of a law enforcement or
12 corrections agency, including a police officer, sheriff, community
13 corrections officer, a municipal attorney, or prosecuting attorney to
14 undertake an investigation or provide treatment under RCW 71.05.150,
15 10.31.110, or 71.05.153, the mental health professional or designated
16 crisis responder shall, if requested to do so, advise the
17 representative in writing of the results of the investigation
18 including a statement of reasons for the decision to detain or
19 release the person investigated. The written report must be submitted
20 within seventy-two hours of the completion of the investigation or
21 the request from the law enforcement or corrections representative,
22 whichever occurs later.

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

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

27 (g) To the prosecuting attorney as necessary to carry out the
28 responsibilities of the office under RCW 71.05.330(2),
29 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
30 access to records regarding the committed person's treatment and
31 prognosis, medication, behavior problems, and other records relevant
32 to the issue of whether treatment less restrictive than inpatient
33 treatment is in the best interest of the committed person or others.
34 Information must be disclosed only after giving notice to the
35 committed person and the person's counsel;

36 (h)(i) To appropriate law enforcement agencies and to a person,
37 when the identity of the person is known to the public or private
38 agency, whose health and safety has been threatened, or who is known
39 to have been repeatedly harassed, by the patient. The person may
40 designate a representative to receive the disclosure. The disclosure

1 must be made by the professional person in charge of the public or
2 private agency or his or her designee and must include the dates of
3 commitment, admission, discharge, or release, authorized or
4 unauthorized absence from the agency's facility, and only any other
5 information that is pertinent to the threat or harassment. The agency
6 or its employees are not civilly liable for the decision to disclose
7 or not, so long as the decision was reached in good faith and without
8 gross negligence.

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

12 (i)(i) To appropriate corrections and law enforcement agencies
13 all necessary and relevant information in the event of a crisis or
14 emergent situation that poses a significant and imminent risk to the
15 public. The mental health service agency or its employees are not
16 civilly liable for the decision to disclose or not so long as the
17 decision was reached in good faith and without gross negligence.

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

20 (j) To the persons designated in RCW 71.05.425 for the purposes
21 described in those sections;

22 (k) Upon the death of a person. The person's next of kin,
23 personal representative, guardian, or conservator, if any, must be
24 notified. Next of kin who are of legal age and competent must be
25 notified under this section in the following order: Spouse, parents,
26 children, brothers and sisters, and other relatives according to the
27 degree of relation. Access to all records and information compiled,
28 obtained, or maintained in the course of providing services to a
29 deceased patient are governed by RCW 70.02.140;

30 (l) To mark headstones or otherwise memorialize patients interred
31 at state hospital cemeteries. The department of social and health
32 services shall make available the name, date of birth, and date of
33 death of patients buried in state hospital cemeteries fifty years
34 after the death of a patient;

35 (m) To law enforcement officers and to prosecuting attorneys as
36 are necessary to enforce RCW 9.41.040(2)(a)(~~(iii)~~) (iv). The extent
37 of information that may be released is limited as follows:

38 (i) Only the fact, place, and date of involuntary commitment, an
39 official copy of any order or orders of commitment, and an official
40 copy of any written or oral notice of ineligibility to possess a

1 firearm that was provided to the person pursuant to RCW 9.41.047(1),
2 must be disclosed upon request;

3 (ii) The law enforcement and prosecuting attorneys may only
4 release the information obtained to the person's attorney as required
5 by court rule and to a jury or judge, if a jury is waived, that
6 presides over any trial at which the person is charged with violating
7 RCW 9.41.040(2)(a) (~~(iii)~~) (iv);

8 (iii) Disclosure under this subsection is mandatory for the
9 purposes of the federal health insurance portability and
10 accountability act;

11 (n) When a patient would otherwise be subject to the provisions
12 of this section and disclosure is necessary for the protection of the
13 patient or others due to his or her unauthorized disappearance from
14 the facility, and his or her whereabouts is unknown, notice of the
15 disappearance, along with relevant information, may be made to
16 relatives, the department of corrections when the person is under the
17 supervision of the department, and governmental law enforcement
18 agencies designated by the physician or psychiatric advanced
19 registered nurse practitioner in charge of the patient or the
20 professional person in charge of the facility, or his or her
21 professional designee;

22 (o) Pursuant to lawful order of a court;

23 (p) To qualified staff members of the department, to the
24 authority, to (~~the director of~~) behavioral health administrative
25 services organizations, to managed care organizations, to resource
26 management services responsible for serving a patient, or to service
27 providers designated by resource management services as necessary to
28 determine the progress and adequacy of treatment and to determine
29 whether the person should be transferred to a less restrictive or
30 more appropriate treatment modality or facility;

31 (q) Within the mental health service agency where the patient is
32 receiving treatment, confidential information may be disclosed to
33 persons employed, serving in bona fide training programs, or
34 participating in supervised volunteer programs, at the facility when
35 it is necessary to perform their duties;

36 (r) Within the department and the authority as necessary to
37 coordinate treatment for mental illness, developmental disabilities,
38 alcoholism, or substance use disorder of persons who are under the
39 supervision of the department;

1 (s) Between the department of social and health services, the
2 department of children, youth, and families, and the health care
3 authority as necessary to coordinate treatment for mental illness,
4 developmental disabilities, alcoholism, or drug abuse of persons who
5 are under the supervision of the department of social and health
6 services or the department of children, youth, and families;

7 (t) To a licensed physician or psychiatric advanced registered
8 nurse practitioner who has determined that the life or health of the
9 person is in danger and that treatment without the information and
10 records related to mental health services could be injurious to the
11 patient's health. Disclosure must be limited to the portions of the
12 records necessary to meet the medical emergency;

13 (u)(i) Consistent with the requirements of the federal health
14 insurance portability and accountability act, to:

15 (A) A health care provider who is providing care to a patient, or
16 to whom a patient has been referred for evaluation or treatment; or

17 (B) Any other person who is working in a care coordinator role
18 for a health care facility or health care provider or is under an
19 agreement pursuant to the federal health insurance portability and
20 accountability act with a health care facility or a health care
21 provider and requires the information and records to assure
22 coordinated care and treatment of that patient.

23 (ii) A person authorized to use or disclose information and
24 records related to mental health services under this subsection
25 (2)(u) must take appropriate steps to protect the information and
26 records relating to mental health services.

27 (iii) Psychotherapy notes may not be released without
28 authorization of the patient who is the subject of the request for
29 release of information;

30 (v) To administrative and office support staff designated to
31 obtain medical records for those licensed professionals listed in (u)
32 of this subsection;

33 (w) To a facility that is to receive a person who is
34 involuntarily committed under chapter 71.05 RCW, or upon transfer of
35 the person from one evaluation and treatment facility to another. The
36 release of records under this subsection is limited to the
37 information and records related to mental health services required by
38 law, a record or summary of all somatic treatments, and a discharge
39 summary. The discharge summary may include a statement of the
40 patient's problem, the treatment goals, the type of treatment which

1 has been provided, and recommendation for future treatment, but may
2 not include the patient's complete treatment record;

3 (x) To the person's counsel or guardian ad litem, without
4 modification, at any time in order to prepare for involuntary
5 commitment or recommitment proceedings, reexaminations, appeals, or
6 other actions relating to detention, admission, commitment, or
7 patient's rights under chapter 71.05 RCW;

8 (y) To staff members of the protection and advocacy agency or to
9 staff members of a private, nonprofit corporation for the purpose of
10 protecting and advocating the rights of persons with mental disorders
11 or developmental disabilities. Resource management services may limit
12 the release of information to the name, birthdate, and county of
13 residence of the patient, information regarding whether the patient
14 was voluntarily admitted, or involuntarily committed, the date and
15 place of admission, placement, or commitment, the name and address of
16 a guardian of the patient, and the date and place of the guardian's
17 appointment. Any staff member who wishes to obtain additional
18 information must notify the patient's resource management services in
19 writing of the request and of the resource management services' right
20 to object. The staff member shall send the notice by mail to the
21 guardian's address. If the guardian does not object in writing within
22 fifteen days after the notice is mailed, the staff member may obtain
23 the additional information. If the guardian objects in writing within
24 fifteen days after the notice is mailed, the staff member may not
25 obtain the additional information;

26 (z) To all current treating providers of the patient with
27 prescriptive authority who have written a prescription for the
28 patient within the last twelve months. For purposes of coordinating
29 health care, the department or the authority may release without
30 written authorization of the patient, information acquired for
31 billing and collection purposes as described in RCW 70.02.050(1)(d).
32 The department, or the authority, if applicable, shall notify the
33 patient that billing and collection information has been released to
34 named providers, and provide the substance of the information
35 released and the dates of such release. Neither the department nor
36 the authority may release counseling, inpatient psychiatric
37 hospitalization, or drug and alcohol treatment information without a
38 signed written release from the client;

39 (aa)(i) To the secretary of social and health services and the
40 director of the health care authority for either program evaluation

1 or research, or both so long as the secretary or director, where
2 applicable, adopts rules for the conduct of the evaluation or
3 research, or both. Such rules must include, but need not be limited
4 to, the requirement that all evaluators and researchers sign an oath
5 of confidentiality substantially as follows:

6 "As a condition of conducting evaluation or research concerning
7 persons who have received services from (fill in the facility,
8 agency, or person) I,, agree not to divulge, publish, or
9 otherwise make known to unauthorized persons or the public any
10 information obtained in the course of such evaluation or research
11 regarding persons who have received services such that the person who
12 received such services is identifiable.

13 I recognize that unauthorized release of confidential information
14 may subject me to civil liability under the provisions of state law.
15 /s/"

16 (ii) Nothing in this chapter may be construed to prohibit the
17 compilation and publication of statistical data for use by government
18 or researchers under standards, including standards to assure
19 maintenance of confidentiality, set forth by the secretary, or
20 director, where applicable;

21 (bb) To any person if the conditions in RCW 70.02.205 are met.

22 (3) Whenever federal law or federal regulations restrict the
23 release of information contained in the information and records
24 related to mental health services of any patient who receives
25 treatment for (~~chemical dependency~~) a substance use disorder, the
26 department or the authority may restrict the release of the
27 information as necessary to comply with federal law and regulations.

28 (4) Civil liability and immunity for the release of information
29 about a particular person who is committed to the department of
30 social and health services or the authority under RCW 71.05.280(3)
31 and 71.05.320(4)(c) after dismissal of a sex offense as defined in
32 RCW 9.94A.030, is governed by RCW 4.24.550.

33 (5) The fact of admission to a provider of mental health
34 services, as well as all records, files, evidence, findings, or
35 orders made, prepared, collected, or maintained pursuant to chapter
36 71.05 RCW are not admissible as evidence in any legal proceeding
37 outside that chapter without the written authorization of the person
38 who was the subject of the proceeding except as provided in RCW
39 70.02.260, in a subsequent criminal prosecution of a person committed

1 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were
2 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand
3 trial, in a civil commitment proceeding pursuant to chapter 71.09
4 RCW, or, in the case of a minor, a guardianship or dependency
5 proceeding. The records and files maintained in any court proceeding
6 pursuant to chapter 71.05 RCW must be confidential and available
7 subsequent to such proceedings only to the person who was the subject
8 of the proceeding or his or her attorney. In addition, the court may
9 order the subsequent release or use of such records or files only
10 upon good cause shown if the court finds that appropriate safeguards
11 for strict confidentiality are and will be maintained.

12 (6)(a) Except as provided in RCW 4.24.550, any person may bring
13 an action against an individual who has willfully released
14 confidential information or records concerning him or her in
15 violation of the provisions of this section, for the greater of the
16 following amounts:

17 (i) One thousand dollars; or

18 (ii) Three times the amount of actual damages sustained, if any.

19 (b) It is not a prerequisite to recovery under this subsection
20 that the plaintiff suffered or was threatened with special, as
21 contrasted with general, damages.

22 (c) Any person may bring an action to enjoin the release of
23 confidential information or records concerning him or her or his or
24 her ward, in violation of the provisions of this section, and may in
25 the same action seek damages as provided in this subsection.

26 (d) The court may award to the plaintiff, should he or she
27 prevail in any action authorized by this subsection, reasonable
28 attorney fees in addition to those otherwise provided by law.

29 (e) If an action is brought under this subsection, no action may
30 be brought under RCW 70.02.170.

31 **Sec. 5021.** RCW 70.02.250 and 2018 c 201 s 8004 are each amended
32 to read as follows:

33 (1) Information and records related to mental health services
34 delivered to a person subject to chapter 9.94A or 9.95 RCW must be
35 released, upon request, by a mental health service agency to
36 department of corrections personnel for whom the information is
37 necessary to carry out the responsibilities of their office. The
38 information must be provided only for the purpose of completing
39 presentence investigations, supervision of an incarcerated person,

1 planning for and provision of supervision of a person, or assessment
2 of a person's risk to the community. The request must be in writing
3 and may not require the consent of the subject of the records.

4 (2) The information to be released to the department of
5 corrections must include all relevant records and reports, as defined
6 by rule, necessary for the department of corrections to carry out its
7 duties, including those records and reports identified in subsection
8 (1) of this section.

9 (3) The authority shall, subject to available resources,
10 electronically, or by the most cost-effective means available,
11 provide the department of corrections with the names, last dates of
12 services, and addresses of specific behavioral health administrative
13 services organizations, managed care organizations contracted with
14 the authority under chapter 74.09 RCW, and mental health service
15 agencies that delivered mental health services to a person subject to
16 chapter 9.94A or 9.95 RCW pursuant to an agreement between the
17 authority and the department of corrections.

18 (4) The authority, in consultation with the department, the
19 department of corrections, behavioral health administrative services
20 organizations, managed care organizations contracted with the
21 authority under chapter 74.09 RCW, mental health service agencies as
22 defined in RCW 70.02.010, mental health consumers, and advocates for
23 persons with mental illness, shall adopt rules to implement the
24 provisions of this section related to the type and scope of
25 information to be released. These rules must:

26 (a) Enhance and facilitate the ability of the department of
27 corrections to carry out its responsibility of planning and ensuring
28 community protection with respect to persons subject to sentencing
29 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
30 disclosing information of persons who received mental health services
31 as a minor; and

32 (b) Establish requirements for the notification of persons under
33 the supervision of the department of corrections regarding the
34 provisions of this section.

35 (5) The information received by the department of corrections
36 under this section must remain confidential and subject to the
37 limitations on disclosure outlined in chapter 71.34 RCW, except as
38 provided in RCW 72.09.585.

39 (6) No mental health service agency or individual employed by a
40 mental health service agency may be held responsible for information

1 released to or used by the department of corrections under the
2 provisions of this section or rules adopted under this section.

3 (7) Whenever federal law or federal regulations restrict the
4 release of information contained in the treatment records of any
5 patient who receives treatment for alcoholism or drug dependency, the
6 release of the information may be restricted as necessary to comply
7 with federal law and regulations.

8 (8) This section does not modify the terms and conditions of
9 disclosure of information related to sexually transmitted diseases
10 under this chapter.

11 **Sec. 5022.** RCW 70.97.010 and 2016 sp.s. c 29 s 419 are each
12 amended to read as follows:

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

15 (1) "Antipsychotic medications" means that class of drugs
16 primarily used to treat serious manifestations of mental illness
17 associated with thought disorders, which includes but is not limited
18 to atypical antipsychotic medications.

19 (2) "Attending staff" means any person on the staff of a public
20 or private agency having responsibility for the care and treatment of
21 a patient.

22 (3) (~~"Chemical dependency" means alcoholism, drug addiction, or~~
23 ~~dependence on alcohol and one or more other psychoactive chemicals,~~
24 ~~as the context requires and as those terms are defined in chapter~~
25 ~~71.05 RCW.~~

26 ~~(4))~~ "Chemical dependency professional" means a person certified
27 as a chemical dependency professional by the department of health
28 under chapter 18.205 RCW.

29 ~~((5))~~ (4) "Commitment" means the determination by a court that
30 an individual should be detained for a period of either evaluation or
31 treatment, or both, in an inpatient or a less restrictive setting.

32 ~~((6))~~ (5) "Conditional release" means a modification of a
33 commitment that may be revoked upon violation of any of its terms.

34 ~~((7))~~ (6) "Custody" means involuntary detention under chapter
35 71.05 RCW, uninterrupted by any period of unconditional release from
36 commitment from a facility providing involuntary care and treatment.

37 ~~((8))~~ (7) "Department" means the department of social and
38 health services.

1 (~~(9)~~) (8) "Designated crisis responder" has the same meaning as
2 in chapter 71.05 RCW.

3 (~~(10)~~) (9) "Detention" or "detain" means the lawful confinement
4 of an individual under chapter 71.05 RCW.

5 (~~(11)~~) (10) "Discharge" means the termination of facility
6 authority. The commitment may remain in place, be terminated, or be
7 amended by court order.

8 (~~(12)~~) (11) "Enhanced services facility" means a facility that
9 provides treatment and services to persons for whom acute inpatient
10 treatment is not medically necessary and who have been determined by
11 the department to be inappropriate for placement in other licensed
12 facilities due to the complex needs that result in behavioral and
13 security issues.

14 (~~(13)~~) (12) "Expanded community services program" means a
15 nonsecure program of enhanced behavioral and residential support
16 provided to long-term and residential care providers serving
17 specifically eligible clients who would otherwise be at risk for
18 hospitalization at state hospital geriatric units.

19 (~~(14)~~) (13) "Facility" means an enhanced services facility.

20 (~~(15)~~) (14) "Gravely disabled" means a condition in which an
21 individual, as a result of a mental disorder, as a result of the use
22 of alcohol or other psychoactive chemicals, or both:

23 (a) Is in danger of serious physical harm resulting from a
24 failure to provide for his or her essential human needs of health or
25 safety; or

26 (b) Manifests severe deterioration in routine functioning
27 evidenced by repeated and escalating loss of cognitive or volitional
28 control over his or her actions and is not receiving such care as is
29 essential for his or her health or safety.

30 (~~(16)~~) (15) "History of one or more violent acts" refers to the
31 period of time ten years before the filing of a petition under this
32 chapter or chapter 71.05 RCW, excluding any time spent, but not any
33 violent acts committed, in a mental health facility or a long-term
34 alcoholism or drug treatment facility, or in confinement as a result
35 of a criminal conviction.

36 (~~(17)~~) (16) "Licensed physician" means a person licensed to
37 practice medicine or osteopathic medicine and surgery in the state of
38 Washington.

39 (~~(18)~~) (17) "Likelihood of serious harm" means:

40 (a) A substantial risk that:

1 (i) Physical harm will be inflicted by an individual upon his or
2 her own person, as evidenced by threats or attempts to commit suicide
3 or inflict physical harm on oneself;

4 (ii) Physical harm will be inflicted by an individual upon
5 another, as evidenced by behavior that has caused such harm or that
6 places another person or persons in reasonable fear of sustaining
7 such harm; or

8 (iii) Physical harm will be inflicted by an individual upon the
9 property of others, as evidenced by behavior that has caused
10 substantial loss or damage to the property of others; or

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

13 ~~((19))~~ (18) "Mental disorder" means any organic, mental, or
14 emotional impairment that has substantial adverse effects on an
15 individual's cognitive or volitional functions.

16 ~~((20))~~ (19) "Mental health professional" means a psychiatrist,
17 psychologist, psychiatric nurse, or social worker, and such other
18 mental health professionals as may be defined by rules adopted by the
19 secretary under the authority of chapter 71.05 RCW.

20 ~~((21))~~ (20) "Professional person" means a mental health
21 professional and also means a physician, registered nurse, and such
22 others as may be defined in rules adopted by the secretary pursuant
23 to the provisions of this chapter.

24 ~~((22))~~ (21) "Psychiatrist" means a person having a license as a
25 physician and surgeon in this state who has in addition completed
26 three years of graduate training in psychiatry in a program approved
27 by the American medical association or the American osteopathic
28 association and is certified or eligible to be certified by the
29 American board of psychiatry and neurology.

30 ~~((23))~~ (22) "Psychologist" means a person who has been licensed
31 as a psychologist under chapter 18.83 RCW.

32 ~~((24))~~ (23) "Registration records" include all the records of
33 the authority, department, behavioral health administrative services
34 organizations, managed care organizations, treatment facilities, and
35 other persons providing services to ~~((the—department,—county~~
36 ~~departments,—or facilities))~~ such entities which identify individuals
37 who are receiving or who at any time have received services for
38 mental illness.

39 ~~((25))~~ (24) "Release" means legal termination of the commitment
40 under chapter 71.05 RCW.

1 ~~((26))~~ (25) "Resident" means a person admitted to an enhanced
2 services facility.

3 ~~((27))~~ (26) "Secretary" means the secretary of the department
4 or the secretary's designee.

5 ~~((28))~~ (27) "Significant change" means:

6 (a) A deterioration in a resident's physical, mental, or
7 psychosocial condition that has caused or is likely to cause clinical
8 complications or life-threatening conditions; or

9 (b) An improvement in the resident's physical, mental, or
10 psychosocial condition that may make the resident eligible for
11 release or for treatment in a less intensive or less secure setting.

12 ~~((29))~~ (28) "Social worker" means a person with a master's or
13 further advanced degree from a social work educational program
14 accredited and approved as provided in RCW 18.320.010.

15 ~~((30))~~ (29) "Treatment" means the broad range of emergency,
16 detoxification, residential, inpatient, and outpatient services and
17 care, including diagnostic evaluation, mental health or ~~((chemical~~
18 ~~dependency))~~ substance use disorder education and counseling,
19 medical, psychiatric, psychological, and social service care,
20 vocational rehabilitation, and career counseling, which may be
21 extended to persons with mental disorders, ~~((chemical-dependency))~~
22 substance use disorders, or both, and their families.

23 ~~((31))~~ (30) "Treatment records" include registration and all
24 other records concerning individuals who are receiving or who at any
25 time have received services for mental illness, which are maintained
26 by the department or the health care authority, by behavioral health
27 administrative services organizations ~~((and))~~ or their staffs,
28 managed care organizations contracted with the health care authority
29 under chapter 74.09 RCW or their staffs, and by treatment facilities.
30 "Treatment records" do not include notes or records maintained for
31 personal use by an individual providing treatment services for the
32 department, the health care authority, behavioral health
33 administrative services organizations, managed care organizations, or
34 a treatment facility if the notes or records are not available to
35 others.

36 ~~((32))~~ (31) "Violent act" means behavior that resulted in
37 homicide, attempted suicide, nonfatal injuries, or substantial damage
38 to property.

39 (32) "Substance use disorder" means a cluster of cognitive,
40 behavioral, and physiological symptoms indicating that an individual

1 continues using the substance despite significant substance-related
2 problems. The diagnosis of a substance use disorder is based on a
3 pathological pattern of behaviors related to the use of the
4 substances.

5 **Sec. 5023.** RCW 70.320.010 and 2014 c 225 s 73 are each amended
6 to read as follows:

7 The definitions in this section apply throughout this chapter
8 unless the context clearly requires otherwise.

9 (1) "Authority" means the health care authority.

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

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

18 (4) "Evidence-based" means a program or practice that has been
19 tested in heterogeneous or intended populations with multiple
20 randomized, or statistically controlled evaluations, or both; or one
21 large multiple site randomized, or statistically controlled
22 evaluation, or both, where the weight of the evidence from a systemic
23 review demonstrates sustained improvements in at least one outcome.
24 "Evidence-based" also means a program or practice that can be
25 implemented with a set of procedures to allow successful replication
26 in Washington and, when possible, is determined to be cost-
27 beneficial.

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

34 (6) "Service coordination organization" or "service contracting
35 entity" means the authority and department, or an entity that may
36 contract with the state to provide, directly or through subcontracts,
37 a comprehensive delivery system of medical, behavioral, long-term
38 care, or social support services, including entities such as
39 (~~behavioral health organizations as defined in RCW 71.24.025,~~)

1 managed care organizations that provide medical services to clients
2 under chapter 74.09 RCW and RCW 71.24.380, (~~counties providing~~
3 ~~chemical dependency services under chapters 74.50 and 70.96A RCW,~~)
4 and area agencies on aging providing case management services under
5 chapter 74.39A RCW.

6 **Sec. 5024.** RCW 72.09.350 and 2018 c 201 s 9011 are each amended
7 to read as follows:

8 (1) The department of corrections and the University of
9 Washington may enter into a collaborative arrangement to provide
10 improved services for offenders with mental illness with a focus on
11 prevention, treatment, and reintegration into society. The
12 participants in the collaborative arrangement may develop a strategic
13 plan within sixty days after May 17, 1993, to address the management
14 of offenders with mental illness within the correctional system,
15 facilitating their reentry into the community and the mental health
16 system, and preventing the inappropriate incarceration of individuals
17 with mental illness. The collaborative arrangement may also specify
18 the establishment and maintenance of a corrections mental health
19 center located at McNeil Island corrections center. The collaborative
20 arrangement shall require that an advisory panel of key stakeholders
21 be established and consulted throughout the development and
22 implementation of the center. The stakeholders advisory panel shall
23 include a broad array of interest groups drawn from representatives
24 of mental health, criminal justice, and correctional systems. The
25 stakeholders advisory panel shall include, but is not limited to,
26 membership from: The department of corrections, the department of
27 social and health services (~~mental health division and division of~~
28 ~~juvenile rehabilitation~~), the health care authority, behavioral
29 health administrative services organizations, managed care
30 organizations under chapter 74.09 RCW, local and regional law
31 enforcement agencies, the sentencing guidelines commission, county
32 and city jails, mental health advocacy groups for individuals with
33 mental illness or developmental disabilities, the traumatically
34 brain-injured, and the general public. The center established by the
35 department of corrections and University of Washington, in
36 consultation with the stakeholder advisory groups, shall have the
37 authority to:

38 (a) Develop new and innovative treatment approaches for
39 corrections mental health clients;

1 (b) Improve the quality of mental health services within the
2 department and throughout the corrections system;

3 (c) Facilitate mental health staff recruitment and training to
4 meet departmental, county, and municipal needs;

5 (d) Expand research activities within the department in the area
6 of treatment services, the design of delivery systems, the
7 development of organizational models, and training for corrections
8 mental health care professionals;

9 (e) Improve the work environment for correctional employees by
10 developing the skills, knowledge, and understanding of how to work
11 with offenders with special chronic mental health challenges;

12 (f) Establish a more positive rehabilitative environment for
13 offenders;

14 (g) Strengthen multidisciplinary mental health collaboration
15 between the University of Washington, other groups committed to the
16 intent of this section, and the department of corrections;

17 (h) Strengthen department linkages between institutions of higher
18 education, public sector mental health systems, and county and
19 municipal corrections;

20 (i) Assist in the continued formulation of corrections mental
21 health policies;

22 (j) Develop innovative and effective recruitment and training
23 programs for correctional personnel working with offenders with
24 mental illness;

25 (k) Assist in the development of a coordinated continuum of
26 mental health care capable of providing services from corrections
27 entry to community return; and

28 (l) Evaluate all current and innovative approaches developed
29 within this center in terms of their effective and efficient
30 achievement of improved mental health of inmates, development and
31 utilization of personnel, the impact of these approaches on the
32 functioning of correctional institutions, and the relationship of the
33 corrections system to mental health and criminal justice systems.
34 Specific attention should be paid to evaluating the effects of
35 programs on the reintegration of offenders with mental illness into
36 the community and the prevention of inappropriate incarceration of
37 persons with mental illness.

38 (2) The corrections mental health center may conduct research,
39 training, and treatment activities for the offender with mental
40 illness within selected sites operated by the department. The

1 department shall provide support services for the center such as food
2 services, maintenance, perimeter security, classification, offender
3 supervision, and living unit functions. The University of Washington
4 may develop, implement, and evaluate the clinical, treatment,
5 research, and evaluation components of the mentally ill offender
6 center. The institute of for public policy and management may be
7 consulted regarding the development of the center and in the
8 recommendations regarding public policy. As resources permit,
9 training within the center shall be available to state, county, and
10 municipal agencies requiring the services. Other state colleges,
11 state universities, and mental health providers may be involved in
12 activities as required on a subcontract basis. Community mental
13 health organizations, research groups, and community advocacy groups
14 may be critical components of the center's operations and involved as
15 appropriate to annual objectives. Clients with mental illness may be
16 drawn from throughout the department's population and transferred to
17 the center as clinical need, available services, and department
18 jurisdiction permits.

19 (3) The department shall prepare a report of the center's
20 progress toward the attainment of stated goals and provide the report
21 to the legislature annually.

22 **Sec. 5025.** RCW 72.09.370 and 2018 c 201 s 9012 are each amended
23 to read as follows:

24 (1) The offender reentry community safety program is established
25 to provide intensive services to offenders identified under this
26 subsection and to thereby promote public safety. The secretary shall
27 identify offenders in confinement or partial confinement who: (a) Are
28 reasonably believed to be dangerous to themselves or others; and (b)
29 have a mental disorder. In determining an offender's dangerousness,
30 the secretary shall consider behavior known to the department and
31 factors, based on research, that are linked to an increased risk for
32 dangerousness of offenders with mental illnesses and shall include
33 consideration of an offender's (~~chemical dependency~~) substance use
34 disorder or abuse.

35 (2) Prior to release of an offender identified under this
36 section, a team consisting of representatives of the department of
37 corrections, the health care authority, and, as necessary, the
38 indeterminate sentence review board, divisions or administrations
39 within the department of social and health services, specifically

1 including the division of developmental disabilities, the appropriate
2 (~~behavioral health~~) managed care organization contracted with the
3 health care authority, the appropriate behavioral health
4 administrative services organization, and the providers, as
5 appropriate, shall develop a plan, as determined necessary by the
6 team, for delivery of treatment and support services to the offender
7 upon release. In developing the plan, the offender shall be offered
8 assistance in executing a mental health directive under chapter 71.32
9 RCW, after being fully informed of the benefits, scope, and purposes
10 of such directive. The team may include a school district
11 representative for offenders under the age of twenty-one. The team
12 shall consult with the offender's counsel, if any, and, as
13 appropriate, the offender's family and community. The team shall
14 notify the crime victim/witness program, which shall provide notice
15 to all people registered to receive notice under RCW 72.09.712 of the
16 proposed release plan developed by the team. Victims, witnesses, and
17 other interested people notified by the department may provide
18 information and comments to the department on potential safety risk
19 to specific individuals or classes of individuals posed by the
20 specific offender. The team may recommend: (a) That the offender be
21 evaluated by the designated crisis responder, as defined in chapter
22 71.05 RCW; (b) department-supervised community treatment; or (c)
23 voluntary community mental health or (~~chemical dependency~~)
24 substance use disorder or abuse treatment.

25 (3) Prior to release of an offender identified under this
26 section, the team shall determine whether or not an evaluation by a
27 designated crisis responder is needed. If an evaluation is
28 recommended, the supporting documentation shall be immediately
29 forwarded to the appropriate designated crisis responder. The
30 supporting documentation shall include the offender's criminal
31 history, history of judicially required or administratively ordered
32 involuntary antipsychotic medication while in confinement, and any
33 known history of involuntary civil commitment.

34 (4) If an evaluation by a designated crisis responder is
35 recommended by the team, such evaluation shall occur not more than
36 ten days, nor less than five days, prior to release.

37 (5) A second evaluation by a designated crisis responder shall
38 occur on the day of release if requested by the team, based upon new
39 information or a change in the offender's mental condition, and the

1 initial evaluation did not result in an emergency detention or a
2 summons under chapter 71.05 RCW.

3 (6) If the designated crisis responder determines an emergency
4 detention under chapter 71.05 RCW is necessary, the department shall
5 release the offender only to a state hospital or to a consenting
6 evaluation and treatment facility. The department shall arrange
7 transportation of the offender to the hospital or facility.

8 (7) If the designated crisis responder believes that a less
9 restrictive alternative treatment is appropriate, he or she shall
10 seek a summons, pursuant to the provisions of chapter 71.05 RCW, to
11 require the offender to appear at an evaluation and treatment
12 facility. If a summons is issued, the offender shall remain within
13 the corrections facility until completion of his or her term of
14 confinement and be transported, by corrections personnel on the day
15 of completion, directly to the identified evaluation and treatment
16 facility.

17 (8) The secretary shall adopt rules to implement this section.

18 **Sec. 5026.** RCW 72.09.381 and 2018 c 201 s 9014 are each amended
19 to read as follows:

20 The secretary of the department of corrections and the director
21 of the health care authority shall, in consultation with the
22 behavioral health administrative services organizations, managed care
23 organizations contracted with the health care authority, and provider
24 representatives, each adopt rules as necessary to implement chapter
25 214, Laws of 1999.

26 **Sec. 5027.** RCW 72.10.060 and 2014 c 225 s 97 are each amended to
27 read as follows:

28 The secretary shall, for any person committed to a state
29 correctional facility after July 1, 1998, inquire at the time of
30 commitment whether the person had received outpatient mental health
31 treatment within the two years preceding confinement and the name of
32 the person providing the treatment.

33 The secretary shall inquire of the treatment provider if he or
34 she wishes to be notified of the release of the person from
35 confinement, for purposes of offering treatment upon the inmate's
36 release. If the treatment provider wishes to be notified of the
37 inmate's release, the secretary shall attempt to provide such notice
38 at least seven days prior to release.

1 At the time of an inmate's release if the secretary is unable to
2 locate the treatment provider, the secretary shall notify the health
3 care authority and the behavioral health administrative services
4 organization in the county the inmate will most likely reside
5 following release.

6 If the secretary has, prior to the release from the facility,
7 evaluated the inmate and determined he or she requires postrelease
8 mental health treatment, a copy of relevant records and reports
9 relating to the inmate's mental health treatment or status shall be
10 promptly made available to the offender's present or future treatment
11 provider. The secretary shall determine which records and reports are
12 relevant and may provide a summary in lieu of copies of the records.

13 **Sec. 5028.** RCW 72.23.025 and 2014 c 225 s 98 are each amended to
14 read as follows:

15 (1) It is the intent of the legislature to improve the quality of
16 service at state hospitals, eliminate overcrowding, and more
17 specifically define the role of the state hospitals. The legislature
18 intends that eastern and western state hospitals shall become
19 clinical centers for handling the most complicated long-term care
20 needs of patients with a primary diagnosis of mental disorder. To
21 this end, the legislature intends that funds appropriated for mental
22 health programs, including funds for behavioral health administrative
23 services organizations, managed care organizations contracted with
24 the health care authority, and the state hospitals, be used for
25 persons with primary diagnosis of mental disorder. The legislature
26 finds that establishment of institutes for the study and treatment of
27 mental disorders at both eastern state hospital and western state
28 hospital will be instrumental in implementing the legislative intent.

29 (2) (a) There is established at eastern state hospital and western
30 state hospital, institutes for the study and treatment of mental
31 disorders. The institutes shall be operated by joint operating
32 agreements between state colleges and universities and the department
33 of social and health services. The institutes are intended to conduct
34 training, research, and clinical program development activities that
35 will directly benefit persons with mental illness who are receiving
36 treatment in Washington state by performing the following activities:

37 (i) Promote recruitment and retention of highly qualified
38 professionals at the state hospitals and community mental health
39 programs;

1 (ii) Improve clinical care by exploring new, innovative, and
2 scientifically based treatment models for persons presenting
3 particularly difficult and complicated clinical syndromes;

4 (iii) Provide expanded training opportunities for existing staff
5 at the state hospitals and community mental health programs;

6 (iv) Promote bilateral understanding of treatment orientation,
7 possibilities, and challenges between state hospital professionals
8 and community mental health professionals.

9 (b) To accomplish these purposes the institutes may, within funds
10 appropriated for this purpose:

11 (i) Enter joint operating agreements with state universities or
12 other institutions of higher education to accomplish the placement
13 and training of students and faculty in psychiatry, psychology,
14 social work, occupational therapy, nursing, and other relevant
15 professions at the state hospitals and community mental health
16 programs;

17 (ii) Design and implement clinical research projects to improve
18 the quality and effectiveness of state hospital services and
19 operations;

20 (iii) Enter into agreements with community mental health service
21 providers to accomplish the exchange of professional staff between
22 the state hospitals and community mental health service providers;

23 (iv) Establish a student loan forgiveness and conditional
24 scholarship program to retain qualified professionals at the state
25 hospitals and community mental health providers when the secretary
26 has determined a shortage of such professionals exists.

27 (c) Notwithstanding any other provisions of law to the contrary,
28 the institutes may enter into agreements with the department or the
29 state hospitals which may involve changes in staffing necessary to
30 implement improved patient care programs contemplated by this
31 section.

32 (d) The institutes are authorized to seek and accept public or
33 private gifts, grants, contracts, or donations to accomplish their
34 purposes under this section.

35 **Sec. 5029.** RCW 74.09.758 and 2014 c 223 s 7 are each amended to
36 read as follows:

37 (1) The authority and the department may restructure medicaid
38 procurement of health care services and agreements with managed care
39 systems on a phased basis to better support integrated physical

1 health, mental health, and (~~chemical dependency~~) substance use
2 disorder treatment, consistent with assumptions in Second Substitute
3 Senate Bill No. 6312, Laws of 2014, and recommendations provided by
4 the behavioral health task force. The authority and the department
5 may develop and utilize innovative mechanisms to promote and sustain
6 integrated clinical models of physical and behavioral health care.

7 (2) The authority and the department may incorporate the
8 following principles into future medicaid procurement efforts aimed
9 at integrating the delivery of physical and behavioral health
10 services:

11 (a) Medicaid purchasing must support delivery of integrated,
12 person-centered care that addresses the spectrum of individuals'
13 health needs in the context of the communities in which they live and
14 with the availability of care continuity as their health needs
15 change;

16 (b) Accountability for the client outcomes established in RCW
17 43.20A.895 (as recodified by this act) and 71.36.025 and performance
18 measures linked to those outcomes;

19 (c) Medicaid benefit design must recognize that adequate
20 preventive care, crisis intervention, and support services promote a
21 recovery-focused approach;

22 (d) Evidence-based care interventions and continuous quality
23 improvement must be enforced through contract specifications and
24 performance measures that provide meaningful integration at the
25 patient care level with broadly distributed accountability for
26 results;

27 (e) Active purchasing and oversight of medicaid managed care
28 contracts is a state responsibility;

29 (f) A deliberate and flexible system change plan with identified
30 benchmarks to promote system stability, provide continuity of
31 treatment for patients, and protect essential existing behavioral
32 health system infrastructure and capacity; and

33 (g) Community and organizational readiness are key determinants
34 of implementation timing; a phased approach is therefore desirable.

35 (3) The principles identified in subsection (2) of this section
36 are not intended to create an individual entitlement to services.

37 (4) The authority shall increase the use of value-based
38 contracting, alternative quality contracting, and other payment
39 incentives that promote quality, efficiency, cost savings, and health
40 improvement, for medicaid and public employee purchasing. The

1 authority shall also implement additional chronic disease management
2 techniques that reduce the subsequent need for hospitalization or
3 readmissions. It is the intent of the legislature that the reforms
4 the authority implements under this subsection are anticipated to
5 reduce extraneous medical costs, across all medical programs, when
6 fully phased in by fiscal year 2017 to generate budget savings
7 identified in the omnibus appropriations act.

8 **Sec. 5030.** RCW 74.34.020 and 2018 c 201 s 9016 are each amended
9 to read as follows:

10 The definitions in this section apply throughout this chapter
11 unless the context clearly requires otherwise.

12 (1) "Abandonment" means action or inaction by a person or entity
13 with a duty of care for a vulnerable adult that leaves the vulnerable
14 person without the means or ability to obtain necessary food,
15 clothing, shelter, or health care.

16 (2) "Abuse" means the willful action or inaction that inflicts
17 injury, unreasonable confinement, intimidation, or punishment on a
18 vulnerable adult. In instances of abuse of a vulnerable adult who is
19 unable to express or demonstrate physical harm, pain, or mental
20 anguish, the abuse is presumed to cause physical harm, pain, or
21 mental anguish. Abuse includes sexual abuse, mental abuse, physical
22 abuse, and personal exploitation of a vulnerable adult, and improper
23 use of restraint against a vulnerable adult which have the following
24 meanings:

25 (a) "Sexual abuse" means any form of nonconsensual sexual
26 conduct, including but not limited to unwanted or inappropriate
27 touching, rape, sodomy, sexual coercion, sexually explicit
28 photographing, and sexual harassment. Sexual abuse also includes any
29 sexual conduct between a staff person, who is not also a resident or
30 client, of a facility or a staff person of a program authorized under
31 chapter 71A.12 RCW, and a vulnerable adult living in that facility or
32 receiving service from a program authorized under chapter 71A.12 RCW,
33 whether or not it is consensual.

34 (b) "Physical abuse" means the willful action of inflicting
35 bodily injury or physical mistreatment. Physical abuse includes, but
36 is not limited to, striking with or without an object, slapping,
37 pinching, choking, kicking, shoving, or prodding.

38 (c) "Mental abuse" means a willful verbal or nonverbal action
39 that threatens, humiliates, harasses, coerces, intimidates, isolates,

1 unreasonably confines, or punishes a vulnerable adult. Mental abuse
2 may include ridiculing, yelling, or swearing.

3 (d) "Personal exploitation" means an act of forcing, compelling,
4 or exerting undue influence over a vulnerable adult causing the
5 vulnerable adult to act in a way that is inconsistent with relevant
6 past behavior, or causing the vulnerable adult to perform services
7 for the benefit of another.

8 (e) "Improper use of restraint" means the inappropriate use of
9 chemical, physical, or mechanical restraints for convenience or
10 discipline or in a manner that: (i) Is inconsistent with federal or
11 state licensing or certification requirements for facilities,
12 hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is
13 not medically authorized; or (iii) otherwise constitutes abuse under
14 this section.

15 (3) "Chemical restraint" means the administration of any drug to
16 manage a vulnerable adult's behavior in a way that reduces the safety
17 risk to the vulnerable adult or others, has the temporary effect of
18 restricting the vulnerable adult's freedom of movement, and is not
19 standard treatment for the vulnerable adult's medical or psychiatric
20 condition.

21 (4) "Consent" means express written consent granted after the
22 vulnerable adult or his or her legal representative has been fully
23 informed of the nature of the services to be offered and that the
24 receipt of services is voluntary.

25 (5) "Department" means the department of social and health
26 services.

27 (6) "Facility" means a residence licensed or required to be
28 licensed under chapter 18.20 RCW, assisted living facilities; chapter
29 18.51 RCW, nursing homes; chapter 70.128 RCW, adult family homes;
30 chapter 72.36 RCW, soldiers' homes; (~~(or)~~) chapter 71A.20 RCW,
31 residential habilitation centers; or any other facility licensed or
32 certified by the department (~~(or the department of health)~~).

33 (7) "Financial exploitation" means the illegal or improper use,
34 control over, or withholding of the property, income, resources, or
35 trust funds of the vulnerable adult by any person or entity for any
36 person's or entity's profit or advantage other than for the
37 vulnerable adult's profit or advantage. "Financial exploitation"
38 includes, but is not limited to:

39 (a) The use of deception, intimidation, or undue influence by a
40 person or entity in a position of trust and confidence with a

1 vulnerable adult to obtain or use the property, income, resources, or
2 trust funds of the vulnerable adult for the benefit of a person or
3 entity other than the vulnerable adult;

4 (b) The breach of a fiduciary duty, including, but not limited
5 to, the misuse of a power of attorney, trust, or a guardianship
6 appointment, that results in the unauthorized appropriation, sale, or
7 transfer of the property, income, resources, or trust funds of the
8 vulnerable adult for the benefit of a person or entity other than the
9 vulnerable adult; or

10 (c) Obtaining or using a vulnerable adult's property, income,
11 resources, or trust funds without lawful authority, by a person or
12 entity who knows or clearly should know that the vulnerable adult
13 lacks the capacity to consent to the release or use of his or her
14 property, income, resources, or trust funds.

15 (8) "Financial institution" has the same meaning as in RCW
16 30A.22.040 and 30A.22.041. For purposes of this chapter only,
17 "financial institution" also means a "broker-dealer" or "investment
18 adviser" as defined in RCW 21.20.005.

19 (9) "Hospital" means a facility licensed under chapter 70.41 or
20 71.12 RCW or a state hospital defined in chapter 72.23 RCW and any
21 employee, agent, officer, director, or independent contractor
22 thereof.

23 (10) "Incapacitated person" means a person who is at a
24 significant risk of personal or financial harm under RCW 11.88.010(1)
25 (a), (b), (c), or (d).

26 (11) "Individual provider" means a person under contract with the
27 department to provide services in the home under chapter 74.09 or
28 74.39A RCW.

29 (12) "Interested person" means a person who demonstrates to the
30 court's satisfaction that the person is interested in the welfare of
31 the vulnerable adult, that the person has a good faith belief that
32 the court's intervention is necessary, and that the vulnerable adult
33 is unable, due to incapacity, undue influence, or duress at the time
34 the petition is filed, to protect his or her own interests.

35 (13)(a) "Isolate" or "isolation" means to restrict a vulnerable
36 adult's ability to communicate, visit, interact, or otherwise
37 associate with persons of his or her choosing. Isolation may be
38 evidenced by acts including but not limited to:

1 (i) Acts that prevent a vulnerable adult from sending, making, or
2 receiving his or her personal mail, electronic communications, or
3 telephone calls; or

4 (ii) Acts that prevent or obstruct the vulnerable adult from
5 meeting with others, such as telling a prospective visitor or caller
6 that a vulnerable adult is not present, or does not wish contact,
7 where the statement is contrary to the express wishes of the
8 vulnerable adult.

9 (b) The term "isolate" or "isolation" may not be construed in a
10 manner that prevents a guardian or limited guardian from performing
11 his or her fiduciary obligations under chapter 11.92 RCW or prevents
12 a hospital or facility from providing treatment consistent with the
13 standard of care for delivery of health services.

14 (14) "Mandated reporter" is an employee of the department; law
15 enforcement officer; social worker; professional school personnel;
16 individual provider; an employee of a facility; an operator of a
17 facility; an employee of a social service, welfare, mental health,
18 adult day health, adult day care, home health, home care, or hospice
19 agency; county coroner or medical examiner; Christian Science
20 practitioner; or health care provider subject to chapter 18.130 RCW.

21 (15) "Mechanical restraint" means any device attached or adjacent
22 to the vulnerable adult's body that he or she cannot easily remove
23 that restricts freedom of movement or normal access to his or her
24 body. "Mechanical restraint" does not include the use of devices,
25 materials, or equipment that are (a) medically authorized, as
26 required, and (b) used in a manner that is consistent with federal or
27 state licensing or certification requirements for facilities,
28 hospitals, or programs authorized under chapter 71A.12 RCW.

29 (16) "Neglect" means (a) a pattern of conduct or inaction by a
30 person or entity with a duty of care that fails to provide the goods
31 and services that maintain physical or mental health of a vulnerable
32 adult, or that fails to avoid or prevent physical or mental harm or
33 pain to a vulnerable adult; or (b) an act or omission by a person or
34 entity with a duty of care that demonstrates a serious disregard of
35 consequences of such a magnitude as to constitute a clear and present
36 danger to the vulnerable adult's health, welfare, or safety,
37 including but not limited to conduct prohibited under RCW 9A.42.100.

38 (17) "Permissive reporter" means any person, including, but not
39 limited to, an employee of a financial institution, attorney, or

1 volunteer in a facility or program providing services for vulnerable
2 adults.

3 (18) "Physical restraint" means the application of physical force
4 without the use of any device, for the purpose of restraining the
5 free movement of a vulnerable adult's body. "Physical restraint" does
6 not include (a) briefly holding without undue force a vulnerable
7 adult in order to calm or comfort him or her, or (b) holding a
8 vulnerable adult's hand to safely escort him or her from one area to
9 another.

10 (19) "Protective services" means any services provided by the
11 department to a vulnerable adult with the consent of the vulnerable
12 adult, or the legal representative of the vulnerable adult, who has
13 been abandoned, abused, financially exploited, neglected, or in a
14 state of self-neglect. These services may include, but are not
15 limited to case management, social casework, home care, placement,
16 arranging for medical evaluations, psychological evaluations, day
17 care, or referral for legal assistance.

18 (20) "Self-neglect" means the failure of a vulnerable adult, not
19 living in a facility, to provide for himself or herself the goods and
20 services necessary for the vulnerable adult's physical or mental
21 health, and the absence of which impairs or threatens the vulnerable
22 adult's well-being. This definition may include a vulnerable adult
23 who is receiving services through home health, hospice, or a home
24 care agency, or an individual provider when the neglect is not a
25 result of inaction by that agency or individual provider.

26 (21) "Social worker" means:

27 (a) A social worker as defined in RCW 18.320.010(2); or

28 (b) Anyone engaged in a professional capacity during the regular
29 course of employment in encouraging or promoting the health, welfare,
30 support, or education of vulnerable adults, or providing social
31 services to vulnerable adults, whether in an individual capacity or
32 as an employee or agent of any public or private organization or
33 institution.

34 (22) "Vulnerable adult" includes a person:

35 (a) Sixty years of age or older who has the functional, mental,
36 or physical inability to care for himself or herself; or

37 (b) Found incapacitated under chapter 11.88 RCW; or

38 (c) Who has a developmental disability as defined under RCW
39 71A.10.020; or

40 (d) Admitted to any facility; or

1 (e) Receiving services from home health, hospice, or home care
2 agencies licensed or required to be licensed under chapter 70.127
3 RCW; or

4 (f) Receiving services from an individual provider; or

5 (g) Who self-directs his or her own care and receives services
6 from a personal aide under chapter 74.39 RCW.

7 (23) "Vulnerable adult advocacy team" means a team of three or
8 more persons who coordinate a multidisciplinary process, in
9 compliance with chapter 266, Laws of 2017 and the protocol governed
10 by RCW 74.34.320, for preventing, identifying, investigating,
11 prosecuting, and providing services related to abuse, neglect, or
12 financial exploitation of vulnerable adults.

13 **Sec. 5031.** RCW 74.34.068 and 2014 c 225 s 103 are each amended
14 to read as follows:

15 (1) After the investigation is complete, the department may
16 provide a written report of the outcome of the investigation to an
17 agency or program described in this subsection when the department
18 determines from its investigation that an incident of abuse,
19 abandonment, financial exploitation, or neglect occurred. Agencies or
20 programs that may be provided this report are home health, hospice,
21 or home care agencies, or after January 1, 2002, any in-home services
22 agency licensed under chapter 70.127 RCW, a program authorized under
23 chapter 71A.12 RCW, an adult day care or day health program,
24 behavioral health administrative services organizations and managed
25 care organizations authorized under chapter 71.24 RCW, or other
26 agencies. The report may contain the name of the vulnerable adult and
27 the alleged perpetrator. The report shall not disclose the identity
28 of the person who made the report or any witness without the written
29 permission of the reporter or witness. The department shall notify
30 the alleged perpetrator regarding the outcome of the investigation.
31 The name of the vulnerable adult must not be disclosed during this
32 notification.

33 (2) The department may also refer a report or outcome of an
34 investigation to appropriate state or local governmental authorities
35 responsible for licensing or certification of the agencies or
36 programs listed in subsection (1) of this section.

37 (3) The department shall adopt rules necessary to implement this
38 section.

1 NEW SECTION. **Sec. 5032.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 (1) The legislature finds that behavioral health integration
4 requires parity in the approach to regulation between primary care
5 providers and behavioral health agencies.

6 (2) Neither the authority nor the department may provide initial
7 documentation requirements for patients receiving care in a
8 behavioral health agency, either in contract or rule, which are
9 substantially more administratively burdensome to complete than
10 initial documentation requirements in primary care settings, unless
11 such documentation is required by federal law or to receive federal
12 funds.

13 **Sec. 5033.** RCW 10.77.280 and 2015 1st sp.s. c 7 s 10 are each
14 amended to read as follows:

15 (1) In order to prioritize goals of accuracy, prompt service to
16 the court, quality assurance, and integration with other services, an
17 office of forensic mental health services is established within the
18 department of social and health services. The office shall be led by
19 a director (~~(on at least the level of deputy assistant secretary~~
20 ~~within the department)) who shall (~~(, after a reasonable period of~~
21 ~~transition,)~~) have responsibility for the following functions:~~

22 (a) (~~(Operational control)~~) Coordination of all forensic
23 evaluation services (~~(, including specific budget allocation)~~);

24 (b) Responsibility for assuring appropriate training of forensic
25 evaluators;

26 (c) Development of a system to certify forensic evaluators, and
27 to monitor the quality of forensic evaluation reports;

28 (d) Liaison with courts, jails, and community mental health
29 programs to ensure the proper coordination of care, flow of
30 information, (~~(coordinate logistical issues, and solve problems in~~
31 ~~complex circumstances)) and transition to community services, when
32 applicable;~~

33 (e) Coordination with state hospitals to identify and develop
34 best practice interventions and curricula for services (~~(that are~~
35 ~~unique)) relevant to forensic patients;~~

36 (f) (~~(Promotion of congruence across state hospitals where~~
37 ~~appropriate, and promotion of interventions that flow smoothly into~~
38 ~~community interventions;~~

1 ~~(g))~~ Coordination with ~~((regional support networks))~~ the
2 authority, managed care organizations, behavioral health
3 administrative services organizations, community ~~((mental))~~
4 behavioral health agencies, and the department of corrections
5 regarding community treatment and monitoring of persons on
6 conditional release;

7 ~~((h) Oversight of))~~ (g) Participation in statewide forensic data
8 collection ~~((and)),~~ analysis ~~((statewide)),~~ and appropriate
9 dissemination of data trends ~~((and recommendations));~~ ~~((and))~~

10 (h) Provide data-based recommendations for system changes and
11 improvements; and

12 (i) Oversight of the development, implementation, and maintenance
13 of community forensic programs and services.

14 (2) The office of forensic mental health services must have a
15 clearly delineated budget separate from the overall budget for state
16 hospital services.

17 PART 6

18 NEW SECTION. Sec. 6001. If any provision of this act or its
19 application to any person or circumstance is held invalid, the
20 remainder of the act or the application of the provision to other
21 persons or circumstances is not affected.

22 NEW SECTION. Sec. 6002. RCW 43.20A.895 is recodified as a
23 section in chapter 71.24 RCW.

24 NEW SECTION. Sec. 6003. The following sections are decodified:

25 (1) RCW 28A.310.202 (ESD board—Partnership with behavioral health
26 organization to operate a wraparound model site);

27 (2) RCW 44.28.800 (Legislation affecting persons with mental
28 illness—Report to legislature);

29 (3) RCW 71.24.049 (Identification by behavioral health
30 organization—Children's mental health services);

31 (4) RCW 71.24.320 (Behavioral health organizations—Procurement
32 process—Penalty for voluntary termination or refusal to renew
33 contract);

34 (5) RCW 71.24.330 (Behavioral health organizations—Contracts with
35 authority—Requirements);

- 1 (6) RCW 71.24.360 (Establishment of new behavioral health
2 organizations);
- 3 (7) RCW 71.24.382 (Mental health and chemical dependency
4 treatment providers and programs—Vendor rate increases);
- 5 (8) RCW 71.24.515 (Chemical dependency specialist services—To be
6 available at children and family services offices—Training in uniform
7 screening);
- 8 (9) RCW 71.24.620 (Persons with substance use disorders—Intensive
9 case management pilot projects);
- 10 (10) RCW 71.24.805 (Mental health system review—Performance audit
11 recommendations affirmed);
- 12 (11) RCW 71.24.810 (Mental health system review—Implementation of
13 performance audit recommendations);
- 14 (12) RCW 71.24.840 (Mental health system review—Study of long-
15 term outcomes);
- 16 (13) RCW 71.24.860 (Task force—Integrated behavioral health
17 services);
- 18 (14) RCW 71.24.902 (Construction);
- 19 (15) RCW 72.78.020 (Inventory of services and resources by
20 counties); and
- 21 (16) RCW 74.09.872 (Behavioral health organizations—Access to
22 chemical dependency and mental health professionals).

23 NEW SECTION. **Sec. 6004.** The following acts or parts of acts are
24 each repealed:

- 25 (1) RCW 71.24.110 (Joint agreements of county authorities—
26 Permissive provisions) and 2014 c 225 s 15, 1999 c 10 s 7, 1982 c 204
27 s 8, & 1967 ex.s. c 111 s 11;
- 28 (2) RCW 71.24.310 (Administration of chapters 71.05 and 71.24 RCW
29 through behavioral health organizations—Implementation of chapter
30 71.05 RCW) and 2018 c 201 s 4015, 2017 c 222 s 1, 2014 c 225 s 40, &
31 2013 2nd sp.s. c 4 s 994;
- 32 (3) RCW 71.24.340 (Behavioral health organizations—Agreements
33 with city and county jails) and 2018 c 201 s 4018, 2014 c 225 s 16, &
34 2005 c 503 s 13;
- 35 (4) RCW 71.24.582 (Review of expenditures for drug and alcohol
36 treatment) and 2018 c 201 s 2002 & 2002 c 290 s 6;
- 37 (5) RCW 74.09.492 (Children's mental health—Treatment and
38 services—Authority's duties) and 2017 c 202 s 2;

- 1 (6) RCW 74.09.521 (Medical assistance—Program standards for
2 mental health services for children) and 2014 c 225 s 101, 2011 1st
3 sp.s. c 15 s 28, 2009 c 388 s 1, & 2007 c 359 s 11;
- 4 (7) RCW 74.09.873 (Tribal-centric behavioral health system) and
5 2018 c 201 s 2009, 2014 c 225 s 65, & 2013 c 338 s 7;
- 6 (8) RCW 74.50.010 (Legislative findings) and 1988 c 163 s 1 &
7 1987 c 406 s 2;
- 8 (9) RCW 74.50.011 (Additional legislative findings) and 1989 1st
9 ex.s. c 18 s 1;
- 10 (10) RCW 74.50.035 (Shelter services—Eligibility) and 1989 1st
11 ex.s. c 18 s 2;
- 12 (11) RCW 74.50.040 (Client assessment, treatment, and support
13 services) and 1987 c 406 s 5;
- 14 (12) RCW 74.50.050 (Treatment services) and 2002 c 64 s 1, 1989
15 1st ex.s. c 18 s 5, 1988 c 163 s 3, & 1987 c 406 s 6;
- 16 (13) RCW 74.50.055 (Treatment services—Eligibility) and 2011 1st
17 sp.s. c 36 s 10 & 1989 1st ex.s. c 18 s 4;
- 18 (14) RCW 74.50.060 (Shelter assistance program) and 2011 1st
19 sp.s. c 36 s 33, 2010 1st sp.s. c 8 s 31, 1989 1st ex.s. c 18 s 3,
20 1988 c 163 s 4, & 1987 c 406 s 7;
- 21 (15) RCW 74.50.070 (County multipurpose diagnostic center or
22 detention center) and 2016 sp.s. c 29 s 429 & 1987 c 406 s 8;
- 23 (16) RCW 74.50.080 (Rules—Discontinuance of service) and 1989 1st
24 ex.s. c 18 s 6 & 1989 c 3 s 2; and
- 25 (17) RCW 74.50.900 (Short title) and 1987 c 406 s 1.

26 NEW SECTION. **Sec. 6005.** Section 2009 of this act takes effect
27 July 1, 2026.

28 NEW SECTION. **Sec. 6006.** Section 2008 of this act expires July
29 1, 2026.

30 NEW SECTION. **Sec. 6007.** Sections 1003 and 5030 of this act are
31 necessary for the immediate preservation of the public peace, health,
32 or safety, or support of the state government and its existing public
33 institutions, and take effect immediately.

34 NEW SECTION. **Sec. 6008.** Except as provided in sections 6005 and
35 6007 of this act, this act takes effect January 1, 2020."

1 Correct the title.

EFFECT: Adds to the Health Care Authority (Authority) work group the topic of managing access to the Children's Long-Term Inpatient Program in the community and state hospitals. Requires that the Authority work group include at least two representatives from managed care organizations, one with financial expertise and one with clinical expertise. Requires that the managed care organizations on the work group represent the entire managed care sector.

Restores the behavioral health advisory boards to provide local oversight of the behavioral health administrative service organizations (BHASOs). Requires that the behavioral health advisory boards be maintained by the BHASOs, rather than the behavioral health organizations.

Removes from the managed care organization network adequacy requirements, the requirement that the network include co-occurring treatment from providers that offer fully integrated co-occurring treatment services.

Changes a reference to "facilities" under Medicaid coverage provisions related to youth in confinement to "juvenile rehabilitation facilities." Changes a reference to the juvenile rehabilitation facilities being under contract with the Department of Social and Health Services or the Juvenile Rehabilitation Administration to the Department of Children, Youth, and Families.

Removes the requirement that the director of the Office of Forensic Mental Health Services (Office) be at least at the level of a deputy assistant secretary. Authorizes the Office to (1) "coordinate" forensic evaluation services, rather than have "operational control," (2) liaison with courts, jails, and community mental health programs to coordinate care and transitions to community services, rather than coordinate logistical issues and solve complex problems, (3) participate in statewide forensic data collection, rather than overseeing it, and (4) provide recommendations based on data for system changes. Eliminates the authority of the Office to promote congruence across state hospitals and interventions that flow smoothly into community interventions. Changes a reference to regional support networks to the Authority, managed care organizations, and BHASOs.

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