
HOUSE BILL 1393

State of Washington**66th Legislature****2019 Regular Session****By** Representatives Cody, Jinkins, Macri, Harris, Robinson, and Goodman; by request of Office of the Governor

1 AN ACT Relating to fully implementing behavioral health
2 integration for January 1, 2020, by removing behavioral health
3 organizations from law; clarifying the roles and responsibilities
4 among the health care authority, department of social and health
5 services, and department of health, and the roles and
6 responsibilities of behavioral health administrative services
7 organizations and medicaid managed care organizations; and making
8 technical corrections related to the behavioral health system;
9 amending RCW 71.24.011, 71.24.015, 71.24.016, 71.24.025, 71.24.030,
10 71.24.035, 71.24.037, 71.24.100, 71.24.155, 71.24.160, 71.24.215,
11 71.24.220, 71.24.240, 71.24.250, 71.24.260, 71.24.300, 71.24.335,
12 71.24.350, 71.24.370, 71.24.380, 71.24.405, 71.24.420, 71.24.430,
13 71.24.450, 71.24.455, 71.24.460, 71.24.470, 71.24.480, 71.24.490,
14 71.24.500, 71.24.520, 71.24.535, 71.24.540, 71.24.545, 71.24.555,
15 71.24.565, 71.24.600, 71.24.625, 71.24.630, 71.24.845, 71.24.870,
16 71.34.020, 71.34.300, 71.34.330, 71.34.379, 71.34.385, 71.34.415,
17 71.34.670, 71.34.750, 71.36.010, 71.36.025, 71.36.040, 71.05.025,
18 71.05.026, 71.05.027, 71.05.110, 71.05.203, 71.05.300, 71.05.365,
19 71.05.445, 71.05.458, 71.05.730, 71.05.740, 71.05.750, 71.05.755,
20 71.05.760, 74.09.337, 74.09.495, 74.09.515, 74.09.522, 74.09.555,
21 74.09.871, 9.41.280, 9.94A.660, 9.94A.664, 10.31.110, 10.77.010,
22 10.77.065, 13.40.165, 36.28A.440, 41.05.690, 43.20A.895, 43.20C.030,
23 43.185.060, 43.185.070, 43.185.110, 43.185C.340, 43.380.050,

1 48.01.220, 66.08.180, 70.02.010, 70.02.230, 70.02.250, 70.97.010,
2 70.320.010, 72.09.350, 72.09.370, 72.09.381, 72.10.060, 72.23.025,
3 74.09.758, 74.34.020, and 74.34.068; reenacting and amending RCW
4 71.24.045, 71.24.061, 71.24.385, 71.24.580, 71.34.750, and 71.05.020;
5 adding new sections to chapter 71.24 RCW; recodifying RCW 43.20A.895;
6 decodifying RCW 28A.310.202, 44.28.800, 71.24.049, 71.24.320,
7 71.24.330, 71.24.360, 71.24.382, 71.24.515, 71.24.620, 71.24.805,
8 71.24.810, 71.24.840, 71.24.860, 71.24.902, 72.78.020, and 74.09.872;
9 repealing RCW 71.24.110, 71.24.310, 71.24.340, 71.24.582, 74.09.492,
10 74.09.521, 74.09.873, 74.50.010, 74.50.011, 74.50.035, 74.50.040,
11 74.50.050, 74.50.055, 74.50.060, 74.50.070, 74.50.080, and 74.50.900;
12 providing effective dates; providing an expiration date; and
13 declaring an emergency.

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

15 **PART 1**

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

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

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

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

30 (1) Access to ~~((mental))~~ behavioral health services for adults
31 with mental illness and children with mental illness ~~((or))~~,
32 emotional disturbances ~~((who meet access to care standards which~~
33 ~~services))~~, or substance use disorders, that recognize the special
34 needs of underserved populations, including minorities, children,
35 older adults, individuals with disabilities, and low-income persons.
36 Access to mental health and substance use disorder services shall not

1 be limited by a person's history of confinement in a state, federal,
2 or local correctional facility. It is also the purpose of this
3 chapter to promote the early identification of children with mental
4 illness and to ensure that they receive the mental health care and
5 treatment which is appropriate to their developmental level. This
6 care should improve home, school, and community functioning, maintain
7 children in a safe and nurturing home environment, and should enable
8 treatment decisions to be made in response to clinical needs in
9 accordance with sound professional judgment while also recognizing
10 parents' rights to participate in treatment decisions for their
11 children;

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

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

30 (4) Minimum service delivery standards;

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

34 (6) Coordination of services within the department of social and
35 health services, ~~((including those divisions within the department of~~
36 ~~social and health services that provide services to children,~~
37 ~~between))~~ the authority, the department, the department of ~~((social~~
38 ~~and health services))~~ children, youth, and families, and the office
39 of the superintendent of public instruction, and among state mental
40 hospitals, tribes, residential treatment facilities, county

1 authorities, behavioral health administrative services organizations,
2 managed care organizations, community ((~~mental~~)) behavioral health
3 services, and other support services, which shall to the maximum
4 extent feasible also include the families of individuals with mental
5 illness or substance use disorder, and other service providers,
6 including Indian health care providers; and

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

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

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

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

1 (1) The legislature intends that eastern and western state
2 hospitals shall operate as clinical centers for handling the most
3 complicated long-term care needs of patients with a primary diagnosis
4 of mental disorder. It is further the intent of the legislature that
5 the community (~~mental~~) behavioral health service delivery system
6 focus on maintaining individuals with mental illness in the
7 community. The program shall be evaluated and managed through a
8 limited number of outcome and performance measures, as provided in
9 RCW 43.20A.895 (as recodified by this act), 70.320.020, and
10 71.36.025.

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

21 (3) The authority shall establish a work group to determine how
22 to appropriately manage access to adult long-term inpatient
23 involuntary care in the community and at eastern and western state
24 hospitals. The work group shall provide recommendations to the office
25 of financial management and appropriate committees of the legislature
26 by December 15, 2019.

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

29 Unless the context clearly requires otherwise, the definitions in
30 this section apply throughout this chapter.

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

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

35 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
36 case of a child, a gravely disabled minor as defined in RCW
37 71.34.020; or

38 (c) Presenting a likelihood of serious harm as defined in RCW
39 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

7 (3) "Approved substance use disorder treatment program" means a
8 program for persons with a substance use disorder provided by a
9 treatment program licensed or certified by the department as meeting
10 standards adopted under this chapter.

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

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

22 (6) "Behavioral health administrative services organization"
23 means (~~(any county authority or group of county authorities or other~~
24 ~~entity recognized by the director in contract in a defined region))~~
25 an entity contracted with the authority to administer behavioral
26 health services and programs under section 1046 of this act,
27 including crisis services and administration of chapter 71.05 RCW,
28 the involuntary treatment act, for all individuals in a defined
29 regional service area.

30 (7) "Behavioral health program" means all expenditures, services,
31 activities, or programs, including reasonable administration and
32 overhead, designed and conducted to prevent or treat (~~(chemical~~
33 ~~dependency and)~~) substance use disorder, mental illness, or both.

34 (8) "Behavioral health services" means mental health services as
35 described in this chapter and chapter 71.36 RCW and substance use
36 disorder treatment services as described in this chapter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (21) "Emerging best practice" or "promising practice" means a
24 program or practice that, based on statistical analyses or a well
25 established theory of change, shows potential for meeting the
26 evidence-based or research-based criteria, which may include the use
27 of a program that is evidence-based for outcomes other than those
28 listed in subsection (22) of this section.

29 (22) "Evidence-based" means a program or practice that has been
30 tested in heterogeneous or intended populations with multiple
31 randomized, or statistically controlled evaluations, or both; or one
32 large multiple site randomized, or statistically controlled
33 evaluation, or both, where the weight of the evidence from a systemic
34 review demonstrates sustained improvements in at least one outcome.
35 "Evidence-based" also means a program or practice that can be
36 implemented with a set of procedures to allow successful replication
37 in Washington and, when possible, is determined to be cost-
38 beneficial.

39 (23) "Indian health care provider" means a health care program
40 operated by the Indian health service or by a tribe, tribal

1 organization, or urban Indian organization as those terms are defined
2 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

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

6 ~~((24))~~ (25) "Licensed or certified service provider" means an
7 entity licensed or certified according to this chapter or chapter
8 71.05 RCW or an entity deemed to meet state minimum standards as a
9 result of accreditation by a recognized behavioral health accrediting
10 body recognized and having a current agreement with the department,
11 or tribal attestation that meets state minimum standards, or persons
12 licensed under chapter 18.57, 18.57A, 18.71, 18.71A, 18.83, or 18.79
13 RCW, as it applies to registered nurses and advanced registered nurse
14 practitioners.

15 ~~((25))~~ (26) "Long-term inpatient care" means inpatient services
16 for persons committed for, or voluntarily receiving intensive
17 treatment for, periods of ninety days or greater under chapter 71.05
18 RCW. "Long-term inpatient care" as used in this chapter does not
19 include: (a) Services for individuals committed under chapter 71.05
20 RCW who are receiving services pursuant to a conditional release or a
21 court-ordered less restrictive alternative to detention; or (b)
22 services for individuals voluntarily receiving less restrictive
23 alternative treatment on the grounds of the state hospital.

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

27 (27) "Managed care organization" means an organization, having a
28 certificate of authority or certificate of registration from the
29 office of the insurance commissioner, that contracts with the
30 authority under a comprehensive risk contract to provide prepaid
31 health care services to enrollees under the authority's managed care
32 programs under chapter 74.09 RCW.

33 (28) Mental health "treatment records" include registration and
34 all other records concerning persons who are receiving or who at any
35 time have received services for mental illness, which are maintained
36 by the department of social and health services or the authority, by
37 behavioral health administrative services organizations and their
38 staffs, by managed care organizations and their staffs, or by
39 treatment facilities. "Treatment records" do not include notes or
40 records maintained for personal use by a person providing treatment

1 services for the (~~department of social and health services,~~
2 ~~behavioral health organizations~~) entities listed in this subsection,
3 or a treatment facility if the notes or records are not available to
4 others.

5 (~~(28)~~) (29) "Mentally ill persons," "persons who are mentally
6 ill," and "the mentally ill" mean persons and conditions defined in
7 subsections (1), (10), (36), and (37) of this section.

8 (~~(29)~~) (30) "Recovery" means the process in which people are
9 able to live, work, learn, and participate fully in their
10 communities.

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

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

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

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

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

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

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

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

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

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

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

36 (d) Exhibits suicidal preoccupation or attempts; or

37 (e) Is a child diagnosed by a mental health professional, as
38 defined in chapter 71.34 RCW, as experiencing a mental disorder which
39 is clearly interfering with the child's functioning in family or

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

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

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

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

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

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

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

21 (ii) Changes in custodial adult;

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

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

27 (v) Drug or alcohol abuse; or

28 (vi) Homelessness.

29 (38) "State minimum standards" means minimum requirements
30 established by rules adopted and necessary to implement this chapter
31 by:

32 (a) The authority for:

33 (i) Delivery of mental health and substance use disorder
34 services; and

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

36 (b) The department of health for:

37 (i) Licensed or certified service providers for the provision of
38 mental health and substance use disorder services; and

39 (ii) Residential services.

1 (39) "Substance use disorder" means a cluster of cognitive,
2 behavioral, and physiological symptoms indicating that an individual
3 continues using the substance despite significant substance-related
4 problems. The diagnosis of a substance use disorder is based on a
5 pathological pattern of behaviors related to the use of the
6 substances.

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

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

15 The director is authorized to make grants and/or purchase
16 services from counties, combinations of counties, or other entities,
17 to establish and operate community ~~((mental))~~ behavioral health
18 programs.

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

21 (1) The authority is designated as the state behavioral health
22 authority which includes recognition as the single state authority
23 for substance use disorders and state mental health authority.

24 (2) The director shall provide for public, client, tribal, and
25 licensed or certified service provider participation in developing
26 the state behavioral health program, developing related contracts
27 ~~((with behavioral health organizations)),~~ and any waiver request to
28 the federal government under medicaid.

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

34 (4) ~~((The director shall be designated as the behavioral health
35 organization if the behavioral health organization fails to meet
36 state minimum standards or refuses to exercise responsibilities under
37 its contract or RCW 71.24.045, until such time as a new behavioral
38 health organization is designated.))~~ The authority shall be

1 designated as the behavioral health administrative services
2 organization for a regional service area if a behavioral health
3 administrative services organization fails to meet the authority's
4 contracting requirements or refuses to exercise the responsibilities
5 under its contract or state law, until such time as a new behavioral
6 health administrative services organization is designated.

7 (5) The director shall:

8 ~~(a) ((Develop a biennial state behavioral health program that~~
9 ~~incorporates regional biennial needs assessments and regional mental~~
10 ~~health service plans and state services for adults and children with~~
11 ~~mental disorders or substance use disorders or both;~~

12 ~~(b))~~ Assure that any behavioral health administrative services
13 organization, managed care organization, or ((county)) community
14 behavioral health program provides medically necessary services to
15 medicaid recipients consistent with the state's medicaid state plan
16 or federal waiver authorities, and nonmedicaid services consistent
17 with priorities established by the authority;

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

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

25 ~~(ii) Inpatient services, an adequate network of evaluation and~~
26 ~~treatment services and facilities under chapter 71.05 RCW to ensure~~
27 ~~access to treatment, resource management services, and community~~
28 ~~support services;~~

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

33 ~~(e) Establish a standard contract or contracts, consistent with~~
34 ~~state minimum standards which shall be used in contracting with~~
35 ~~behavioral health organizations. The standard contract shall include~~
36 ~~a maximum fund balance, which shall be consistent with that required~~
37 ~~by federal regulations or waiver stipulations;~~

38 ~~(f))~~ (b) Develop contracts in a manner to ensure an adequate
39 network of inpatient services, evaluation and treatment services, and

1 facilities under chapter 71.05 RCW to ensure access to treatment,
2 resource management services, and community support services;

3 (c) Make contracts necessary or incidental to the performance of
4 its duties and the execution of its powers, including managed care
5 contracts for behavioral health services, contracts entered into
6 under RCW 74.09.522, and contracts with public and private agencies,
7 organizations, and individuals to pay them for behavioral health
8 services;

9 ~~((g))~~ (d) Establish, to the extent possible, a standardized
10 auditing procedure which is designed to assure compliance with
11 contractual agreements authorized by this chapter and minimizes
12 paperwork requirements ~~((of behavioral health organizations and
13 licensed or certified service providers))~~. The audit procedure shall
14 focus on the outcomes of service as provided in RCW 43.20A.895 (as
15 recodified by this act), 70.320.020, and 71.36.025;

16 ~~((h))~~ (e) Develop and maintain an information system to be used
17 by the state and behavioral health administrative services
18 organizations and managed care organizations that includes a tracking
19 method which allows the authority ~~((and behavioral health~~
20 ~~organizations))~~ to identify behavioral health clients' participation
21 in any behavioral health service or public program on an immediate
22 basis. The information system shall not include individual patient's
23 case history files. Confidentiality of client information and records
24 shall be maintained as provided in this chapter and chapter 70.02
25 RCW;

26 ~~((i) Periodically monitor the compliance of behavioral health~~
27 ~~organizations and their network of licensed or certified service~~
28 ~~providers for compliance with the contract between the authority, the~~
29 ~~behavioral health organization, and federal and state rules at~~
30 ~~reasonable times and in a reasonable manner;~~

31 ~~((j))~~ (f) Monitor and audit behavioral health administrative
32 services organizations as needed to assure compliance with
33 contractual agreements authorized by this chapter;

34 ~~((k))~~ (g) Monitor and audit access to behavioral health
35 services for individuals eligible for medicaid who are not enrolled
36 in a managed care organization;

37 (h) Adopt such rules as are necessary to implement the
38 authority's responsibilities under this chapter ~~((; and~~

39 ~~((l))~~ (i) Administer or supervise the administration of the
40 provisions relating to persons with substance use disorders and

1 intoxicated persons of any state plan submitted for federal funding
2 pursuant to federal health, welfare, or treatment legislation;

3 (j) Require the behavioral health administrative services
4 organizations and the managed care organizations to develop
5 agreements with tribal, city, and county jails to accept referrals
6 for enrollment on behalf of a confined person, prior to the person's
7 release; and

8 (k) Require behavioral health administrative services
9 organizations and managed care organizations, as applicable, to
10 provide services as identified in RCW 71.05.585 to individuals
11 committed for involuntary commitment under less restrictive
12 alternative court orders when:

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

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

18 (6) The director shall use available resources only for
19 behavioral health administrative services organizations and managed
20 care organizations, except:

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

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

29 (7) Each behavioral health administrative services organization,
30 managed care organization, and licensed or certified service provider
31 shall file with the secretary of the department of health or the
32 director, on request, such data, statistics, schedules, and
33 information as the secretary of the department of health or the
34 director reasonably requires. A behavioral health administrative
35 services organization, managed care organization, or licensed or
36 certified service provider which, without good cause, fails to
37 furnish any data, statistics, schedules, or information as requested,
38 or files fraudulent reports thereof, may be subject to the
39 (~~behavioral health organization~~) contractual remedies in RCW

1 74.09.871 or may have its service provider certification or license
2 revoked or suspended.

3 (8) The superior court may restrain any behavioral health
4 administrative services organization, managed care organization, or
5 service provider from operating without a contract, certification, or
6 a license or any other violation of this section. The court may also
7 review, pursuant to procedures contained in chapter 34.05 RCW, any
8 denial, suspension, limitation, restriction, or revocation of
9 certification or license, and grant other relief required to enforce
10 the provisions of this chapter.

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

19 (10) Notwithstanding the existence or pursuit of any other
20 remedy, the secretary of the department of health or the director may
21 file an action for an injunction or other process against any person
22 or governmental unit to restrain or prevent the establishment,
23 conduct, or operation of a behavioral health administrative services
24 organization, managed care organization, or service provider without
25 a contract, certification, or a license under this chapter.

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

29 ~~((12) The director shall assume all duties assigned to the~~
30 ~~nonparticipating behavioral health organizations under chapters 71.05~~
31 ~~and 71.34 RCW and this chapter. Such responsibilities shall include~~
32 ~~those which would have been assigned to the nonparticipating counties~~
33 ~~in regions where there are not participating behavioral health~~
34 ~~organizations.~~

35 ~~The behavioral health organizations, or the director's assumption~~
36 ~~of all responsibilities under chapters 71.05 and 71.34 RCW and this~~
37 ~~chapter, shall be included in all state and federal plans affecting~~
38 ~~the state behavioral health program including at least those required~~
39 ~~by this chapter, the medicaid program, and P.L. 99-660. Nothing in~~

1 ~~these plans shall be inconsistent with the intent and requirements of~~
2 ~~this chapter.~~

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

4 ~~(a) Disburse funds for the behavioral health organizations within~~
5 ~~sixty days of approval of the biennial contract. The authority must~~
6 ~~either approve or reject the biennial contract within sixty days of~~
7 ~~receipt.~~

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

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

17 ~~(d) Deny all or part of the funding allocations to behavioral~~
18 ~~health organizations based solely upon formal findings of~~
19 ~~noncompliance with the terms of the behavioral health organization's~~
20 ~~contract with the authority. Behavioral health organizations~~
21 ~~disputing the decision of the director to withhold funding~~
22 ~~allocations are limited to the remedies provided in the authority's~~
23 ~~contracts with the behavioral health organizations.~~

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

33 ~~((15))~~ (13) The authority may:

34 (a) Plan, establish, and maintain substance use disorder
35 prevention and substance use disorder treatment programs as necessary
36 or desirable;

37 (b) Coordinate its activities and cooperate with behavioral
38 programs in this and other states, and make contracts and other joint
39 or cooperative arrangements with state, tribal, local, or private

1 agencies in this and other states for behavioral health services and
2 for the common advancement of substance use disorder programs;

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

9 (d) Keep records and engage in research and the gathering of
10 relevant statistics; and

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

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

16 (1) The secretary shall ~~((by rule establish state minimum~~
17 ~~standards for licensed or certified behavioral health service~~
18 ~~providers and services, whether those service providers and services~~
19 ~~are licensed or certified to provide solely mental health services,~~
20 ~~substance use disorder treatment services, or services to persons~~
21 ~~with co-occurring disorders)) license or certify any agency or
22 facility that: (a) Submits payment of the fee established under RCW
23 43.70.110 and 43.70.250; (b) submits a complete application that
24 demonstrates the ability to comply with requirements for operating
25 and maintaining an agency or facility in statute or rule; and (c)
26 successfully completes the prelicensure inspection requirement.~~

27 (2) The secretary shall establish by rule minimum standards for
28 licensed or certified behavioral health service providers ((shall))
29 that must, at a minimum, establish: (a) Qualifications for staff
30 providing services directly to persons with mental disorders,
31 substance use disorders, or both((τ)); (b) the intended result of
32 each service((τ)); and (c) the rights and responsibilities of persons
33 receiving behavioral health services pursuant to this chapter and
34 chapter 71.05 RCW. The secretary shall provide for deeming of
35 licensed or certified behavioral health service providers as meeting
36 state minimum standards as a result of accreditation by a recognized
37 behavioral health accrediting body recognized and having a current
38 agreement with the department.

1 (3) (~~Minimum standards for community support services and~~
2 ~~resource management services shall include at least qualifications~~
3 ~~for resource management services, client tracking systems, and the~~
4 ~~transfer of patient information between behavioral health service~~
5 ~~providers.~~

6 ~~(4) The department may suspend, revoke, limit, restrict, or~~
7 ~~modify an approval, or refuse to grant approval, for failure to meet~~
8 ~~the provisions of this chapter, or the standards adopted under this~~
9 ~~chapter. RCW 43.70.115 governs notice of a license or certification~~
10 ~~denial, revocation, suspension, or modification and provides the~~
11 ~~right to an adjudicative proceeding.)) The department shall review~~
12 ~~reports or other information alleging a failure to comply with this~~
13 ~~chapter or the standards and rules adopted under this chapter and may~~
14 ~~initiate investigations and enforcement actions based on those~~
15 ~~reports.~~

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

19 (5) Minimum standards for community support services and resource
20 management services must include at least qualifications for resource
21 management services, client tracking systems, and the transfer of
22 patient information between behavioral health service providers.

23 (6) The department may suspend, revoke, limit, restrict, or
24 modify an approval, or refuse to grant approval, for failure to meet
25 the provisions of this chapter, or the standards adopted under this
26 chapter. RCW 43.70.115 governs notice of a license or certification
27 denial, revocation, suspension, or modification and provides the
28 right to an adjudicative proceeding.

29 (7) No licensed or certified behavioral health service provider
30 may advertise or represent itself as a licensed or certified
31 behavioral health service provider if approval has not been
32 granted((~~r~~)) or has been denied, suspended, revoked, or canceled.

33 ~~((~~+6~~))~~ (8) Licensure or certification as a behavioral health
34 service provider is effective for one calendar year from the date of
35 issuance of the license or certification. The license or
36 certification must specify the types of services provided by the
37 behavioral health service provider that meet the standards adopted
38 under this chapter. Renewal of a license or certification must be
39 made in accordance with this section for initial approval and in

1 accordance with the standards set forth in rules adopted by the
2 secretary.

3 ~~((7))~~ (9) Licensure or certification as a licensed or certified
4 behavioral health service provider must specify the types of services
5 provided that meet the standards adopted under this chapter. Renewal
6 of a license or certification must be made in accordance with this
7 section for initial approval and in accordance with the standards set
8 forth in rules adopted by the secretary.

9 ~~((8))~~ (10) Licensed or certified behavioral health service
10 providers may not provide types of services for which the licensed or
11 certified behavioral health service provider has not been certified.
12 Licensed or certified behavioral health service providers may provide
13 services for which approval has been sought and is pending, if
14 approval for the services has not been previously revoked or denied.

15 ~~((9))~~ (11) The department periodically shall inspect licensed
16 or certified behavioral health service providers at reasonable times
17 and in a reasonable manner.

18 ~~((10))~~ (12) Upon petition of the department and after a hearing
19 held upon reasonable notice to the facility, the superior court may
20 issue a warrant to an officer or employee of the department
21 authorizing him or her to enter and inspect at reasonable times, and
22 examine the books and accounts of, any licensed or certified
23 behavioral health service provider refusing to consent to inspection
24 or examination by the department or which the department has
25 reasonable cause to believe is operating in violation of this
26 chapter.

27 ~~((11))~~ (13) The department shall maintain and periodically
28 publish a current list of licensed or certified behavioral health
29 service providers.

30 ~~((12))~~ (14) Each licensed or certified behavioral health
31 service provider shall file with the department or the authority upon
32 request, data, statistics, schedules, and information the department
33 or the authority reasonably requires. A licensed or certified
34 behavioral health service provider that without good cause fails to
35 furnish any data, statistics, schedules, or information as requested,
36 or files fraudulent returns thereof, may have its license or
37 certification revoked or suspended.

38 ~~((13))~~ (15) The authority shall use the data provided in
39 subsection ~~((12))~~ (14) of this section to evaluate each program
40 that admits children to inpatient substance use disorder treatment

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

8 ~~((14))~~ (16) Any settlement agreement entered into between the
9 department and licensed or certified behavioral health service
10 providers to resolve administrative complaints, license or
11 certification violations, license or certification suspensions, or
12 license or certification revocations may not reduce the number of
13 violations reported by the department unless the department
14 concludes, based on evidence gathered by inspectors, that the
15 licensed or certified behavioral health service provider did not
16 commit one or more of the violations.

17 ~~((15))~~ (17) In cases in which a behavioral health service
18 provider that is in violation of licensing or certification standards
19 attempts to transfer or sell the behavioral health service provider
20 to a family member, the transfer or sale may only be made for the
21 purpose of remedying license or certification violations and
22 achieving full compliance with the terms of the license or
23 certification. Transfers or sales to family members are prohibited in
24 cases in which the purpose of the transfer or sale is to avoid
25 liability or reset the number of license or certification violations
26 found before the transfer or sale. If the department finds that the
27 owner intends to transfer or sell, or has completed the transfer or
28 sale of, ownership of the behavioral health service provider to a
29 family member solely for the purpose of resetting the number of
30 violations found before the transfer or sale, the department may not
31 renew the behavioral health service provider's license or
32 certification or issue a new license or certification to the
33 behavioral health service provider.

34 **Sec. 1008.** RCW 71.24.045 and 2018 c 201 s 4006 and 2018 c 175 s
35 7 are each reenacted and amended to read as follows:

36 ~~((The behavioral health organization shall:~~
37 ~~(1) Contract as needed with licensed or certified service~~
38 ~~providers. The behavioral health organization may, in the absence of~~
39 ~~a licensed or certified service provider entity, become a licensed or~~

1 ~~certified service provider entity pursuant to minimum standards~~
2 ~~required for licensing or certification by the department for the~~
3 ~~purpose of providing services not available from licensed or~~
4 ~~certified service providers;~~

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

11 ~~(3) Monitor and perform biennial fiscal audits of licensed or~~
12 ~~certified service providers who have contracted with the behavioral~~
13 ~~health organization to provide services required by this chapter. The~~
14 ~~monitoring and audits shall be performed by means of a formal process~~
15 ~~which insures that the licensed or certified service providers and~~
16 ~~professionals designated in this subsection meet the terms of their~~
17 ~~contracts;~~

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

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

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

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

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

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

34 ~~(10) Coordinate services for individuals who have received~~
35 ~~services through the community mental health system and who become~~
36 ~~patients at a state psychiatric hospital to ensure they are~~
37 ~~transitioned into the community in accordance with mutually agreed~~
38 ~~upon discharge plans and upon determination by the medical director~~
39 ~~of the state psychiatric hospital that they no longer need intensive~~
40 ~~inpatient care; and~~

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

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

8 (i) A behavioral health crisis hotline for its assigned regional
9 service area;

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

12 (iii) Services related to involuntary commitments under chapters
13 71.05 and 71.34 RCW;

14 (iv) Additional noncrisis behavioral health services, within
15 available resources, to individuals who meet certain criteria set by
16 the authority in its contracts with the behavioral health
17 administrative services organization. These services may include
18 services provided through federal grant funds, provisos, and general
19 fund state appropriations;

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

24 (vi) Regional coordination, cross-system and cross-jurisdiction
25 coordination with tribal governments, and capacity building efforts,
26 such as supporting the behavioral health advisory board, the
27 behavioral health ombuds, and efforts to support access to services
28 or to improve the behavioral health system;

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

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

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

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

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

3 (g) Establish and maintain quality assurance processes;

4 (h) Meet established limitations on administrative costs for
5 agencies that contract with the behavioral health administrative
6 services organization;

7 (i) Maintain patient tracking information as required by the
8 authority; and

9 (j) Collaborate to ensure that policies do not result in an
10 adverse shift of persons with mental illness into state and local
11 correctional facilities.

12 (2) The behavioral health administrative services organization
13 must collaborate with the authority and its contracted managed care
14 organizations to develop and implement strategies to coordinate care
15 with tribes and community behavioral health providers for individuals
16 with a history of frequent crisis system utilization.

17 (3) The behavioral health administrative services organization
18 shall:

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

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

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

28 **Sec. 1009.** RCW 71.24.061 and 2018 c 288 s 2 and 2018 c 201 s
29 4007 are each reenacted and amended to read as follows:

30 (1) The authority shall provide flexibility ~~((in—provider~~
31 ~~contracting to behavioral health organizations for children's mental~~
32 ~~health services. Behavioral health organization contracts shall~~
33 ~~authorize behavioral health organizations to allow and encourage~~
34 ~~licensed or certified community mental health centers to subcontract~~
35 ~~with individual licensed mental health professionals when necessary~~
36 ~~to meet the need for)) to encourage licensed or certified community
37 behavioral health agencies to subcontract with an adequate,
38 culturally competent, and qualified children's mental health provider
39 network.~~

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

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

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

33 (c) Partner with youth, family members, family advocacy, and
34 culturally competent provider organizations to develop a series of
35 information sessions, literature, and online resources for families
36 to become informed and engaged in evidence-based and research-based
37 practices;

38 (d) Participate in the identification of outcome-based
39 performance measures under RCW 71.36.025(2) and partner in a

1 statewide effort to implement statewide outcomes monitoring and
2 quality improvement processes; and

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

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

14 (~~((a))~~) (i) Implement a program to support primary care providers
15 in the assessment and provision of appropriate diagnosis and
16 treatment of children with mental and behavioral health disorders and
17 track outcomes of this program;

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

21 (~~((i))~~) (A) Support obstetricians, pediatricians, primary care
22 providers, mental health professionals, and other health care
23 professionals providing care to pregnant women and new mothers
24 through same-day telephone consultations in the assessment and
25 provision of appropriate diagnosis and treatment of depression in
26 pregnant women and new mothers; and

27 (~~((ii))~~) (B) Facilitate referrals to children's mental health
28 services and other resources for parents and guardians with concerns
29 related to the mental health of the parent or guardian's child.
30 Facilitation activities include assessing the level of services
31 needed by the child; within seven days of receiving a call from a
32 parent or guardian, identifying mental health professionals who are
33 in-network with the child's health care coverage who are accepting
34 new patients and taking appointments; coordinating contact between
35 the parent or guardian and the mental health professional; and
36 providing postreferral reviews to determine if the child has
37 outstanding needs. In conducting its referral activities, the program
38 shall collaborate with existing databases and resources to identify
39 in-network mental health professionals.

1 (~~(e)~~) (b) The program activities described in (a)(i) and
2 (~~(b)(i)~~) (a)(ii)(A) of this subsection shall be designed to promote
3 more accurate diagnoses and treatment through timely case
4 consultation between primary care providers and child psychiatric
5 specialists, and focused educational learning collaboratives with
6 primary care providers.

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

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

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

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

19 (d) A description of resources provided;

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

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

25 (5) Beginning December 30, 2019, and annually thereafter, the
26 (~~health-care~~) authority must submit, in compliance with RCW
27 43.01.036, a report to the governor and appropriate committees of the
28 legislature with findings and recommendations for improving services
29 and service delivery from subsection (4) of this section.

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

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

37 (1) A county authority or a group of county authorities may enter
38 into a joint operating agreement to (~~respond to a request for a~~
39 ~~detailed plan and~~) submit a request to contract with the (~~state~~)

1 authority to operate a behavioral health administrative services
2 organization whose boundaries are consistent with the regional
3 service areas established under RCW 74.09.870. ((Any agreement
4 between two or more county authorities shall provide:

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

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

12 (2) All counties within the regional service area must mutually
13 agree to enter into a contract with the authority to become a
14 behavioral health administrative services organization and appoint a
15 single fiscal agent for the regional service area. Similarly, in
16 order to terminate such contract, all counties that are contracted
17 with the authority as a behavioral health administrative services
18 organization must mutually agree to terminate the contract with the
19 authority.

20 (3) Once the authority receives a request from a county or a
21 group of counties within a regional service area to be the designated
22 behavioral health administrative services organization, the authority
23 must promptly collaborate with the county or group of counties within
24 that regional service area to determine the most feasible
25 implementation date and coordinate readiness reviews.

26 (4) Nothing in this chapter prevents a county or a group of
27 counties within a regional service area from establishing and
28 creating a provider organization licensed or certified by the
29 department. Any county-administered provider organization must be
30 established within the local government in a manner that ensures that
31 the provider organization has a clear separation of powers, duties,
32 and fiscal responsibilities, separate from the county-run behavioral
33 health administrative services organization.

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

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

1 Grants shall be made by the authority to behavioral health
2 administrative services organizations and managed care organizations
3 for community (~~mental~~) behavioral health programs totaling not less
4 than ninety-five percent of available resources. The authority may
5 use up to forty percent of the remaining five percent to provide
6 community demonstration projects, including early intervention or
7 primary prevention programs for children, and the remainder shall be
8 for emergency needs and technical assistance under this chapter.

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

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

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

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

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

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

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

34 In order to establish eligibility for funding under this chapter,
35 any behavioral health administrative services organization seeking to
36 obtain federal funds for the support of any aspect of a community

1 ((mental)) behavioral health program as defined in this chapter shall
2 submit program plans to the director for prior review and approval
3 before such plans are submitted to any federal agency.

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

6 The behavioral health administrative services organization may
7 accept and expend gifts and grants received from private, county,
8 state, and federal sources.

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

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

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

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

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

21 ~~(1) ((Upon the request of a tribal authority or authorities~~
22 ~~within a behavioral health organization the joint operating agreement~~
23 ~~or the county authority shall allow for the inclusion of the tribal~~
24 ~~authority to be represented as a party to the behavioral health~~
25 ~~organization.~~

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

32 ~~(3) The state behavioral health authority may not determine the~~
33 ~~roles and responsibilities of county authorities as to each other~~
34 ~~under behavioral health organizations by rule, except to assure that~~
35 ~~all duties required of behavioral health organizations are assigned~~
36 ~~and that counties and the behavioral health organization do not~~
37 ~~duplicate functions and that a single authority has final~~

1 responsibility for all available resources and performance under the
2 behavioral health organization's contract with the director.

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

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

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

13 ~~(a) Administer and provide for the availability of all resource~~
14 ~~management services, residential services, and community support~~
15 ~~services.~~

16 ~~(b) Administer and provide for the availability of an adequate~~
17 ~~network of evaluation and treatment services to ensure access to~~
18 ~~treatment, all investigation, transportation, court-related, and~~
19 ~~other services provided by the state or counties pursuant to chapter~~
20 ~~71.05 RCW.~~

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

32 ~~(i) Contracts with neighboring or contiguous regions; or~~

33 ~~(ii) Individuals detained or committed for periods up to~~
34 ~~seventeen days at the state hospitals at the discretion of the~~
35 ~~director.~~

36 ~~(d) Administer and provide for the availability of all other~~
37 ~~mental health services, which shall include patient counseling, day~~
38 ~~treatment, consultation, education services, employment services as~~
39 ~~described in RCW 71.24.035, and mental health services to children.~~

1 ~~(e) Establish standards and procedures for reviewing individual~~
2 ~~service plans and determining when that person may be discharged from~~
3 ~~resource management services.~~

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

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

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

33 ~~(10) Behavioral health organizations may receive technical~~
34 ~~assistance from the housing trust fund and may identify and submit~~
35 ~~projects for housing and housing support services to the housing~~
36 ~~trust fund established under chapter 43.185 RCW. Projects identified~~
37 ~~or submitted under this subsection must be fully integrated with the~~
38 ~~behavioral health organization six-year operating and capital plan,~~
39 ~~timeline, and budget required by subsection (6) of this section.))~~
40 The authority must allow for the inclusion of tribes in any

1 interlocal leadership structure or committees formed under RCW
2 71.24.880, when requested by a tribe.

3 (2) If an interlocal leadership structure is not formed under RCW
4 71.24.880, the roles and responsibilities of the behavioral health
5 administrative services organizations, managed care organizations,
6 counties, and each tribe shall be determined by the authority through
7 negotiation with the tribes.

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

10 (1) Upon initiation or renewal of a contract with the
11 (~~department~~) authority, ((a)) behavioral health administrative
12 services organizations and managed care organizations shall reimburse
13 a provider for a behavioral health service provided to a covered
14 person who is under eighteen years old through telemedicine or store
15 and forward technology if:

16 (a) The behavioral health administrative services organization or
17 managed care organization in which the covered person is enrolled
18 provides coverage of the behavioral health service when provided in
19 person by the provider; and

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

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

25 (b) For purposes of this section, reimbursement of store and
26 forward technology is available only for those services specified in
27 the negotiated agreement between the behavioral health administrative
28 services organization, or managed care organization, and the
29 provider.

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

34 (4) Any originating site, other than a home, under subsection (3)
35 of this section may charge a facility fee for infrastructure and
36 preparation of the patient. Reimbursement must be subject to a
37 negotiated agreement between the originating site and the behavioral
38 health administrative services organization, or managed care
39 organization, as applicable. A distant site or any other site not

1 identified in subsection (3) of this section may not charge a
2 facility fee.

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

7 (6) ((A)) Behavioral health administrative services organizations
8 and managed care organizations may subject coverage of a telemedicine
9 or store and forward technology behavioral health service under
10 subsection (1) of this section to all terms and conditions of the
11 behavioral health administrative services organization or managed
12 care organization in which the covered person is enrolled, including,
13 but not limited to, utilization review, prior authorization,
14 deductible, copayment, or coinsurance requirements that are
15 applicable to coverage of a comparable behavioral health care service
16 provided in person.

17 (7) This section does not require a behavioral health
18 administrative services organization or a managed care organization
19 to reimburse:

20 (a) An originating site for professional fees;

21 (b) A provider for a behavioral health service that is not a
22 covered benefit (~~(under the behavioral health organization)~~); or

23 (c) An originating site or provider when the site or provider is
24 not a contracted provider (~~(with the behavioral health~~
25 ~~organization)~~).

26 (8) For purposes of this section:

27 (a) "Distant site" means the site at which a physician or other
28 licensed provider, delivering a professional service, is physically
29 located at the time the service is provided through telemedicine;

30 (b) "Hospital" means a facility licensed under chapter 70.41,
31 71.12, or 72.23 RCW;

32 (c) "Originating site" means the physical location of a patient
33 receiving behavioral health services through telemedicine;

34 (d) "Provider" has the same meaning as in RCW 48.43.005;

35 (e) "Store and forward technology" means use of an asynchronous
36 transmission of a covered person's medical or behavioral health
37 information from an originating site to the provider at a distant
38 site which results in medical or behavioral health diagnosis and
39 management of the covered person, and does not include the use of
40 audio-only telephone, facsimile, or email; and

1 (f) "Telemedicine" means the delivery of health care or
2 behavioral health services through the use of interactive audio and
3 video technology, permitting real-time communication between the
4 patient at the originating site and the provider, for the purpose of
5 diagnosis, consultation, or treatment. For purposes of this section
6 only, "telemedicine" does not include the use of audio-only
7 telephone, facsimile, or email.

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

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

13 The authority shall require each behavioral health administrative
14 services organization to provide for a separately funded behavioral
15 health ombuds office ~~((in each behavioral health organization))~~ that
16 is independent of the behavioral health administrative services
17 organization and managed care organizations for the assigned regional
18 service area. The ombuds office shall maximize the use of consumer
19 advocates.

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

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

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

37 (3) This section applies to counties, behavioral health
38 administrative services organizations, managed care organizations,

1 and entities which contract to provide behavioral health
2 (~~organization~~) services and their subcontractors, agents, or
3 employees.

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

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

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

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

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

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

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

38 ~~(ii) In the event that a regional service area is comprised of~~
39 ~~multiple counties including one that has made a decision prior to~~

1 ~~January 1, 2014, not to contract as a regional support network the~~
2 ~~counties shall adopt an interlocal agreement and may respond to the~~
3 ~~request for a detailed plan under (a) of this subsection and the~~
4 ~~private entity may also respond to the request for a detailed plan.~~
5 ~~If both responding entities meet the requirements of this section,~~
6 ~~the responding entities shall follow the authority's procurement~~
7 ~~process established in subsection (3) of this section.~~

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

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

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

34 ~~(3) A managed care organization must contract with the~~
35 ~~authority's selected behavioral health administrative services~~
36 ~~organization for the assigned regional service area for the~~
37 ~~administration of crisis services. The contract shall require the~~
38 ~~managed care organization to reimburse the behavioral health~~
39 ~~administrative services organization for behavioral health crisis~~

1 services delivered to individuals enrolled in the managed care
2 organization.

3 (4) A managed care organization must collaborate with the
4 authority and its contracted behavioral health administrative
5 services organization to develop and implement strategies to
6 coordinate care with tribes and community behavioral health providers
7 for individuals with a history of frequent crisis system utilization.

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

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

32 **Sec. 1023.** RCW 71.24.385 and 2018 c 201 s 4023 and 2018 c 175 s
33 6 are each reenacted and amended to read as follows:

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

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

1 (i) Crisis diversion services;
2 (ii) Evaluation and treatment and community hospital beds;
3 (iii) Residential treatment;
4 (iv) Programs for intensive community treatment;
5 (v) Outpatient services, including family support;
6 (vi) Peer support services;
7 (vii) Community support services;
8 (viii) Resource management services; and
9 (ix) Supported housing and supported employment services.
10 (b) With substance use disorders and their families, people
11 incapacitated by alcohol or other psychoactive chemicals, and
12 intoxicated people.
13 (i) Elements of the program shall include, but not necessarily be
14 limited to, a continuum of substance use disorder treatment services
15 that includes:
16 (A) Withdrawal management;
17 (B) Residential treatment; and
18 (C) Outpatient treatment.
19 (ii) The program may include peer support, supported housing,
20 supported employment, crisis diversion, or recovery support services.
21 (iii) The authority may contract for the use of an approved
22 substance use disorder treatment program or other individual or
23 organization if the director considers this to be an effective and
24 economical course to follow.
25 (2) (a) The ((~~behavioral health~~)) managed care organization and
26 the behavioral health administrative services organization shall have
27 the flexibility, within the funds appropriated by the legislature for
28 this purpose and the terms of their contract, to design the mix of
29 services that will be most effective within their service area of
30 meeting the needs of people with behavioral health disorders and
31 avoiding placement of such individuals at the state mental hospital.
32 ((~~Behavioral health~~)) Managed care organizations and behavioral
33 health administrative services organizations are encouraged to
34 maximize the use of evidence-based practices and alternative
35 resources with the goal of substantially reducing and potentially
36 eliminating the use of institutions for mental diseases.
37 (b) ((~~The behavioral health~~)) Managed care organizations and
38 behavioral health administrative services organizations may allow
39 reimbursement to providers for services delivered through a partial
40 hospitalization or intensive outpatient program. Such payment and

1 services are distinct from the state's delivery of wraparound with
2 intensive services under the *T.R. v. Strange and ((McDermott,*
3 ~~formerly the *T.R. v. Dreyfus and Porter,*)~~ Birch settlement
4 agreement.

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

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

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

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

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

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

31 ~~((3) The elimination of process))~~ Review regulations ~~((and~~
32 ~~related))~~, contracts, and reporting requirements ~~((.~~ ~~In place of the~~
33 ~~regulations and requirements, a set))~~ to ensure achievement of
34 outcomes for ~~((mental))~~ behavioral health adult and children clients
35 ~~((according to this chapter must be used to measure the performance~~
36 ~~of mental health service providers and behavioral health~~
37 ~~organizations. Such outcomes shall focus on stabilizing out-of-home~~
38 ~~and hospital care, increasing stable community living, increasing~~
39 ~~age-appropriate activities, achieving family and consumer~~

1 satisfaction with services, and system efficiencies)) under RCW
2 43.20A.895 (as recodified by this act);

3 ~~((4) Evaluation of the feasibility of contractual agreements~~
4 ~~between the authority and behavioral health organizations and mental~~
5 ~~health service providers that link financial incentives to the~~
6 ~~success or failure of mental health service providers and behavioral~~
7 ~~health organizations to meet outcomes established for mental health~~
8 ~~service clients;~~

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

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

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

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

21 The authority shall operate the community ~~((mental))~~ behavioral
22 health service delivery system authorized under this chapter within
23 the following constraints:

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

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

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

38 (4) The authority shall monitor expenditures against the
39 appropriation levels provided for in subsection (1) of this section.

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,))~~ acting in the course of the provider's ~~((or~~
37 ~~organization's))~~ duties under this chapter, is not liable for civil
38 damages resulting from the injury or death of another caused by a

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

4 (a) Gross negligence;

5 (b) Willful or wanton misconduct; or

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

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

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

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

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

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

34 The authority must collaborate with (~~regional support networks~~
35 ~~or~~) behavioral health administrative services organizations, managed
36 care organizations, and the Washington state institute for public
37 policy to estimate the capacity needs for evaluation and treatment
38 services within each regional service area. Estimated capacity needs
39 shall include consideration of the average occupancy rates needed to

1 provide an adequate network of evaluation and treatment services to
2 ensure access to treatment. (~~(A regional service network or)~~)
3 Behavioral health administrative services organizations and managed
4 care organizations must develop and maintain an adequate plan to
5 provide for evaluation and treatment needs.

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

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

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

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

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

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

1 furnished to persons with substance use disorders, persons
2 incapacitated by alcohol or other psychoactive chemicals, or
3 intoxicated persons;

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

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

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

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

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

29 (8) Keep records and engage in research and the gathering of
30 relevant statistics;

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

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

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

38 The authority shall:

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

9 (2) Assure that any (~~behavioral health organization managed care~~
10 ~~contract, or~~) contract with a managed care (~~contract under RCW~~
11 ~~74.09.522~~) organization for behavioral health services or programs
12 for the treatment of persons with substance use disorders and their
13 families(~~, persons incapacitated by alcohol or other psychoactive~~
14 ~~chemicals, and intoxicated persons~~) provides medically necessary
15 services to medicaid recipients. This must include a continuum of
16 mental health and substance use disorder services consistent with the
17 state's medicaid plan or federal waiver authorities, and nonmedicaid
18 services consistent with priorities established by the authority;

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

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

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

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

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

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

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

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

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

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

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

36 (14) Use the support and assistance of interested persons in the
37 community to encourage persons with substance use disorders
38 voluntarily to undergo treatment;

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

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

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

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

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

17 The authority shall contract with behavioral health
18 administrative services organizations, managed care organizations, or
19 counties ((operating drug courts and counties in the process of
20 implementing new drug courts)), as applicable, for the provision of
21 substance use disorder treatment services ordered by a county-
22 operated drug court.

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

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

30 (2)(a) The program shall include, but not necessarily be limited
31 to, a continuum of ((~~chemical dependency~~)) substance use disorder
32 treatment services that includes:

- 33 (i) Withdrawal management;
34 (ii) Residential treatment; and
35 (iii) Outpatient treatment.

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

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

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

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

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

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

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

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

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

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

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

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

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

4 **Sec. 1040.** RCW 71.24.580 and 2018 c 205 s 2 and 2018 c 201 s
5 4044 are each reenacted and amended to read as follows:

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

25 (2) For purposes of this section:

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

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

35 (3) Revenues to the criminal justice treatment account consist
36 of: (a) Funds transferred to the account pursuant to this section;
37 and (b) any other revenues appropriated to or deposited in the
38 account.

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

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

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

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

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

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

7 (6) The county alcohol and drug coordinator, county prosecutor,
8 county sheriff, county superior court, a substance abuse treatment
9 provider appointed by the county legislative authority, a member of
10 the criminal defense bar appointed by the county legislative
11 authority, and, in counties with a drug court, a representative of
12 the drug court shall jointly submit a plan, approved by the county
13 legislative authority or authorities, to the panel established in
14 subsection (5)(b) of this section, for disposition of all the funds
15 provided from the criminal justice treatment account within that
16 county. The funds shall be used solely to provide approved alcohol
17 and substance abuse treatment pursuant to RCW 71.24.560 and treatment
18 support services. No more than ten percent of the total moneys
19 received under subsections (4) and (5) of this section by a county or
20 group of counties participating in a regional agreement shall be
21 spent for treatment support services.

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

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

28 (9) Counties must meet the criteria established in RCW
29 2.30.030(3).

30 (10) The authority shall annually review and monitor the
31 expenditures made by any county or group of counties which is funded,
32 in whole or in part, with funds provided by chapter 290, Laws of
33 2002. Counties shall repay any funds that are not spent in accordance
34 with the requirements of chapter 290, Laws of 2002.

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

37 The authority shall not refuse admission for diagnosis,
38 evaluation, guidance or treatment to any applicant because it is
39 determined that the applicant is financially unable to contribute

1 fully or in part to the cost of any services or facilities available
2 under the community behavioral health program (~~(on alcoholism)~~).

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

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

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

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

27 (1) The authority shall maintain an integrated and comprehensive
28 screening and assessment process for substance use and mental
29 disorders and co-occurring substance use and mental disorders.

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

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

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

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

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

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

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

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

12 (c) The integrated, comprehensive screening and assessment
13 process shall be implemented statewide by all substance use disorder
14 and mental health treatment providers (~~(as well as all designated~~
15 ~~mental health professionals, designated chemical dependency~~
16 ~~specialists,)) and designated crisis responders.~~

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

23 (3) The authority shall establish (~~(contractual penalties to~~
24 ~~contracted treatment providers, the behavioral health organizations,~~
25 ~~and their contracted providers for failure to)) performance-based
26 contracts with managed care organizations and behavioral health
27 administrative services organizations and implement the integrated
28 screening and assessment process.~~

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

31 The (~~(behavioral health organizations shall jointly))~~ authority,
32 in consultation with the established behavioral health administrative
33 services organizations, shall develop a uniform transfer agreement to
34 govern the transfer of clients between behavioral health
35 administrative services organizations, taking into account the needs
36 of the regional service area. (~~(By September 1, 2013, the behavioral~~
37 ~~health organizations shall submit the uniform transfer agreement to~~
38 ~~the department. By December 1, 2013, the department shall establish~~
39 ~~guidelines to implement the uniform transfer agreement and may modify~~

1 ~~the uniform transfer agreement as necessary to avoid impacts on state~~
2 ~~administrative systems.)~~)

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

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

11 (a) Identify areas in which duplicative or inefficient
12 documentation requirements can be eliminated or streamlined for
13 providers;

14 (b) Limit prescriptive requirements for individual initial
15 assessments to allow clinicians to exercise professional judgment to
16 conduct age-appropriate, strength-based psychosocial assessments,
17 including current needs and relevant history according to current
18 best practices;

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

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

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

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

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

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

1 (c) Share audit results with behavioral health administrative
2 services organizations and managed care organizations to assist with
3 their review process and, when appropriate, take steps to coordinate
4 and combine audit activities;

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

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

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

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

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

23 (2) For clients eligible for medical assistance under chapter
24 74.09 RCW, the authority shall contract with one or more managed care
25 organizations as set forth in RCW 71.24.380 and 74.09.871 to provide
26 medically necessary physical and behavioral health services.

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

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

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

37 (a) The authority;

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

- 1 (c) The department;
- 2 (d) The office of the governor;
- 3 (e) One representative from the behavioral health administrative
- 4 services organization per regional service area; and
- 5 (f) One county representative per regional service area.

6 **PART 2**

7 **Sec. 2001.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended

8 to read as follows:

9 Unless the context clearly requires otherwise, the definitions in

10 this section apply throughout this chapter.

11 (1) "Alcoholism" means a disease, characterized by a dependency

12 on alcoholic beverages, loss of control over the amount and

13 circumstances of use, symptoms of tolerance, physiological or

14 psychological withdrawal, or both, if use is reduced or discontinued,

15 and impairment of health or disruption of social or economic

16 functioning.

17 (2) "Approved substance use disorder treatment program" means a

18 program for minors with substance use disorders provided by a

19 treatment program licensed or certified by the department of health

20 as meeting standards adopted under chapter 71.24 RCW.

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

22 (4) "~~(Chemical dependency)~~ Substance use disorder" means:

23 (a) Alcoholism;

24 (b) Drug addiction; or

25 (c) Dependence on alcohol and one or more other psychoactive

26 chemicals, as the context requires.

27 (5) "Chemical dependency professional" means a person certified

28 as a chemical dependency professional by the department of health

29 under chapter 18.205 RCW.

30 (6) "Child psychiatrist" means a person having a license as a

31 physician and surgeon in this state, who has had graduate training in

32 child psychiatry in a program approved by the American Medical

33 Association or the American Osteopathic Association, and who is board

34 eligible or board certified in child psychiatry.

35 (7) "Children's mental health specialist" means:

36 (a) A mental health professional who has completed a minimum of

37 one hundred actual hours, not quarter or semester hours, of

1 specialized training devoted to the study of child development and
2 the treatment of children; and

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

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

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

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

15 (11) "Director" means the director of the authority.

16 (12) (~~"Drug addiction" means a disease, characterized by a~~
17 ~~dependency on psychoactive chemicals, loss of control over the amount~~
18 ~~and 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)) "Behavioral health administrative services
22 organization" has the same meaning as provided in RCW 71.24.025.~~

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

34 (14) "Evaluation and treatment program" means the total system of
35 services and facilities coordinated and approved by a county or
36 combination of counties for the evaluation and treatment of minors
37 under this chapter.

38 (15) "Gravely disabled minor" means a minor who, as a result of a
39 mental disorder, or as a result of the use of alcohol or other
40 psychoactive chemicals, is in danger of serious physical harm

1 resulting from a failure to provide for his or her essential human
2 needs of health or safety, or manifests severe deterioration in
3 routine functioning evidenced by repeated and escalating loss of
4 cognitive or volitional control over his or her actions and is not
5 receiving such care as is essential for his or her health or safety.

6 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
7 health care provided within a general hospital, psychiatric hospital,
8 residential treatment facility licensed or certified by the
9 department of health as an evaluation and treatment facility for
10 minors, secure detoxification facility for minors, or approved
11 substance use disorder treatment program for minors.

12 (17) "Intoxicated minor" means a minor whose mental or physical
13 functioning is substantially impaired as a result of the use of
14 alcohol or other psychoactive chemicals.

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

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

29 (20) "Medical necessity" for inpatient care means a requested
30 service which is reasonably calculated to: (a) Diagnose, correct,
31 cure, or alleviate a mental disorder or substance use disorder; or
32 (b) prevent the progression of a mental disorder or substance use
33 disorder that endangers life or causes suffering and pain, or results
34 in illness or infirmity or threatens to cause or aggravate a
35 handicap, or causes physical deformity or malfunction, and there is
36 no adequate less restrictive alternative available.

37 (21) "Mental disorder" means any organic, mental, or emotional
38 impairment that has substantial adverse effects on an individual's
39 cognitive or volitional functions. The presence of alcohol abuse,
40 drug abuse, juvenile criminal history, antisocial behavior, or

1 intellectual disabilities alone is insufficient to justify a finding
2 of "mental disorder" within the meaning of this section.

3 (22) "Mental health professional" means a psychiatrist,
4 psychiatric advanced registered nurse practitioner, physician
5 assistant working with a supervising psychiatrist, psychologist,
6 psychiatric nurse, or social worker, and such other mental health
7 professionals as may be defined by rules adopted by the secretary of
8 the department of health under this chapter.

9 (23) "Minor" means any person under the age of eighteen years.

10 (24) "Outpatient treatment" means any of the nonresidential
11 services mandated under chapter 71.24 RCW and provided by licensed or
12 certified service providers as identified by RCW 71.24.025.

13 (25) "Parent" means:

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

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

19 (26) "Private agency" means any person, partnership, corporation,
20 or association that is not a public agency, whether or not financed
21 in whole or in part by public funds, that constitutes an evaluation
22 and treatment facility or private institution, or hospital, or
23 approved substance use disorder treatment program, that is conducted
24 for, or includes a distinct unit, floor, or ward conducted for, the
25 care and treatment of persons with mental illness, substance use
26 disorders, or both mental illness and substance use disorders.

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

29 (28) "Professional person in charge" or "professional person"
30 means a physician, other mental health professional, or other person
31 empowered by an evaluation and treatment facility, secure
32 detoxification facility, or approved substance use disorder treatment
33 program with authority to make admission and discharge decisions on
34 behalf of that facility.

35 (29) "Psychiatric nurse" means a registered nurse who has
36 experience in the direct treatment of persons who have a mental
37 illness or who are emotionally disturbed, such experience gained
38 under the supervision of a mental health professional.

39 (30) "Psychiatrist" means a person having a license as a
40 physician in this state who has completed residency training in

1 psychiatry in a program approved by the American Medical Association
2 or the American Osteopathic Association, and is board eligible or
3 board certified in psychiatry.

4 (31) "Psychologist" means a person licensed as a psychologist
5 under chapter 18.83 RCW.

6 (32) "Public agency" means any evaluation and treatment facility
7 or institution, or hospital, or approved substance use disorder
8 treatment program that is conducted for, or includes a distinct unit,
9 floor, or ward conducted for, the care and treatment of persons with
10 mental illness, substance use disorders, or both mental illness and
11 substance use disorders if the agency is operated directly by
12 federal, state, county, or municipal government, or a combination of
13 such governments.

14 (33) "Responsible other" means the minor, the minor's parent or
15 estate, or any other person legally responsible for support of the
16 minor.

17 (34) "Secretary" means the secretary of the department or
18 secretary's designee.

19 (35) "Secure detoxification facility" means a facility operated
20 by either a public or private agency or by the program of an agency
21 that:

22 (a) Provides for intoxicated minors:

23 (i) Evaluation and assessment, provided by certified chemical
24 dependency professionals;

25 (ii) Acute or subacute detoxification services; and

26 (iii) Discharge assistance provided by certified chemical
27 dependency professionals, including facilitating transitions to
28 appropriate voluntary or involuntary inpatient services or to less
29 restrictive alternatives as appropriate for the minor;

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

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

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

36 (37) "Start of initial detention" means the time of arrival of
37 the minor at the first evaluation and treatment facility, secure
38 detoxification facility, or approved substance use disorder treatment
39 program offering inpatient treatment if the minor is being
40 involuntarily detained at the time. With regard to voluntary

1 patients, "start of initial detention" means the time at which the
2 minor gives notice of intent to leave under the provisions of this
3 chapter.

4 (38) "Substance use disorder" means a cluster of cognitive,
5 behavioral, and physiological symptoms indicating that an individual
6 continues using the substance despite significant substance-related
7 problems. The diagnosis of a substance use disorder is based on a
8 pathological pattern of behaviors related to the use of the
9 substances.

10 (39) "Managed care organization" has the same meaning as provided
11 in RCW 71.24.025.

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

14 ~~((1))~~ The ~~((county or combination of counties))~~ authority is
15 responsible for development and coordination of the evaluation and
16 treatment program for minors ~~((, for incorporating the program into~~
17 ~~the mental health plan,))~~ and for coordination of evaluation and
18 treatment services and resources with the community ~~((mental))~~
19 behavioral health program required under chapter 71.24 RCW.

20 ~~((2) The county shall be responsible for maintaining its support~~
21 ~~of involuntary treatment services for minors at its 1984 level,~~
22 ~~adjusted for inflation, with the authority responsible for additional~~
23 ~~costs to the county resulting from this chapter. Maintenance of~~
24 ~~effort funds devoted to judicial services related to involuntary~~
25 ~~commitment reimbursed under RCW 71.05.730 must be expended for other~~
26 ~~purposes that further treatment for mental health and chemical~~
27 ~~dependency disorders.))~~

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

30 Attorneys appointed for minors under this chapter shall be
31 compensated for their services as follows:

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

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

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

3 (~~(1) By December 1, 2011,~~) Facilities licensed under chapter
4 70.41, 71.12, or 72.23 RCW are required to adopt policies and
5 protocols regarding the notice requirements described in RCW
6 71.34.375 (~~;~~ and

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

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

13 The authority shall ensure that the provisions of this chapter
14 are applied (~~by the counties~~) in a consistent and uniform manner.
15 The authority shall also ensure that, to the extent possible within
16 available funds, the designated crisis responders are specifically
17 trained in adolescent mental health issues, the mental health and
18 substance use disorder civil commitment laws, and the criteria for
19 civil commitment.

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

22 A county may apply to its behavioral health administrative
23 services organization for reimbursement of its direct costs in
24 providing judicial services for civil commitment cases under this
25 chapter, as provided in RCW 71.05.730.

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

28 The authority shall adopt rules defining "appropriately trained
29 professional person" operating within their scope of practice within
30 Title 18 RCW for the purposes of conducting mental health and
31 (~~chemical dependency~~) substance use disorder evaluations under RCW
32 71.34.600(3) and 71.34.650(1).

33 **Sec. 2008.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c
34 155 s 21 are each reenacted and amended to read as follows:

35 (1) At any time during the minor's period of fourteen-day
36 commitment, the professional person in charge may petition the court

1 for an order requiring the minor to undergo an additional one hundred
2 eighty-day period of treatment. The evidence in support of the
3 petition shall be presented by the county prosecutor unless the
4 petition is filed by the professional person in charge of a state-
5 operated facility in which case the evidence shall be presented by
6 the attorney general.

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

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

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

12 (c) A statement that the petitioner is the professional person in
13 charge of the evaluation and treatment facility, secure
14 detoxification facility, or approved substance use disorder treatment
15 program responsible for the treatment of the minor;

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

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

18 (3) The petition shall be supported by accompanying affidavits
19 signed by: (a) Two examining physicians, one of whom shall be a child
20 psychiatrist, or two psychiatric advanced registered nurse
21 practitioners, one of whom shall be a child and adolescent or family
22 psychiatric advanced registered nurse practitioner, or two physician
23 assistants, one of whom must be supervised by a child psychiatrist;
24 (b) one children's mental health specialist and either an examining
25 physician, physician assistant, or a psychiatric advanced registered
26 nurse practitioner; or (c) two among an examining physician,
27 physician assistant, and a psychiatric advanced registered nurse
28 practitioner, one of which needs to be a child psychiatrist(~~(+)~~), a
29 physician assistant supervised by a child psychiatrist, or a child
30 and adolescent psychiatric nurse practitioner. The affidavits shall
31 describe in detail the behavior of the detained minor which supports
32 the petition and shall state whether a less restrictive alternative
33 to inpatient treatment is in the best interests of the minor.

34 (4) The petition for one hundred eighty-day commitment shall be
35 filed with the clerk of the court at least three days before the
36 expiration of the fourteen-day commitment period. The petitioner or
37 the petitioner's designee shall within twenty-four hours of filing
38 serve a copy of the petition on the minor and notify the minor's
39 attorney and the minor's parent. A copy of the petition shall be

1 provided to such persons at least twenty-four hours prior to the
2 hearing.

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

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

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

12 (i) Is suffering from a mental disorder or substance use
13 disorder;

14 (ii) Presents a likelihood of serious harm or is gravely
15 disabled; and

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

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

21 (7) If the court finds that the criteria for commitment are met
22 and that less restrictive treatment in a community setting is not
23 appropriate or available, the court shall order the minor committed
24 to the custody of the (~~secretary~~) director for further inpatient
25 mental health treatment, to an approved substance use disorder
26 treatment program for further substance use disorder treatment, or to
27 a private treatment and evaluation facility for inpatient mental
28 health or substance use disorder treatment if the minor's parents
29 have assumed responsibility for payment for the treatment. If the
30 court finds that a less restrictive alternative is in the best
31 interest of the minor, the court shall order less restrictive
32 alternative treatment upon such conditions as necessary.

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

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

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

3 (1) At any time during the minor's period of fourteen-day
4 commitment, the professional person in charge may petition the court
5 for an order requiring the minor to undergo an additional one hundred
6 eighty-day period of treatment. The evidence in support of the
7 petition shall be presented by the county prosecutor unless the
8 petition is filed by the professional person in charge of a state-
9 operated facility in which case the evidence shall be presented by
10 the attorney general.

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

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

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

16 (c) A statement that the petitioner is the professional person in
17 charge of the evaluation and treatment facility, secure
18 detoxification facility, or approved substance use disorder treatment
19 program responsible for the treatment of the minor;

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

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

22 (3) The petition shall be supported by accompanying affidavits
23 signed by: (a) Two examining physicians, one of whom shall be a child
24 psychiatrist, or two psychiatric advanced registered nurse
25 practitioners, one of whom shall be a child and adolescent or family
26 psychiatric advanced registered nurse practitioner, or two physician
27 assistants, one of whom must be supervised by a child psychiatrist;
28 (b) one children's mental health specialist and either an examining
29 physician, physician assistant, or a psychiatric advanced registered
30 nurse practitioner; or (c) two among an examining physician,
31 physician assistant, and a psychiatric advanced registered nurse
32 practitioner, one of which needs to be a child psychiatrist(~~(+)~~), a
33 physician assistant supervised by a child psychiatrist, or a child
34 and adolescent psychiatric nurse practitioner. The affidavits shall
35 describe in detail the behavior of the detained minor which supports
36 the petition and shall state whether a less restrictive alternative
37 to inpatient treatment is in the best interests of the minor.

38 (4) The petition for one hundred eighty-day commitment shall be
39 filed with the clerk of the court at least three days before the
40 expiration of the fourteen-day commitment period. The petitioner or

1 the petitioner's designee shall within twenty-four hours of filing
2 serve a copy of the petition on the minor and notify the minor's
3 attorney and the minor's parent. A copy of the petition shall be
4 provided to such persons at least twenty-four hours prior to the
5 hearing.

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

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

14 (a) Is suffering from a mental disorder or substance use
15 disorder;

16 (b) Presents a likelihood of serious harm or is gravely disabled;
17 and

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

20 (7) If the court finds that the criteria for commitment are met
21 and that less restrictive treatment in a community setting is not
22 appropriate or available, the court shall order the minor committed
23 to the custody of the (~~secretary~~) director for further inpatient
24 mental health treatment, to an approved substance use disorder
25 treatment program for further substance use disorder treatment, or to
26 a private treatment and evaluation facility for inpatient mental
27 health or substance use disorder treatment if the minor's parents
28 have assumed responsibility for payment for the treatment. If the
29 court finds that a less restrictive alternative is in the best
30 interest of the minor, the court shall order less restrictive
31 alternative treatment upon such conditions as necessary.

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

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

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

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

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

7 (2) "Behavioral health administrative services organization"
8 means (~~(a county authority or group of county authorities or other~~
9 ~~nonprofit entity that has entered into contracts with the health care~~
10 ~~authority pursuant to)~~ an entity contracted with the health care
11 authority to administer behavioral health services and programs under
12 section 1046 of this act, including crisis services and
13 administration of the involuntary treatment act, chapter 71.05 RCW,
14 for all individuals in a defined regional service area under chapter
15 71.24 RCW.

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

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

23 (5) "County authority" means the board of county commissioners or
24 county executive.

25 (6) "Early periodic screening, diagnosis, and treatment" means
26 the component of the federal medicaid program established pursuant to
27 42 U.S.C. Sec. 1396d(r), as amended.

28 (7) "Evidence-based" means a program or practice that has had
29 multiple site random controlled trials across heterogeneous
30 populations demonstrating that the program or practice is effective
31 for the population.

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

36 (9) "Managed care organization" means an organization, having a
37 certificate of authority or certificate of registration from the
38 office of the insurance commissioner, that contracts with the health
39 care authority under a comprehensive risk contract to provide prepaid

1 health care services to enrollees under the authority's managed care
2 programs under chapter 74.09 RCW.

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

6 ~~((10))~~ (11) "Research-based" means a program or practice that
7 has some research demonstrating effectiveness, but that does not yet
8 meet the standard of evidence-based practices.

9 ~~((11))~~ (12) "Wraparound process" means a family driven planning
10 process designed to address the needs of children and youth by the
11 formation of a team that empowers families to make key decisions
12 regarding the care of the child or youth in partnership with
13 professionals and the family's natural community supports. The team
14 produces a community-based and culturally competent intervention plan
15 which identifies the strengths and needs of the child or youth and
16 family and defines goals that the team collaborates on achieving with
17 respect for the unique cultural values of the family. The "wraparound
18 process" shall emphasize principles of persistence and outcome-based
19 measurements of success.

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

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

25 (a) A continuum of services from early identification,
26 intervention, and prevention through crisis intervention and
27 inpatient treatment, including peer support and parent mentoring
28 services;

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

31 (c) Developmentally appropriate, high quality, and culturally
32 competent services available statewide;

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

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

38 (f) Use of developmentally appropriate evidence-based and
39 research-based practices;

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

5 (2) The effectiveness of the children's mental health system
6 shall be determined through the use of outcome-based performance
7 measures. The health care authority and the evidence-based practice
8 institute established in RCW 71.24.061, in consultation with parents,
9 caregivers, youth, behavioral health administrative services
10 organizations, managed care organizations contracted with the
11 authority under chapter 74.09 RCW, mental health services providers,
12 health plans, primary care providers, tribes, and others, shall
13 develop outcome-based performance measures such as:

14 (a) Decreased emergency room utilization;

15 (b) Decreased psychiatric hospitalization;

16 (c) Lessening of symptoms, as measured by commonly used
17 assessment tools;

18 (d) Decreased out-of-home placement, including residential,
19 group, and foster care, and increased stability of such placements,
20 when necessary;

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

22 (f) Decreased rates of (~~chemical dependency~~) substance use
23 disorder;

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

25 (h) Improved school attendance and performance;

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

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

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

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

33 Performance measure reporting for children's mental health
34 services should be integrated into existing performance measurement
35 and reporting systems developed and implemented under chapter 71.24
36 RCW.

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

1 and impairment of health or disruption of social or economic
2 functioning;

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

7 (4) "Approved substance use disorder treatment program" means a
8 program for persons with a substance use disorder provided by a
9 treatment program certified by the department as meeting standards
10 adopted under chapter 71.24 RCW;

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

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

15 (7) "~~(Chemical dependency)~~ Substance use disorder" means:

16 (a) Alcoholism;

17 (b) Drug addiction; or

18 (c) Dependence on alcohol and one or more psychoactive chemicals,
19 as the context requires;

20 (8) "Chemical dependency professional" means a person certified
21 as a chemical dependency professional by the department under chapter
22 18.205 RCW;

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

26 (10) "Conditional release" means a revocable modification of a
27 commitment, which may be revoked upon violation of any of its terms;

28 (11) "Crisis stabilization unit" means a short-term facility or a
29 portion of a facility licensed or certified by the department (~~under~~
30 ~~RCW 71.24.035~~), such as an evaluation and treatment facility or a
31 hospital, which has been designed to assess, diagnose, and treat
32 individuals experiencing an acute crisis without the use of long-term
33 hospitalization;

34 (12) "Custody" means involuntary detention under the provisions
35 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
36 unconditional release from commitment from a facility providing
37 involuntary care and treatment;

38 (13) "Department" means the department of health;

39 (14) "Designated crisis responder" means a mental health
40 professional appointed by the county(~~(r)~~) or an entity appointed by

1 the county, (~~or the behavioral health organization~~) to perform the
2 duties specified in this chapter;

3 (15) "Detention" or "detain" means the lawful confinement of a
4 person, under the provisions of this chapter;

5 (16) "Developmental disabilities professional" means a person who
6 has specialized training and three years of experience in directly
7 treating or working with persons with developmental disabilities and
8 is a psychiatrist, physician assistant working with a supervising
9 psychiatrist, psychologist, psychiatric advanced registered nurse
10 practitioner, or social worker, and such other developmental
11 disabilities professionals as may be defined by rules adopted by the
12 secretary of the department of social and health services;

13 (17) "Developmental disability" means that condition defined in
14 RCW 71A.10.020(5);

15 (18) "Director" means the director of the authority;

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

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

25 (21) "Evaluation and treatment facility" means any facility which
26 can provide directly, or by direct arrangement with other public or
27 private agencies, emergency evaluation and treatment, outpatient
28 care, and timely and appropriate inpatient care to persons suffering
29 from a mental disorder, and which is licensed or certified as such by
30 the department. The authority may certify single beds as temporary
31 evaluation and treatment beds under RCW 71.05.745. A physically
32 separate and separately operated portion of a state hospital may be
33 designated as an evaluation and treatment facility. A facility which
34 is part of, or operated by, the department of social and health
35 services or any federal agency will not require certification. No
36 correctional institution or facility, or jail, shall be an evaluation
37 and treatment facility within the meaning of this chapter;

38 (22) "Gravely disabled" means a condition in which a person, as a
39 result of a mental disorder, or as a result of the use of alcohol or
40 other psychoactive chemicals: (a) Is in danger of serious physical

1 harm resulting from a failure to provide for his or her essential
2 human needs of health or safety; or (b) manifests severe
3 deterioration in routine functioning evidenced by repeated and
4 escalating loss of cognitive or volitional control over his or her
5 actions and is not receiving such care as is essential for his or her
6 health or safety;

7 (23) "Habilitative services" means those services provided by
8 program personnel to assist persons in acquiring and maintaining life
9 skills and in raising their levels of physical, mental, social, and
10 vocational functioning. Habilitative services include education,
11 training for employment, and therapy. The habilitative process shall
12 be undertaken with recognition of the risk to the public safety
13 presented by the person being assisted as manifested by prior charged
14 criminal conduct;

15 (24) "Hearing" means any proceeding conducted in open court. For
16 purposes of this chapter, at any hearing the petitioner, the
17 respondent, the witnesses, and the presiding judicial officer may be
18 present and participate either in person or by video, as determined
19 by the court. The term "video" as used herein shall include any
20 functional equivalent. At any hearing conducted by video, the
21 technology used must permit the judicial officer, counsel, all
22 parties, and the witnesses to be able to see, hear, and speak, when
23 authorized, during the hearing; to allow attorneys to use exhibits or
24 other materials during the hearing; and to allow respondent's counsel
25 to be in the same location as the respondent unless otherwise
26 requested by the respondent or the respondent's counsel. Witnesses in
27 a proceeding may also appear in court through other means, including
28 telephonically, pursuant to the requirements of superior court civil
29 rule 43. Notwithstanding the foregoing, the court, upon its own
30 motion or upon a motion for good cause by any party, may require all
31 parties and witnesses to participate in the hearing in person rather
32 than by video. In ruling on any such motion, the court may allow in-
33 person or video testimony; and the court may consider, among other
34 things, whether the respondent's alleged mental illness affects the
35 respondent's ability to perceive or participate in the proceeding by
36 video;

37 (25) "History of one or more violent acts" refers to the period
38 of time ten years prior to the filing of a petition under this
39 chapter, excluding any time spent, but not any violent acts
40 committed, in a mental health facility, a long-term alcoholism or

1 drug treatment facility, or in confinement as a result of a criminal
2 conviction;

3 (26) "Imminent" means the state or condition of being likely to
4 occur at any moment or near at hand, rather than distant or remote;

5 (27) "Individualized service plan" means a plan prepared by a
6 developmental disabilities professional with other professionals as a
7 team, for a person with developmental disabilities, which shall
8 state:

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

11 (b) The conditions and strategies necessary to achieve the
12 purposes of habilitation;

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

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

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

18 (f) Where relevant in light of past criminal behavior and due
19 consideration for public safety, the criteria for proposed movement
20 to less-restrictive settings, criteria for proposed eventual
21 discharge or release, and a projected possible date for discharge or
22 release; and

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

25 (28) "Information related to mental health services" means all
26 information and records compiled, obtained, or maintained in the
27 course of providing services to either voluntary or involuntary
28 recipients of services by a mental health service provider. This may
29 include documents of legal proceedings under this chapter or chapter
30 71.34 or 10.77 RCW, or somatic health care information;

31 (29) "Intoxicated person" means a person whose mental or physical
32 functioning is substantially impaired as a result of the use of
33 alcohol or other psychoactive chemicals;

34 (30) "In need of assisted outpatient behavioral health treatment"
35 means that a person, as a result of a mental disorder or substance
36 use disorder: (a) Has been committed by a court to detention for
37 involuntary behavioral health treatment during the preceding thirty-
38 six months; (b) is unlikely to voluntarily participate in outpatient
39 treatment without an order for less restrictive alternative
40 treatment, based on a history of nonadherence with treatment or in

1 view of the person's current behavior; (c) is likely to benefit from
2 less restrictive alternative treatment; and (d) requires less
3 restrictive alternative treatment to prevent a relapse,
4 decompensation, or deterioration that is likely to result in the
5 person presenting a likelihood of serious harm or the person becoming
6 gravely disabled within a reasonably short period of time;

7 (31) "Judicial commitment" means a commitment by a court pursuant
8 to the provisions of this chapter;

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

13 (33) "Less restrictive alternative treatment" means a program of
14 individualized treatment in a less restrictive setting than inpatient
15 treatment that includes the services described in RCW 71.05.585;

16 (34) "Licensed physician" means a person licensed to practice
17 medicine or osteopathic medicine and surgery in the state of
18 Washington;

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

20 (a) A substantial risk that: (i) Physical harm will be inflicted
21 by a person upon his or her own person, as evidenced by threats or
22 attempts to commit suicide or inflict physical harm on oneself; (ii)
23 physical harm will be inflicted by a person upon another, as
24 evidenced by behavior which has caused such harm or which places
25 another person or persons in reasonable fear of sustaining such harm;
26 or (iii) physical harm will be inflicted by a person upon the
27 property of others, as evidenced by behavior which has caused
28 substantial loss or damage to the property of others; or

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

31 (36) "Medical clearance" means a physician or other health care
32 provider has determined that a person is medically stable and ready
33 for referral to the designated crisis responder;

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

37 (38) "Mental health professional" means a psychiatrist,
38 psychologist, physician assistant working with a supervising
39 psychiatrist, psychiatric advanced registered nurse practitioner,
40 psychiatric nurse, or social worker, and such other mental health

1 professionals as may be defined by rules adopted by the secretary
2 pursuant to the provisions of this chapter;

3 (39) "Mental health service provider" means a public or private
4 agency that provides mental health services to persons with mental
5 disorders or substance use disorders as defined under this section
6 and receives funding from public sources. This includes, but is not
7 limited to, hospitals licensed under chapter 70.41 RCW, evaluation
8 and treatment facilities as defined in this section, community mental
9 health service delivery systems or behavioral health programs as
10 defined in RCW 71.24.025, facilities conducting competency
11 evaluations and restoration under chapter 10.77 RCW, approved
12 substance use disorder treatment programs as defined in this section,
13 secure detoxification facilities as defined in this section, and
14 correctional facilities operated by state and local governments;

15 (40) "Peace officer" means a law enforcement official of a public
16 agency or governmental unit, and includes persons specifically given
17 peace officer powers by any state law, local ordinance, or judicial
18 order of appointment;

19 (41) "Physician assistant" means a person licensed as a physician
20 assistant under chapter 18.57A or 18.71A RCW;

21 (42) "Private agency" means any person, partnership, corporation,
22 or association that is not a public agency, whether or not financed
23 in whole or in part by public funds, which constitutes an evaluation
24 and treatment facility or private institution, or hospital, or
25 approved substance use disorder treatment program, which is conducted
26 for, or includes a department or ward conducted for, the care and
27 treatment of persons with mental illness, substance use disorders, or
28 both mental illness and substance use disorders;

29 (43) "Professional person" means a mental health professional,
30 chemical dependency professional, or designated crisis responder and
31 shall also mean a physician, physician assistant, psychiatric
32 advanced registered nurse practitioner, registered nurse, and such
33 others as may be defined by rules adopted by the secretary pursuant
34 to the provisions of this chapter;

35 (44) "Psychiatric advanced registered nurse practitioner" means a
36 person who is licensed as an advanced registered nurse practitioner
37 pursuant to chapter 18.79 RCW; and who is board certified in advanced
38 practice psychiatric and mental health nursing;

39 (45) "Psychiatrist" means a person having a license as a
40 physician and surgeon in this state who has in addition completed

1 three years of graduate training in psychiatry in a program approved
2 by the American medical association or the American osteopathic
3 association and is certified or eligible to be certified by the
4 American board of psychiatry and neurology;

5 (46) "Psychologist" means a person who has been licensed as a
6 psychologist pursuant to chapter 18.83 RCW;

7 (47) "Public agency" means any evaluation and treatment facility
8 or institution, secure detoxification facility, approved substance
9 use disorder treatment program, or hospital which is conducted for,
10 or includes a department or ward conducted for, the care and
11 treatment of persons with mental illness, substance use disorders, or
12 both mental illness and substance use disorders, if the agency is
13 operated directly by federal, state, county, or municipal government,
14 or a combination of such governments;

15 (48) "Release" means legal termination of the commitment under
16 the provisions of this chapter;

17 (49) "Resource management services" has the meaning given in
18 chapter 71.24 RCW;

19 (50) "Secretary" means the secretary of the department of health,
20 or his or her designee;

21 (51) "Secure detoxification facility" means a facility operated
22 by either a public or private agency or by the program of an agency
23 that:

24 (a) Provides for intoxicated persons:

25 (i) Evaluation and assessment, provided by certified chemical
26 dependency professionals;

27 (ii) Acute or subacute detoxification services; and

28 (iii) Discharge assistance provided by certified chemical
29 dependency professionals, including facilitating transitions to
30 appropriate voluntary or involuntary inpatient services or to less
31 restrictive alternatives as appropriate for the individual;

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

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

35 (52) "Serious violent offense" has the same meaning as provided
36 in RCW 9.94A.030;

37 (53) "Social worker" means a person with a master's or further
38 advanced degree from a social work educational program accredited and
39 approved as provided in RCW 18.320.010;

1 (54) "Substance use disorder" means a cluster of cognitive,
2 behavioral, and physiological symptoms indicating that an individual
3 continues using the substance despite significant substance-related
4 problems. The diagnosis of a substance use disorder is based on a
5 pathological pattern of behaviors related to the use of the
6 substances;

7 (55) "Therapeutic court personnel" means the staff of a mental
8 health court or other therapeutic court which has jurisdiction over
9 defendants who are dually diagnosed with mental disorders, including
10 court personnel, probation officers, a court monitor, prosecuting
11 attorney, or defense counsel acting within the scope of therapeutic
12 court duties;

13 (56) "Treatment records" include registration and all other
14 records concerning persons who are receiving or who at any time have
15 received services for mental illness, which are maintained by the
16 department of social and health services, the department, the
17 authority, behavioral health administrative services organizations
18 and their staffs, managed care organizations and their staffs, and by
19 treatment facilities. Treatment records include mental health
20 information contained in a medical bill including but not limited to
21 mental health drugs, a mental health diagnosis, provider name, and
22 dates of service stemming from a medical service. Treatment records
23 do not include notes or records maintained for personal use by a
24 person providing treatment services for the department of social and
25 health services, the department, the authority, behavioral health
26 administrative services organizations, managed care organizations, or
27 a treatment facility if the notes or records are not available to
28 others;

29 (57) "Triage facility" means a short-term facility or a portion
30 of a facility licensed or certified by the department (~~under RCW~~
31 ~~71.24.035~~), which is designed as a facility to assess and stabilize
32 an individual or determine the need for involuntary commitment of an
33 individual, and must meet department residential treatment facility
34 standards. A triage facility may be structured as a voluntary or
35 involuntary placement facility;

36 (58) "Violent act" means behavior that resulted in homicide,
37 attempted suicide, nonfatal injuries, or substantial damage to
38 property.

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

3 The legislature intends that the procedures and services
4 authorized in this chapter be integrated with those in chapter 71.24
5 RCW to the maximum extent necessary to assure a continuum of care to
6 persons with mental illness or who have mental disorders or substance
7 use disorders, as defined in either or both this chapter and chapter
8 71.24 RCW. To this end, behavioral health administrative services
9 organizations established in accordance with chapter 71.24 RCW shall
10 institute procedures which require timely consultation with resource
11 management services by designated crisis responders, managed care
12 organizations, evaluation and treatment facilities, secure
13 detoxification facilities, and approved substance use disorder
14 treatment programs to assure that determinations to admit, detain,
15 commit, treat, discharge, or release persons with mental disorders or
16 substance use disorders under this chapter are made only after
17 appropriate information regarding such person's treatment history and
18 current treatment plan has been sought from resource management
19 services.

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

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

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

37 (3) This section applies to counties, behavioral health
38 administrative services organizations, managed care organizations,
39 and entities which contract to provide behavioral health

1 ((organization)) services and their subcontractors, agents, or
2 employees.

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

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

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

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

19 Attorneys appointed for persons pursuant to this chapter shall be
20 compensated for their services as follows: (1) The person for whom an
21 attorney is appointed shall, if he or she is financially able
22 pursuant to standards as to financial capability and indigency set by
23 the superior court of the county in which the proceeding is held,
24 bear the costs of such legal services; (2) if such person is indigent
25 pursuant to such standards, the behavioral health administrative
26 services organization shall reimburse the county in which the
27 proceeding is held for the direct costs of such legal services, as
28 provided in RCW 71.05.730.

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

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

1 (2) A designated crisis responder or designated crisis responder
2 agency that receives a request for investigation for possible
3 detention under this chapter must inquire whether the request comes
4 from an immediate family member, guardian, or conservator who would
5 be eligible to petition under RCW 71.05.201. If the designated crisis
6 responder decides not to detain the person for evaluation and
7 treatment under RCW 71.05.150 or 71.05.153 or forty-eight hours have
8 elapsed since the request for investigation was received and the
9 designated crisis responder has not taken action to have the person
10 detained, the designated crisis responder or designated crisis
11 responder agency must inform the immediate family member, guardian,
12 or conservator who made the request for investigation about the
13 process to petition for court review under RCW 71.05.201 and, to the
14 extent feasible, provide the immediate family member, guardian, or
15 conservator with written or electronic information about the petition
16 process. If provision of written or electronic information is not
17 feasible, the designated crisis responder or designated crisis
18 responder agency must refer the immediate family member, guardian, or
19 conservator to a web site where published information on the petition
20 process may be accessed. The designated crisis responder or
21 designated crisis responder agency must document the manner and date
22 on which the information required under this subsection was provided
23 to the immediate family member, guardian, or conservator.

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

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

31 (1) The petition for ninety day treatment shall be filed with the
32 clerk of the superior court at least three days before expiration of
33 the fourteen-day period of intensive treatment. At the time of filing
34 such petition, the clerk shall set a time for the person to come
35 before the court on the next judicial day after the day of filing
36 unless such appearance is waived by the person's attorney, and the
37 clerk shall notify the designated crisis responder. The designated
38 crisis responder shall immediately notify the person detained, his or
39 her attorney, if any, and his or her guardian or conservator, if any,

1 the prosecuting attorney, and the behavioral health administrative
2 services organization administrator, and provide a copy of the
3 petition to such persons as soon as possible. The behavioral health
4 administrative services organization administrator or designee may
5 review the petition and may appear and testify at the full hearing on
6 the petition.

7 (2) At the time set for appearance the detained person shall be
8 brought before the court, unless such appearance has been waived and
9 the court shall advise him or her of his or her right to be
10 represented by an attorney, his or her right to a jury trial, and, if
11 the petition is for commitment for mental health treatment, his or
12 her loss of firearm rights if involuntarily committed. If the
13 detained person is not represented by an attorney, or is indigent or
14 is unwilling to retain an attorney, the court shall immediately
15 appoint an attorney to represent him or her. The court shall, if
16 requested, appoint a reasonably available licensed physician,
17 physician assistant, psychiatric advanced registered nurse
18 practitioner, psychologist, psychiatrist, or other professional
19 person, designated by the detained person to examine and testify on
20 behalf of the detained person.

21 (3) The court may, if requested, also appoint a professional
22 person as defined in RCW 71.05.020 to seek less restrictive
23 alternative courses of treatment and to testify on behalf of the
24 detained person. In the case of a person with a developmental
25 disability who has been determined to be incompetent pursuant to RCW
26 10.77.086(4), then the appointed professional person under this
27 section shall be a developmental disabilities professional.

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

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

32 When a person has been involuntarily committed for treatment to a
33 hospital for a period of ninety or one hundred eighty days, and the
34 superintendent or professional person in charge of the hospital
35 determines that the person no longer requires active psychiatric
36 treatment at an inpatient level of care, the behavioral health
37 administrative services organization, (~~full integration entity under~~
38 ~~RCW 71.24.380~~) managed care organization, or agency providing
39 oversight of long-term care or developmental disability services that

1 is responsible for resource management services for the person must
2 work with the hospital to develop an individualized discharge plan
3 and arrange for a transition to the community in accordance with the
4 person's individualized discharge plan within fourteen days of the
5 determination.

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

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

13 (b) When a person receiving court-ordered treatment or treatment
14 ordered by the department of corrections discloses to his or her
15 mental health service provider that he or she is subject to
16 supervision by the department of corrections, the mental health
17 service provider shall notify the department of corrections that he
18 or she is treating the offender and shall notify the offender that
19 his or her community corrections officer will be notified of the
20 treatment, provided that if the offender has received relief from
21 disclosure pursuant to RCW 9.94A.562 or 71.05.132 and the offender
22 has provided the mental health service provider with a copy of the
23 order granting relief from disclosure pursuant to RCW 9.94A.562 or
24 71.05.132, the mental health service provider is not required to
25 notify the department of corrections that the mental health service
26 provider is treating the offender. The notification may be written or
27 oral and shall not require the consent of the offender. If an oral
28 notification is made, it must be confirmed by a written notification.
29 For purposes of this section, a written notification includes
30 notification by email or facsimile, so long as the notifying mental
31 health service provider is clearly identified.

32 (2) The information to be released to the department of
33 corrections shall include all relevant records and reports, as
34 defined by rule, necessary for the department of corrections to carry
35 out its duties.

36 (3) The authority and the department of corrections, in
37 consultation with behavioral health administrative services
38 organizations, managed care organizations, mental health service
39 providers as defined in RCW 71.05.020, mental health consumers, and

1 advocates for persons with mental illness, shall adopt rules to
2 implement the provisions of this section related to the type and
3 scope of information to be released. These rules shall:

4 (a) Enhance and facilitate the ability of the department of
5 corrections to carry out its responsibility of planning and ensuring
6 community protection with respect to persons subject to sentencing
7 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
8 disclosing information of persons who received mental health services
9 as a minor; and

10 (b) Establish requirements for the notification of persons under
11 the supervision of the department of corrections regarding the
12 provisions of this section.

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

17 (5) No mental health service provider or individual employed by a
18 mental health service provider shall be held responsible for
19 information released to or used by the department of corrections
20 under the provisions of this section or rules adopted under this
21 section.

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

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

30 (8) The authority shall, subject to available resources,
31 electronically, or by the most cost-effective means available,
32 provide the department of corrections with the names, last dates of
33 services, and addresses of specific behavioral health administrative
34 services organizations, managed care organizations, and mental health
35 service providers that delivered mental health services to a person
36 subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between
37 the authority and the department of corrections.

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

1 As soon as possible, but no later than twenty-four hours from
2 receiving a referral from a law enforcement officer or law
3 enforcement agency, excluding Saturdays, Sundays, and holidays, a
4 mental health professional contacted by the designated (~~mental~~
5 ~~health professional~~) crisis responder agency must attempt to contact
6 the referred person to determine whether additional mental health
7 intervention is necessary, including, if needed, an assessment by a
8 designated (~~mental health professional~~) crisis responder for
9 initial detention under RCW 71.05.150 or 71.05.153. Documentation of
10 the mental health professional's attempt to contact and assess the
11 person must be maintained by the designated (~~mental health~~
12 ~~professional~~) crisis responder agency.

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

15 (1) A county may apply to its behavioral health administrative
16 services organization on a quarterly basis for reimbursement of its
17 direct costs in providing judicial services for civil commitment
18 cases under this chapter and chapter 71.34 RCW. The behavioral health
19 administrative services organization shall in turn be entitled to
20 reimbursement from the behavioral health administrative services
21 organization that serves the county of residence of the individual
22 who is the subject of the civil commitment case. (~~Reimbursements~~
23 ~~under this section shall be paid out of the behavioral health~~
24 ~~organization's nonmedicaid appropriation.~~)

25 (2) Reimbursement for judicial services shall be provided per
26 civil commitment case at a rate to be determined based on an
27 independent assessment of the county's actual direct costs. This
28 assessment must be based on an average of the expenditures for
29 judicial services within the county over the past three years. In the
30 event that a baseline cannot be established because there is no
31 significant history of similar cases within the county, the
32 reimbursement rate shall be equal to eighty percent of the median
33 reimbursement rate of counties included in the independent
34 assessment.

35 (3) For the purposes of this section:

36 (a) "Civil commitment case" includes all judicial hearings
37 related to a single episode of hospitalization or less restrictive
38 alternative treatment, except that the filing of a petition for a one
39 hundred eighty-day commitment under this chapter or a petition for a

1 successive one hundred eighty-day commitment under chapter 71.34 RCW
2 shall be considered to be a new case regardless of whether there has
3 been a break in detention. "Civil commitment case" does not include
4 the filing of a petition for a one hundred eighty-day commitment
5 under this chapter on behalf of a patient at a state psychiatric
6 hospital.

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

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

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

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

19 All behavioral health administrative services organizations in
20 the state of Washington must forward historical mental health
21 involuntary commitment information retained by the organization,
22 including identifying information and dates of commitment to the
23 authority. As soon as feasible, the behavioral health administrative
24 services organizations must arrange to report new commitment data to
25 the authority within twenty-four hours. Commitment information under
26 this section does not need to be resent if it is already in the
27 possession of the authority. Behavioral health administrative
28 services organizations and the authority shall be immune from
29 liability related to the sharing of commitment information under this
30 section.

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

33 (1) A designated crisis responder shall make a report to the
34 authority when he or she determines a person meets detention criteria
35 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are
36 not any beds available at an evaluation and treatment facility, the
37 person has not been provisionally accepted for admission by a
38 facility, and the person cannot be served on a single bed

1 certification or less restrictive alternative. Starting at the time
2 when the designated crisis responder determines a person meets
3 detention criteria and the investigation has been completed, the
4 designated crisis responder has twenty-four hours to submit a
5 completed report to the authority.

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

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

9 (b) The identity of the responsible behavioral health
10 administrative services organization and managed care organization,
11 if applicable;

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

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

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

16 (3) The authority shall develop a standardized reporting form or
17 modify the current form used for single bed certifications for the
18 report required under subsection (2) of this section and may require
19 additional reporting elements as it determines are necessary or
20 supportive. The authority shall also determine the method for the
21 transmission of the completed report from the designated crisis
22 responder to the authority.

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

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

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

1 (a) Not licensed or certified as an inpatient evaluation and
2 treatment facility; or

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

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

7 (1) The authority shall promptly share reports it receives under
8 RCW 71.05.750 with the responsible ~~((regional support network or))~~
9 behavioral health administrative services organization or managed
10 care organization, if applicable. The ~~((regional support network or))~~
11 behavioral health administrative services organization or managed
12 care organization, if applicable, receiving this notification must
13 attempt to engage the person in appropriate services for which the
14 person is eligible and report back within seven days to the
15 authority.

16 (2) The authority shall track and analyze reports submitted under
17 RCW 71.05.750. The authority must initiate corrective action when
18 appropriate to ensure that each ~~((regional support network or))~~
19 behavioral health administrative services organization or managed
20 care organization, if applicable, has implemented an adequate plan to
21 provide evaluation and treatment services. Corrective actions may
22 include remedies under ~~((RCW 71.24.330 and 74.09.871, including~~
23 ~~requiring expenditure of reserve funds))~~ the authority's contract
24 with such entity. An adequate plan may include development of less
25 restrictive alternatives to involuntary commitment such as crisis
26 triage, crisis diversion, voluntary treatment, or prevention programs
27 reasonably calculated to reduce demand for evaluation and treatment
28 under this chapter.

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

31 (1) (a) ~~((By April 1, 2018, the authority, by rule, must combine~~
32 ~~the functions of a designated mental health professional and~~
33 ~~designated chemical dependency specialist by establishing a~~
34 ~~designated crisis responder who is authorized to conduct~~
35 ~~investigations, detain persons up to seventy-two hours to the proper~~
36 ~~facility, and carry out the other functions identified in this~~
37 ~~chapter and chapter 71.34 RCW.))~~ The ~~((behavioral health~~

1 ~~organizations))~~ authority or its designee shall provide training to
2 the designated crisis responders (~~(as required by the authority)~~).

3 (b) (i) To qualify as a designated crisis responder, a person must
4 have received (~~(chemical dependency)~~) substance use disorder training
5 as determined by the (~~(department)~~) authority and be a:

6 (A) Psychiatrist, psychologist, physician assistant working with
7 a supervising psychiatrist, psychiatric advanced registered nurse
8 practitioner, or social worker;

9 (B) Person who is licensed by the department as a mental health
10 counselor or mental health counselor associate, or marriage and
11 family therapist or marriage and family therapist associate;

12 (C) Person with a master's degree or further advanced degree in
13 counseling or one of the social sciences from an accredited college
14 or university and who have, in addition, at least two years of
15 experience in direct treatment of persons with mental illness or
16 emotional disturbance, such experience gained under the direction of
17 a mental health professional;

18 (D) Person who meets the waiver criteria of RCW 71.24.260, which
19 waiver was granted before 1986;

20 (E) Person who had an approved waiver to perform the duties of a
21 mental health professional that was requested by the regional support
22 network and granted by the department of social and health services
23 before July 1, 2001; or

24 (F) Person who has been granted an exception of the minimum
25 requirements of a mental health professional by the department
26 consistent with rules adopted by the secretary.

27 (ii) Training must include (~~(chemical dependency)~~) training
28 specific to the duties of a designated crisis responder, including
29 diagnosis of substance abuse and dependence and assessment of risk
30 associated with substance use.

31 (~~((c) The authority must develop a transition process for any
32 person who has been designated as a designated mental health
33 professional or a designated chemical dependency specialist before
34 April 1, 2018, to be converted to a designated crisis responder. The
35 behavioral health organizations shall provide training, as required
36 by the authority, to persons converting to designated crisis
37 responders, which must include both mental health and chemical
38 dependency training applicable to the designated crisis responder
39 role.))~~)

1 (2) (a) The authority must ensure that at least one sixteen-bed
2 secure detoxification facility is operational by April 1, 2018, and
3 that at least two sixteen-bed secure detoxification facilities are
4 operational by April 1, 2019.

5 (b) If, at any time during the implementation of secure
6 detoxification facility capacity, federal funding becomes unavailable
7 for federal match for services provided in secure detoxification
8 facilities, then the authority must cease any expansion of secure
9 detoxification facilities until further direction is provided by the
10 legislature.

11 **PART 4**

12 **Sec. 4001.** RCW 74.09.337 and 2017 c 226 s 4 are each amended to
13 read as follows:

14 (1) For children who are eligible for medical assistance and who
15 have been identified as requiring mental health treatment, the
16 authority must oversee the coordination of resources and services
17 through (a) the managed health care system as defined in RCW
18 74.09.325 and (b) tribal organizations providing health care
19 services. The authority must ensure the child receives treatment and
20 appropriate care based on their assessed needs, regardless of whether
21 the referral occurred through primary care, school-based services, or
22 another practitioner.

23 (2) The authority must require each managed health care system as
24 defined in RCW 74.09.325 (~~and each behavioral health organization~~)
25 to develop and maintain adequate capacity to facilitate child mental
26 health treatment services in the community (~~or transfers to a~~
27 ~~behavioral health organization, depending on the level of required~~
28 ~~care~~). Managed health care systems (~~and behavioral health~~
29 ~~organizations~~) must:

30 (a) Follow up with individuals to ensure an appointment has been
31 secured;

32 (b) Coordinate with and report back to primary care provider
33 offices on individual treatment plans and medication management, in
34 accordance with patient confidentiality laws;

35 (c) Provide information to health plan members and primary care
36 providers about the behavioral health resource line available twenty-
37 four hours a day, seven days a week; and

1 (d) Maintain an accurate list of providers contracted to provide
2 mental health services to children and youth. The list must contain
3 current information regarding the providers' availability to provide
4 services. The current list must be made available to health plan
5 members and primary care providers.

6 (3) This section expires June 30, 2020.

7 **Sec. 4002.** RCW 74.09.495 and 2018 c 175 s 3 are each amended to
8 read as follows:

9 (1) To better assure and understand issues related to network
10 adequacy and access to services, the authority (~~(and the department)~~)
11 shall report to the appropriate committees of the legislature by
12 December 1, 2017, and annually thereafter, on the status of access to
13 behavioral health services for children (~~([from])~~) from birth through
14 age seventeen using data collected pursuant to RCW 70.320.050.

15 (2) At a minimum, the report must include the following
16 components broken down by age, gender, and race and ethnicity:

17 (a) The percentage of discharges for patients ages six through
18 seventeen who had a visit to the emergency room with a primary
19 diagnosis of mental health or alcohol or other drug dependence during
20 the measuring year and who had a follow-up visit with any provider
21 with a corresponding primary diagnosis of mental health or alcohol or
22 other drug dependence within thirty days of discharge;

23 (b) The percentage of health plan members with an identified
24 mental health need who received mental health services during the
25 reporting period;

26 (c) The percentage of children served by behavioral health
27 administrative services organizations and managed care organizations,
28 including the types of services provided;

29 (d) The number of children's mental health providers available in
30 the previous year, the languages spoken by those providers, and the
31 overall percentage of children's mental health providers who were
32 actively accepting new patients; and

33 (e) Data related to mental health and medical services for eating
34 disorder treatment in children and youth by county, including the
35 number of:

36 (i) Eating disorder diagnoses;

37 (ii) Patients treated in outpatient, residential, emergency, and
38 inpatient care settings; and

1 (iii) Contracted providers specializing in eating disorder
2 treatment and the overall percentage of those providers who were
3 actively accepting new patients during the reporting period.

4 **Sec. 4003.** RCW 74.09.515 and 2014 c 225 s 100 are each amended
5 to read as follows:

6 (1) The authority shall adopt rules and policies providing that
7 when youth who were enrolled in a medical assistance program
8 immediately prior to confinement are released from confinement, their
9 medical assistance coverage will be fully reinstated on the day of
10 their release, subject to any expedited review of their continued
11 eligibility for medical assistance coverage that is required under
12 federal or state law.

13 (2) The authority, in collaboration with the department, county
14 juvenile court administrators, managed care organizations, the
15 department of children, youth, and families, and behavioral health
16 administrative services organizations, shall establish procedures for
17 coordination (~~(between department)~~) among field offices, juvenile
18 rehabilitation (~~(administration)~~) institutions, and county juvenile
19 courts that result in prompt reinstatement of eligibility and speedy
20 eligibility determinations for youth who are likely to be eligible
21 for medical assistance services upon release from confinement.
22 Procedures developed under this subsection must address:

23 (a) Mechanisms for receiving medical assistance services'
24 applications on behalf of confined youth in anticipation of their
25 release from confinement;

26 (b) Expeditious review of applications filed by or on behalf of
27 confined youth and, to the extent practicable, completion of the
28 review before the youth is released; and

29 (c) Mechanisms for providing medical assistance services'
30 identity cards to youth eligible for medical assistance services
31 immediately upon their release from confinement.

32 (3) For purposes of this section, "confined" or "confinement"
33 means detained in a facility operated by or under contract with the
34 department of social and health services, juvenile rehabilitation
35 administration, or detained in a juvenile detention facility operated
36 under chapter 13.04 RCW.

37 (4) The authority shall adopt standardized statewide screening
38 and application practices and forms designed to facilitate the

1 application of a confined youth who is likely to be eligible for a
2 medical assistance program.

3 **Sec. 4004.** RCW 74.09.522 and 2018 c 201 s 7017 are each amended
4 to read as follows:

5 (1) For the purposes of this section:

6 (a) "Managed health care system" means any health care
7 organization, including health care providers, insurers, health care
8 service contractors, health maintenance organizations, health
9 insuring organizations, or any combination thereof, that provides
10 directly or by contract health care services covered under this
11 chapter or other applicable law and rendered by licensed providers,
12 on a prepaid capitated basis and that meets the requirements of
13 section 1903(m)(1)(A) of Title XIX of the federal social security act
14 or federal demonstration waivers granted under section 1115(a) of
15 Title XI of the federal social security act;

16 (b) "Nonparticipating provider" means a person, health care
17 provider, practitioner, facility, or entity, acting within their
18 scope of practice, that does not have a written contract to
19 participate in a managed health care system's provider network, but
20 provides health care services to enrollees of programs authorized
21 under this chapter or other applicable law whose health care services
22 are provided by the managed health care system.

23 (2) The authority shall enter into agreements with managed health
24 care systems to provide health care services to recipients of
25 (~~temporary assistance for needy families~~) medicaid under the
26 following conditions:

27 (a) Agreements shall be made for at least thirty thousand
28 recipients statewide;

29 (b) Agreements in at least one county shall include enrollment of
30 all recipients of (~~temporary assistance for needy families~~)
31 programs as allowed for in the approved state plan amendment or
32 federal waiver for Washington state's medicaid program;

33 (c) To the extent that this provision is consistent with section
34 1903(m) of Title XIX of the federal social security act or federal
35 demonstration waivers granted under section 1115(a) of Title XI of
36 the federal social security act, recipients shall have a choice of
37 systems in which to enroll and shall have the right to terminate
38 their enrollment in a system: PROVIDED, That the authority may limit
39 recipient termination of enrollment without cause to the first month

1 of a period of enrollment, which period shall not exceed twelve
2 months: AND PROVIDED FURTHER, That the authority shall not restrict a
3 recipient's right to terminate enrollment in a system for good cause
4 as established by the authority by rule;

5 (d) To the extent that this provision is consistent with section
6 1903(m) of Title XIX of the federal social security act,
7 participating managed health care systems shall not enroll a
8 disproportionate number of medical assistance recipients within the
9 total numbers of persons served by the managed health care systems,
10 except as authorized by the authority under federal demonstration
11 waivers granted under section 1115(a) of Title XI of the federal
12 social security act;

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

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

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

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

23 (D) Provider reimbursement methods that reward health homes that,
24 by using chronic care management, reduce emergency department and
25 inpatient use;

26 (E) Promoting provider participation in the program of training
27 and technical assistance regarding care of people with chronic
28 conditions described in RCW 43.70.533, including allocation of funds
29 to support provider participation in the training, unless the managed
30 care system is an integrated health delivery system that has programs
31 in place for chronic care management;

32 (F) Provider reimbursement methods within the medical billing
33 processes that incentivize pharmacists or other qualified providers
34 licensed in Washington state to provide comprehensive medication
35 management services consistent with the findings and goals
36 established in RCW 74.09.5223;

37 (G) Evaluation and reporting on the impact of comprehensive
38 medication management services on patient clinical outcomes and total
39 health care costs, including reductions in emergency department
40 utilization, hospitalization, and drug costs; and

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

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

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

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

12 (g) The authority shall, wherever possible, enter into prepaid
13 capitation contracts that include inpatient care. However, if this is
14 not possible or feasible, the authority may enter into prepaid
15 capitation contracts that do not include inpatient care;

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

19 (i) Nothing in this section prevents the authority from entering
20 into similar agreements for other groups of people eligible to
21 receive services under this chapter; and

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

25 (3) The authority shall ensure that publicly supported community
26 health centers and providers in rural areas, who show serious intent
27 and apparent capability to participate as managed health care systems
28 are seriously considered as contractors. The authority shall
29 coordinate its managed care activities with activities under chapter
30 70.47 RCW.

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

36 (5) The legislature finds that competition in the managed health
37 care marketplace is enhanced, in the long term, by the existence of a
38 large number of managed health care system options for medicaid
39 clients. In a managed care delivery system, whose goal is to focus on
40 prevention, primary care, and improved enrollee health status,

1 continuity in care relationships is of substantial importance, and
2 disruption to clients and health care providers should be minimized.
3 To help ensure these goals are met, the following principles shall
4 guide the authority in its healthy options managed health care
5 purchasing efforts:

6 (a) All managed health care systems should have an opportunity to
7 contract with the authority to the extent that minimum contracting
8 requirements defined by the authority are met, at payment rates that
9 enable the authority to operate as far below appropriated spending
10 levels as possible, consistent with the principles established in
11 this section.

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

15 (i) Demonstrated commitment to or experience in serving low-
16 income populations;

17 (ii) Quality of services provided to enrollees;

18 (iii) Accessibility, including appropriate utilization, of
19 services offered to enrollees;

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

22 (v) Payment rates; and

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

27 (c) Consideration should be given to using multiple year
28 contracting periods.

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

32 (e) All contractors that are regulated health carriers must meet
33 state minimum net worth requirements as defined in applicable state
34 laws. The authority shall adopt rules establishing the minimum net
35 worth requirements for contractors that are not regulated health
36 carriers. This subsection does not limit the authority of the
37 Washington state health care authority to take action under a
38 contract upon finding that a contractor's financial status seriously
39 jeopardizes the contractor's ability to meet its contract
40 obligations.

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

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

9 (7) (~~By April 1, 2016,~~) Any contract with a managed health care
10 system to provide services to medical assistance enrollees shall
11 require that managed health care systems offer contracts to
12 (~~behavioral health organizations,~~) mental health providers (~~, or~~
13 ~~chemical dependency~~) and substance use disorder treatment providers
14 to provide access to primary care services integrated into behavioral
15 health clinical settings, for individuals with behavioral health and
16 medical comorbidities.

17 (8) Managed health care system contracts effective on or after
18 April 1, 2016, shall serve geographic areas that correspond to the
19 regional service areas established in RCW 74.09.870.

20 (9) A managed health care system shall pay a nonparticipating
21 provider that provides a service covered under this chapter or other
22 applicable law to the system's enrollee no more than the lowest
23 amount paid for that service under the managed health care system's
24 contracts with similar providers in the state if the managed health
25 care system has made good faith efforts to contract with the
26 nonparticipating provider.

27 (10) For services covered under this chapter or other applicable
28 law to medical assistance or medical care services enrollees (~~and~~
29 ~~provided on or after August 24, 2011~~), nonparticipating providers
30 must accept as payment in full the amount paid by the managed health
31 care system under subsection (9) of this section in addition to any
32 deductible, coinsurance, or copayment that is due from the enrollee
33 for the service provided. An enrollee is not liable to any
34 nonparticipating provider for covered services, except for amounts
35 due for any deductible, coinsurance, or copayment under the terms and
36 conditions set forth in the managed health care system contract to
37 provide services under this section.

38 (11) Pursuant to federal managed care access standards, 42 C.F.R.
39 Sec. 438, managed health care systems must maintain a network of
40 appropriate providers that is supported by written agreements

1 sufficient to provide adequate access to all services covered under
2 the contract with the authority, including hospital-based physician
3 services. The authority will monitor and periodically report on the
4 proportion of services provided by contracted providers and
5 nonparticipating providers, by county, for each managed health care
6 system to ensure that managed health care systems are meeting network
7 adequacy requirements. No later than January 1st of each year, the
8 authority will review and report its findings to the appropriate
9 policy and fiscal committees of the legislature for the preceding
10 state fiscal year.

11 (12) Payments under RCW 74.60.130 are exempt from this section.

12 (13) Subsections (9) through (11) of this section expire July 1,
13 2021.

14 **Sec. 4005.** RCW 74.09.555 and 2014 c 225 s 102 are each amended
15 to read as follows:

16 (1) The authority shall adopt rules and policies providing that
17 when persons with a mental disorder, who were enrolled in medical
18 assistance immediately prior to confinement, are released from
19 confinement, their medical assistance coverage will be fully
20 reinstated on the day of their release, subject to any expedited
21 review of their continued eligibility for medical assistance coverage
22 that is required under federal or state law.

23 (2) The authority, in collaboration with the Washington
24 association of sheriffs and police chiefs, the department of
25 corrections, managed care organizations, and (~~the~~) behavioral
26 health administrative services organizations, shall establish
27 procedures for coordination between the authority and department
28 field offices, institutions for mental disease, and correctional
29 institutions, as defined in RCW 9.94.049, that result in prompt
30 reinstatement of eligibility and speedy eligibility determinations
31 for persons who are likely to be eligible for medical assistance
32 services upon release from confinement. Procedures developed under
33 this subsection must address:

34 (a) Mechanisms for receiving medical assistance services
35 applications on behalf of confined persons in anticipation of their
36 release from confinement;

37 (b) Expeditious review of applications filed by or on behalf of
38 confined persons and, to the extent practicable, completion of the
39 review before the person is released;

1 (c) Mechanisms for providing medical assistance services identity
2 cards to persons eligible for medical assistance services immediately
3 upon their release from confinement; and

4 (d) Coordination with the federal social security administration,
5 through interagency agreements or otherwise, to expedite processing
6 of applications for federal supplemental security income or social
7 security disability benefits, including federal acceptance of
8 applications on behalf of confined persons.

9 (3) Where medical or psychiatric examinations during a person's
10 confinement indicate that the person is disabled, the correctional
11 institution or institution for mental diseases shall provide the
12 authority with that information for purposes of making medical
13 assistance eligibility and enrollment determinations prior to the
14 person's release from confinement. The authority shall, to the
15 maximum extent permitted by federal law, use the examination in
16 making its determination whether the person is disabled and eligible
17 for medical assistance.

18 (4) For purposes of this section, "confined" or "confinement"
19 means incarcerated in a correctional institution, as defined in RCW
20 9.94.049, or admitted to an institute for mental disease, as defined
21 in 42 C.F.R. part 435, Sec. 1009 on July 24, 2005.

22 (5) For purposes of this section, "likely to be eligible" means
23 that a person:

24 (a) Was enrolled in medicaid or supplemental security income or
25 the medical care services program immediately before he or she was
26 confined and his or her enrollment was terminated during his or her
27 confinement; or

28 (b) Was enrolled in medicaid or supplemental security income or
29 the medical care services program at any time during the five years
30 before his or her confinement, and medical or psychiatric
31 examinations during the person's confinement indicate that the person
32 continues to be disabled and the disability is likely to last at
33 least twelve months following release.

34 (6) The economic services administration within the department
35 shall adopt standardized statewide screening and application
36 practices and forms designed to facilitate the application of a
37 confined person who is likely to be eligible for medicaid.

38 **Sec. 4006.** RCW 74.09.871 and 2018 c 201 s 2007 are each amended
39 to read as follows:

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

6 (a) Contractual provisions consistent with the intent expressed
7 in RCW 71.24.015(~~(7)~~) and 71.36.005(~~(7, and 70.96A.011)~~);

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

11 (c) Accountability for the client outcomes established in RCW
12 43.20A.895 (as recodified by this act), 70.320.020, and 71.36.025 and
13 performance measures linked to those outcomes;

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

21 (e) Provisions to require that medically necessary ~~((chemical~~
22 ~~dependency))~~ substance use disorder and mental health treatment
23 services be available to clients;

24 (f) Standards requiring the use of behavioral health service
25 provider reimbursement methods that incentivize improved performance
26 with respect to the client outcomes established in RCW 43.20A.895 (as
27 recodified by this act) and 71.36.025, integration of behavioral
28 health and primary care services at the clinical level, and improved
29 care coordination for individuals with complex care needs;

30 (g) Standards related to the financial integrity of the
31 ~~((responding organization. The authority shall adopt rules~~
32 ~~establishing the solvency requirements and other financial integrity~~
33 ~~standards for behavioral health organizations))~~ contracting entity.
34 This subsection does not limit the authority of the authority to take
35 action under a contract upon finding that a ~~((behavioral health~~
36 ~~organization's))~~ contracting entity's financial status jeopardizes
37 the ~~((organization's))~~ contracting entity's ability to meet its
38 contractual obligations;

39 (h) Mechanisms for monitoring performance under the contract and
40 remedies for failure to substantially comply with the requirements of

1 the contract including, but not limited to, financial deductions,
2 termination of the contract, receivership, reprocurement of the
3 contract, and injunctive remedies;

4 (i) Provisions to maintain the decision-making independence of
5 designated (~~mental health professionals or designated chemical~~
6 ~~dependency specialists~~) crisis responders; and

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

11 (2) The following factors must be given significant weight in any
12 (~~purchasing~~) procurement process under this section:

13 (a) Demonstrated commitment and experience in serving low-income
14 populations;

15 (b) Demonstrated commitment and experience serving persons who
16 have mental illness, (~~chemical dependency~~) substance use disorders,
17 or co-occurring disorders;

18 (c) Demonstrated commitment to and experience with partnerships
19 with county and municipal criminal justice systems, housing services,
20 and other critical support services necessary to achieve the outcomes
21 established in RCW 43.20A.895 (as recodified by this act),
22 70.320.020, and 71.36.025;

23 (d) Recognition that meeting enrollees' physical and behavioral
24 health care needs is a shared responsibility of contracted behavioral
25 health administrative services organizations, managed (~~health~~) care
26 (~~systems~~) organizations, service providers, the state, and
27 communities;

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

31 (f) The ability to meet requirements established by the
32 authority.

33 (3) For purposes of purchasing behavioral health services and
34 medical care services for persons eligible for benefits under
35 medicaid, Title XIX of the social security act and for persons not
36 eligible for medicaid, the authority must use regional service areas.
37 The regional service areas must be established by the authority as
38 provided in RCW 74.09.870.

39 (4) Consideration must be given to using multiple-biennia
40 contracting periods.

1 (5) Each behavioral health administrative services organization
2 operating pursuant to a contract issued under this section shall
3 (~~enroll~~) serve clients within its regional service area who meet
4 the authority's eligibility criteria for mental health and (~~chemical~~
5 ~~dependency~~) substance use disorder services within available
6 resources.

7 **PART 5**

8 **Sec. 5001.** RCW 9.41.280 and 2016 sp.s. c 29 s 403 are each
9 amended to read as follows:

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

14 (a) Any firearm;

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

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

19 (d) Any device, commonly known as "throwing stars," which are
20 multipointed, metal objects designed to embed upon impact from any
21 aspect;

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

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

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

33 (2) Any such person violating subsection (1) of this section is
34 guilty of a gross misdemeanor. If any person is convicted of a
35 violation of subsection (1)(a) of this section, the person shall have
36 his or her concealed pistol license, if any revoked for a period of
37 three years. Anyone convicted under this subsection is prohibited
38 from applying for a concealed pistol license for a period of three

1 years. The court shall send notice of the revocation to the
2 department of licensing, and the city, town, or county which issued
3 the license.

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

10 Upon the arrest of a person at least twelve years of age and not
11 more than twenty-one years of age for violating subsection (1)(a) of
12 this section, the person shall be detained or confined in a juvenile
13 or adult facility for up to seventy-two hours. The person shall not
14 be released within the seventy-two hours until after the person has
15 been examined and evaluated by the designated crisis responder unless
16 the court in its discretion releases the person sooner after a
17 determination regarding probable cause or on probation bond or bail.

18 Within twenty-four hours of the arrest, the arresting law
19 enforcement agency shall refer the person to the designated crisis
20 responder for examination and evaluation under chapter 71.05 or 71.34
21 RCW and inform a parent or guardian of the person of the arrest,
22 detention, and examination. The designated crisis responder shall
23 examine and evaluate the person subject to the provisions of chapter
24 71.05 or 71.34 RCW. The examination shall occur at the facility in
25 which the person is detained or confined. If the person has been
26 released on probation, bond, or bail, the examination shall occur
27 wherever is appropriate.

28 Upon completion of any examination by the designated crisis
29 responder, the results of the examination shall be sent to the court,
30 and the court shall consider those results in making any
31 determination about the person.

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

38 If the designated crisis responder determines it is appropriate,
39 the designated crisis responder may refer the person to the local
40 behavioral health administrative services organization for follow-up

1 services (~~or the department of social and health services~~) or other
2 community providers for other services to the family and individual.

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

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

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

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

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

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

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

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

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

33 (4) Subsections (1)(c) and (d) of this section do not apply to
34 any person who possesses nun-chu-ka sticks, throwing stars, or other
35 dangerous weapons to be used in martial arts classes authorized to be
36 conducted on the school premises.

37 (5) Subsection (1)(f)(i) of this section does not apply to any
38 person who possesses a device listed in subsection (1)(f)(i) of this
39 section, if the device is possessed and used solely for the purpose

1 approved by a school for use in a school authorized event, lecture,
2 or activity conducted on the school premises.

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

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

9 **Sec. 5002.** RCW 9.94A.660 and 2016 sp.s. c 29 s 524 are each
10 amended to read as follows:

11 (1) An offender is eligible for the special drug offender
12 sentencing alternative if:

13 (a) The offender is convicted of a felony that is not a violent
14 offense or sex offense and the violation does not involve a sentence
15 enhancement under RCW 9.94A.533 (3) or (4);

16 (b) The offender is convicted of a felony that is not a felony
17 driving while under the influence of intoxicating liquor or any drug
18 under RCW 46.61.502(6) or felony physical control of a vehicle while
19 under the influence of intoxicating liquor or any drug under RCW
20 46.61.504(6);

21 (c) The offender has no current or prior convictions for a sex
22 offense at any time or violent offense within ten years before
23 conviction of the current offense, in this state, another state, or
24 the United States;

25 (d) For a violation of the Uniform Controlled Substances Act
26 under chapter 69.50 RCW or a criminal solicitation to commit such a
27 violation under chapter 9A.28 RCW, the offense involved only a small
28 quantity of the particular controlled substance as determined by the
29 judge upon consideration of such factors as the weight, purity,
30 packaging, sale price, and street value of the controlled substance;

31 (e) The offender has not been found by the United States attorney
32 general to be subject to a deportation detainer or order and does not
33 become subject to a deportation order during the period of the
34 sentence;

35 (f) The end of the standard sentence range for the current
36 offense is greater than one year; and

37 (g) The offender has not received a drug offender sentencing
38 alternative more than once in the prior ten years before the current
39 offense.

1 (2) A motion for a special drug offender sentencing alternative
2 may be made by the court, the offender, or the state.

3 (3) If the sentencing court determines that the offender is
4 eligible for an alternative sentence under this section and that the
5 alternative sentence is appropriate, the court shall waive imposition
6 of a sentence within the standard sentence range and impose a
7 sentence consisting of either a prison-based alternative under RCW
8 9.94A.662 or a residential (~~chemical dependency~~) substance use
9 disorder treatment-based alternative under RCW 9.94A.664. The
10 residential (~~chemical dependency~~) substance use disorder treatment-
11 based alternative is only available if the midpoint of the standard
12 range is twenty-four months or less.

13 (4) To assist the court in making its determination, the court
14 may order the department to complete either or both a risk assessment
15 report and a (~~chemical dependency~~) substance use disorder screening
16 report as provided in RCW 9.94A.500.

17 (5) (a) If the court is considering imposing a sentence under the
18 residential (~~chemical dependency~~) substance use disorder treatment-
19 based alternative, the court may order an examination of the offender
20 by the department. The examination shall, at a minimum, address the
21 following issues:

22 (i) Whether the offender suffers from drug addiction;

23 (ii) Whether the addiction is such that there is a probability
24 that criminal behavior will occur in the future;

25 (iii) Whether effective treatment for the offender's addiction is
26 available from a provider that has been licensed or certified by the
27 department of (~~social and~~) health (~~services~~); and

28 (iv) Whether the offender and the community will benefit from the
29 use of the alternative.

30 (b) The examination report must contain:

31 (i) A proposed monitoring plan, including any requirements
32 regarding living conditions, lifestyle requirements, and monitoring
33 by family members and others; and

34 (ii) Recommended crime-related prohibitions and affirmative
35 conditions.

36 (6) When a court imposes a sentence of community custody under
37 this section:

38 (a) The court may impose conditions as provided in RCW 9.94A.703
39 and may impose other affirmative conditions as the court considers
40 appropriate. In addition, an offender may be required to pay thirty

1 dollars per month while on community custody to offset the cost of
2 monitoring for alcohol or controlled substances.

3 (b) The department may impose conditions and sanctions as
4 authorized in RCW 9.94A.704 and 9.94A.737.

5 (7)(a) The court may bring any offender sentenced under this
6 section back into court at any time on its own initiative to evaluate
7 the offender's progress in treatment or to determine if any
8 violations of the conditions of the sentence have occurred.

9 (b) If the offender is brought back to court, the court may
10 modify the conditions of the community custody or impose sanctions
11 under (c) of this subsection.

12 (c) The court may order the offender to serve a term of total
13 confinement within the standard range of the offender's current
14 offense at any time during the period of community custody if the
15 offender violates the conditions or requirements of the sentence or
16 if the offender is failing to make satisfactory progress in
17 treatment.

18 (d) An offender ordered to serve a term of total confinement
19 under (c) of this subsection shall receive credit for any time
20 previously served under this section.

21 (8) In serving a term of community custody imposed upon failure
22 to complete, or administrative termination from, the special drug
23 offender sentencing alternative program, the offender shall receive
24 no credit for time served in community custody prior to termination
25 of the offender's participation in the program.

26 (9) An offender sentenced under this section shall be subject to
27 all rules relating to earned release time with respect to any period
28 served in total confinement.

29 (10) Costs of examinations and preparing treatment plans under a
30 special drug offender sentencing alternative may be paid, at the
31 option of the county, from funds provided to the county from the
32 criminal justice treatment account under RCW 71.24.580.

33 **Sec. 5003.** RCW 9.94A.664 and 2009 c 389 s 5 are each amended to
34 read as follows:

35 (1) A sentence for a residential (~~chemical dependency~~)
36 substance use disorder treatment-based alternative shall include a
37 term of community custody equal to one-half the midpoint of the
38 standard sentence range or two years, whichever is greater,
39 conditioned on the offender entering and remaining in residential

1 ((~~chemical dependency~~)) substance use disorder treatment certified
2 ((~~under chapter 70.96A RCW~~)) by the department of health for a period
3 set by the court between three and six months.

4 (2) (a) The court shall impose, as conditions of community
5 custody, treatment and other conditions as proposed in the
6 examination report completed pursuant to RCW 9.94A.660.

7 (b) If the court imposes a term of community custody, the
8 department shall, within available resources, make ((~~chemical~~
9 ~~dependency~~)) substance use disorder assessment and treatment services
10 available to the offender during the term of community custody.

11 (3) (a) If the court imposes a sentence under this section, the
12 treatment provider must send the treatment plan to the court within
13 thirty days of the offender's arrival to the residential ((~~chemical~~
14 ~~dependency~~)) substance use disorder treatment program.

15 (b) Upon receipt of the plan, the court shall schedule a progress
16 hearing during the period of residential ((~~chemical dependency~~))
17 substance use disorder treatment, and schedule a treatment
18 termination hearing for three months before the expiration of the
19 term of community custody.

20 (c) Before the progress hearing and treatment termination
21 hearing, the treatment provider and the department shall submit
22 written reports to the court and parties regarding the offender's
23 compliance with treatment and monitoring requirements, and
24 recommendations regarding termination from treatment.

25 (4) At a progress hearing or treatment termination hearing, the
26 court may:

27 (a) Authorize the department to terminate the offender's
28 community custody status on the expiration date determined under
29 subsection (1) of this section;

30 (b) Continue the hearing to a date before the expiration date of
31 community custody, with or without modifying the conditions of
32 community custody; or

33 (c) Impose a term of total confinement equal to one-half the
34 midpoint of the standard sentence range, followed by a term of
35 community custody under RCW 9.94A.701.

36 (5) If the court imposes a term of total confinement, the
37 department shall, within available resources, make ((~~chemical~~
38 ~~dependency~~)) substance use disorder assessment and treatment services
39 available to the offender during the term of total confinement and
40 subsequent term of community custody.

1 **Sec. 5004.** RCW 10.31.110 and 2014 c 225 s 57 are each amended to
2 read as follows:

3 (1) When a police officer has reasonable cause to believe that
4 the individual has committed acts constituting a nonfelony crime that
5 is not a serious offense as identified in RCW 10.77.092 and the
6 individual is known by history or consultation with the behavioral
7 health administrative services organization to suffer from a mental
8 disorder, the arresting officer may:

9 (a) Take the individual to a crisis stabilization unit as defined
10 in RCW 71.05.020(~~(+6)~~). Individuals delivered to a crisis
11 stabilization unit pursuant to this section may be held by the
12 facility for a period of up to twelve hours. The individual must be
13 examined by a mental health professional within three hours of
14 arrival;

15 (b) Take the individual to a triage facility as defined in RCW
16 71.05.020. An individual delivered to a triage facility which has
17 elected to operate as an involuntary facility may be held up to a
18 period of twelve hours. The individual must be examined by a mental
19 health professional within three hours of arrival;

20 (c) Refer the individual to a mental health professional for
21 evaluation for initial detention and proceeding under chapter 71.05
22 RCW; or

23 (d) Release the individual upon agreement to voluntary
24 participation in outpatient treatment.

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

30 (3) In deciding whether to refer the individual to treatment
31 under this section, the police officer shall be guided by standards
32 mutually agreed upon with the prosecuting authority, which address,
33 at a minimum, the length, seriousness, and recency of the known
34 criminal history of the individual, the mental health history of the
35 individual, where available, and the circumstances surrounding the
36 commission of the alleged offense.

37 (4) Any agreement to participate in treatment shall not require
38 individuals to stipulate to any of the alleged facts regarding the
39 criminal activity as a prerequisite to participation in a mental
40 health treatment alternative. The agreement is inadmissible in any

1 criminal or civil proceeding. The agreement does not create immunity
2 from prosecution for the alleged criminal activity.

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

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

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

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

11 **Sec. 5005.** RCW 10.77.010 and 2016 sp.s. c 29 s 405 are each
12 amended to read as follows:

13 As used in this chapter:

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

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

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

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

27 (5) "Department" means the state department of social and health
28 services.

29 (6) "Designated crisis responder" has the same meaning as
30 provided in RCW 71.05.020.

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

33 (8) "Developmental disabilities professional" means a person who
34 has specialized training and three years of experience in directly
35 treating or working with persons with developmental disabilities and
36 is a psychiatrist or psychologist, or a social worker, and such other
37 developmental disabilities professionals as may be defined by rules
38 adopted by the secretary.

1 (9) "Developmental disability" means the condition as defined in
2 RCW 71A.10.020(5).

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

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

13 (12) "Habilitative services" means those services provided by
14 program personnel to assist persons in acquiring and maintaining life
15 skills and in raising their levels of physical, mental, social, and
16 vocational functioning. Habilitative services include education,
17 training for employment, and therapy. The habilitative process shall
18 be undertaken with recognition of the risk to the public safety
19 presented by the person being assisted as manifested by prior charged
20 criminal conduct.

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

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

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

32 (16) "Indigent" means any person who is financially unable to
33 obtain counsel or other necessary expert or professional services
34 without causing substantial hardship to the person or his or her
35 family.

36 (17) "Individualized service plan" means a plan prepared by a
37 developmental disabilities professional with other professionals as a
38 team, for an individual with developmental disabilities, which shall
39 state:

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

3 (b) The conditions and strategies necessary to achieve the
4 purposes of habilitation;

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

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

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

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

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

16 (18) "Professional person" means:

17 (a) A psychiatrist licensed as a physician and surgeon in this
18 state who has, in addition, completed three years of graduate
19 training in psychiatry in a program approved by the American medical
20 association or the American osteopathic association and is certified
21 or eligible to be certified by the American board of psychiatry and
22 neurology or the American osteopathic board of neurology and
23 psychiatry;

24 (b) A psychologist licensed as a psychologist pursuant to chapter
25 18.83 RCW; or

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

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

34 ~~(20))~~ "Release" means legal termination of the court-ordered
35 commitment under the provisions of this chapter.

36 ~~((21))~~ (20) "Secretary" means the secretary of the department
37 of social and health services or his or her designee.

38 ~~((22))~~ (21) "Treatment" means any currently standardized
39 medical or mental health procedure including medication.

1 (~~(23)~~) (22) "Treatment records" include registration and all
2 other records concerning persons who are receiving or who at any time
3 have received services for mental illness, which are maintained by
4 the department, by behavioral health administrative services
5 organizations and their staffs, by managed care organizations and
6 their staffs, and by treatment facilities. Treatment records do not
7 include notes or records maintained for personal use by a person
8 providing treatment services for the department, behavioral health
9 administrative services organizations, managed care organizations, or
10 a treatment facility if the notes or records are not available to
11 others.

12 (~~(24)~~) (23) "Violent act" means behavior that: (a)(i) Resulted
13 in; (ii) if completed as intended would have resulted in; or (iii)
14 was threatened to be carried out by a person who had the intent and
15 opportunity to carry out the threat and would have resulted in,
16 homicide, nonfatal injuries, or substantial damage to property; or
17 (b) recklessly creates an immediate risk of serious physical injury
18 to another person. As used in this subsection, "nonfatal injuries"
19 means physical pain or injury, illness, or an impairment of physical
20 condition. "Nonfatal injuries" shall be construed to be consistent
21 with the definition of "bodily injury," as defined in RCW 9A.04.110.

22 **Sec. 5006.** RCW 10.77.065 and 2016 sp.s. c 29 s 409 are each
23 amended to read as follows:

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

31 (ii) A copy of the report and recommendation shall be provided to
32 the designated crisis responder, the prosecuting attorney, the
33 defense attorney, and the professional person at the local
34 correctional facility where the defendant is being held, or if there
35 is no professional person, to the person designated under (a)(iv) of
36 this subsection. Upon request, the evaluator shall also provide
37 copies of any source documents relevant to the evaluation to the
38 designated crisis responder.

1 (iii) Any facility providing inpatient services related to
2 competency shall discharge the defendant as soon as the facility
3 determines that the defendant is competent to stand trial. Discharge
4 shall not be postponed during the writing and distribution of the
5 evaluation report. Distribution of an evaluation report by a facility
6 providing inpatient services shall ordinarily be accomplished within
7 two working days or less following the final evaluation of the
8 defendant. If the defendant is discharged to the custody of a local
9 correctional facility, the local correctional facility must continue
10 the medication regimen prescribed by the facility, when clinically
11 appropriate, unless the defendant refuses to cooperate with
12 medication and an involuntary medication order by the court has not
13 been entered.

14 (iv) If there is no professional person at the local correctional
15 facility, the local correctional facility shall designate a
16 professional person as defined in RCW 71.05.020 or, in cooperation
17 with the behavioral health administrative services organization, a
18 professional person at the behavioral health administrative services
19 organization to receive the report and recommendation.

20 (v) Upon commencement of a defendant's evaluation in the local
21 correctional facility, the local correctional facility must notify
22 the evaluator of the name of the professional person, or person
23 designated under (a)(iv) of this subsection, to receive the report
24 and recommendation.

25 (b) If the evaluator concludes, under RCW 10.77.060(3)(f), the
26 person should be evaluated by a designated crisis responder under
27 chapter 71.05 RCW, the court shall order such evaluation be conducted
28 prior to release from confinement when the person is acquitted or
29 convicted and sentenced to confinement for twenty-four months or
30 less, or when charges are dismissed pursuant to a finding of
31 incompetent to stand trial.

32 (2) The designated crisis responder shall provide written
33 notification within twenty-four hours of the results of the
34 determination whether to commence proceedings under chapter 71.05
35 RCW. The notification shall be provided to the persons identified in
36 subsection (1)(a) of this section.

37 (3) The prosecuting attorney shall provide a copy of the results
38 of any proceedings commenced by the designated crisis responder under
39 subsection (2) of this section to the secretary.

1 (4) A facility conducting a civil commitment evaluation under RCW
2 10.77.086(4) or 10.77.088(1)(c)(ii) that makes a determination to
3 release the person instead of filing a civil commitment petition must
4 provide written notice to the prosecutor and defense attorney at
5 least twenty-four hours prior to release. The notice may be given by
6 email, facsimile, or other means reasonably likely to communicate the
7 information immediately.

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

13 **Sec. 5007.** RCW 13.40.165 and 2016 c 106 s 3 are each amended to
14 read as follows:

15 (1) The purpose of this disposition alternative is to ensure that
16 successful treatment options to reduce recidivism are available to
17 eligible youth, pursuant to RCW (~~(70.96A.520)~~) 71.24.615. It is also
18 the purpose of the disposition alternative to assure that minors in
19 need of (~~(chemical dependency)~~) substance use disorder, mental
20 health, and/or co-occurring disorder treatment receive an appropriate
21 continuum of culturally relevant care and treatment, including
22 prevention and early intervention, self-directed care, parent-
23 directed care, and residential treatment. To facilitate the continuum
24 of care and treatment to minors in out-of-home placements, all
25 divisions of the department that provide these services to minors
26 shall jointly plan and deliver these services. It is also the purpose
27 of the disposition alternative to protect the rights of minors
28 against needless hospitalization and deprivations of liberty and to
29 enable treatment decisions to be made in response to clinical needs
30 and in accordance with sound professional judgment. The mental
31 health, substance abuse, and co-occurring disorder treatment
32 providers shall, to the extent possible, offer services that involve
33 minors' parents, guardians, and family.

34 (2) The court must consider eligibility for the (~~(chemical~~
35 ~~dependency)~~) substance use disorder or mental health disposition
36 alternative when a juvenile offender is subject to a standard range
37 disposition of local sanctions or 15 to 36 weeks of confinement and
38 has not committed an A- or B+ offense, other than a first time B+
39 offense under chapter 69.50 RCW. The court, on its own motion or the

1 motion of the state or the respondent if the evidence shows that the
2 offender may be chemically dependent, substance abusing, or has
3 significant mental health or co-occurring disorders may order an
4 examination by a (~~chemical dependency~~) substance use disorder
5 counselor from a (~~chemical dependency~~) substance use disorder
6 treatment facility approved under chapter 70.96A RCW or a mental
7 health professional as defined in chapter 71.34 RCW to determine if
8 the youth is chemically dependent, substance abusing, or suffers from
9 significant mental health or co-occurring disorders. The offender
10 shall pay the cost of any examination ordered under this subsection
11 unless the court finds that the offender is indigent and no third
12 party insurance coverage is available, in which case the state shall
13 pay the cost.

14 (3) The report of the examination shall include at a minimum the
15 following: The respondent's version of the facts and the official
16 version of the facts, the respondent's offense history, an assessment
17 of drug-alcohol problems, mental health diagnoses, previous treatment
18 attempts, the respondent's social, educational, and employment
19 situation, and other evaluation measures used. The report shall set
20 forth the sources of the examiner's information.

21 (4) The examiner shall assess and report regarding the
22 respondent's relative risk to the community. A proposed treatment
23 plan shall be provided and shall include, at a minimum:

24 (a) Whether inpatient and/or outpatient treatment is recommended;

25 (b) Availability of appropriate treatment;

26 (c) Monitoring plans, including any requirements regarding living
27 conditions, lifestyle requirements, and monitoring by family members,
28 legal guardians, or others;

29 (d) Anticipated length of treatment; and

30 (e) Recommended crime-related prohibitions.

31 (5) The court on its own motion may order, or on a motion by the
32 state or the respondent shall order, a second examination. The
33 evaluator shall be selected by the party making the motion. The
34 requesting party shall pay the cost of any examination ordered under
35 this subsection unless the requesting party is the offender and the
36 court finds that the offender is indigent and no third party
37 insurance coverage is available, in which case the state shall pay
38 the cost.

39 (6) (a) After receipt of reports of the examination, the court
40 shall then consider whether the offender and the community will

1 benefit from use of this disposition alternative and consider the
2 victim's opinion whether the offender should receive a treatment
3 disposition under this section.

4 (b) If the court determines that this disposition alternative is
5 appropriate, then the court shall impose the standard range for the
6 offense, or if the court concludes, and enters reasons for its
7 conclusion, that such disposition would effectuate a manifest
8 injustice, the court shall impose a disposition above the standard
9 range as indicated in option D of RCW 13.40.0357 if the disposition
10 is an increase from the standard range and the confinement of the
11 offender does not exceed a maximum of fifty-two weeks, suspend
12 execution of the disposition, and place the offender on community
13 supervision for up to one year. As a condition of the suspended
14 disposition, the court shall require the offender to undergo
15 available outpatient drug/alcohol, mental health, or co-occurring
16 disorder treatment and/or inpatient mental health or drug/alcohol
17 treatment. The court shall only order inpatient treatment under this
18 section if a funded bed is available. If the inpatient treatment is
19 longer than ninety days, the court shall hold a review hearing every
20 thirty days beyond the initial ninety days. The respondent may appear
21 telephonically at these review hearings if in compliance with
22 treatment. As a condition of the suspended disposition, the court may
23 impose conditions of community supervision and other sanctions,
24 including up to thirty days of confinement, one hundred fifty hours
25 of community restitution, and payment of legal financial obligations
26 and restitution.

27 (7) The mental health/co-occurring disorder/drug/alcohol
28 treatment provider shall submit monthly reports on the respondent's
29 progress in treatment to the court and the parties. The reports shall
30 reference the treatment plan and include at a minimum the following:
31 Dates of attendance, respondent's compliance with requirements,
32 treatment activities, the respondent's relative progress in
33 treatment, and any other material specified by the court at the time
34 of the disposition.

35 At the time of the disposition, the court may set treatment
36 review hearings as the court considers appropriate.

37 If the offender violates any condition of the disposition or the
38 court finds that the respondent is failing to make satisfactory
39 progress in treatment, the court may impose sanctions pursuant to RCW
40 13.40.200 or revoke the suspension and order execution of the

1 disposition. The court shall give credit for any confinement time
2 previously served if that confinement was for the offense for which
3 the suspension is being revoked.

4 (8) For purposes of this section, "victim" means any person who
5 has sustained emotional, psychological, physical, or financial injury
6 to person or property as a direct result of the offense charged.
7 "Victim" may also include a known parent or guardian of a victim who
8 is a minor child or is not a minor child but is incapacitated,
9 incompetent, disabled, or deceased.

10 (9) Whenever a juvenile offender is entitled to credit for time
11 spent in detention prior to a dispositional order, the dispositional
12 order shall specifically state the number of days of credit for time
13 served.

14 (10) In no case shall the term of confinement imposed by the
15 court at disposition exceed that to which an adult could be subjected
16 for the same offense.

17 (11) A disposition under this section is not appealable under RCW
18 13.40.230.

19 (12) Subject to funds appropriated for this specific purpose, the
20 costs incurred by the juvenile courts for the mental health,
21 (~~chemical dependency~~) substance use disorder, and/or co-occurring
22 disorder evaluations, treatment, and costs of supervision required
23 under this section shall be paid by the (~~department~~) health care
24 authority.

25 **Sec. 5008.** RCW 36.28A.440 and 2018 c 142 s 1 are each amended to
26 read as follows:

27 (1) Subject to the availability of amounts appropriated for this
28 specific purpose, the Washington association of sheriffs and police
29 chiefs shall develop and implement a mental health field response
30 grant program. The purpose of the program is to assist local law
31 enforcement agencies to establish and expand mental health field
32 response capabilities, utilizing mental health professionals to
33 professionally, humanely, and safely respond to crises involving
34 persons with behavioral health issues with treatment, diversion, and
35 reduced incarceration time as primary goals. A portion of the grant
36 funds may also be used to develop data management capability to
37 support the program.

38 (2) Grants must be awarded to local law enforcement agencies
39 based on locally developed proposals to incorporate mental health

1 professionals into the agencies' mental health field response
2 planning and response. Two or more agencies may submit a joint grant
3 proposal to develop their mental health field response proposals.
4 Proposals must provide a plan for improving mental health field
5 response and diversion from incarceration through modifying or
6 expanding law enforcement practices in partnership with mental health
7 professionals. A peer review panel appointed by the Washington
8 association of sheriffs and police chiefs in consultation with
9 (~~integrated~~) managed care organizations and behavioral health
10 administrative services organizations must review the grant
11 applications. Once the Washington association of sheriffs and police
12 chiefs certifies that the application satisfies the proposal
13 criteria, the grant funds will be distributed. To the extent
14 possible, at least one grant recipient agency should be from the east
15 side of the state and one from the west side of the state with the
16 crest of the Cascades being the dividing line. The Washington
17 association of sheriffs and police chiefs shall make every effort to
18 fund at least eight grants per fiscal year with funding provided for
19 this purpose from all allowable sources under this section. The
20 Washington association of sheriffs and police chiefs may prioritize
21 grant applications that include local matching funds. Grant
22 recipients must be selected and receiving funds no later than October
23 1, 2018.

24 (3) Grant recipients must include at least one mental health
25 professional who will perform professional services under the plan. A
26 mental health professional may assist patrolling officers in the
27 field or in an on-call capacity, provide preventive, follow-up,
28 training on mental health field response best practices, or other
29 services at the direction of the local law enforcement agency.
30 Nothing in this subsection (3) limits the mental health
31 professional's participation to field patrol. Grant recipients are
32 encouraged to coordinate with local public safety answering points to
33 maximize the goals of the program.

34 (4) Within existing resources, the Washington association of
35 sheriffs and police chiefs shall:

36 (a) Consult with the department of social and health services
37 research and data analysis unit to establish data collection and
38 reporting guidelines for grant recipients. The data will be used to
39 study and evaluate whether the use of mental health field response
40 programs improves outcomes of interactions with persons experiencing

1 behavioral health crises, including reducing rates of violence and
2 harm, reduced arrests, and jail or emergency room usage;

3 (b) Consult with the (~~department of social and health services~~
4 ~~behavioral health administration~~) health care authority, the
5 department of health, and the managed care system to develop
6 requirements for participating mental health professionals; and

7 (c) Coordinate with public safety answering points, behavioral
8 health, and the department of social and health services to develop
9 and incorporate telephone triage criteria or dispatch protocols to
10 assist with mental health, law enforcement, and emergency medical
11 responses involving mental health situations.

12 (5) The Washington association of sheriffs and police chiefs
13 shall submit an annual report to the governor and appropriate
14 committees of the legislature on the program. The report must include
15 information on grant recipients, use of funds, participation of
16 mental health professionals, and feedback from the grant recipients
17 by December 1st of each year the program is funded.

18 (6) Grant recipients shall develop and provide or arrange for
19 training necessary for mental health professionals to operate
20 successfully and competently in partnership with law enforcement
21 agencies. The training must provide the professionals with a working
22 knowledge of law enforcement procedures and tools sufficient to
23 provide for the safety of the professionals, partnered law
24 enforcement officers, and members of the public.

25 (7) Nothing in this section prohibits the Washington association
26 of sheriffs and police chiefs from soliciting or accepting private
27 funds to support the program created in this section.

28 **Sec. 5009.** RCW 41.05.690 and 2014 c 223 s 6 are each amended to
29 read as follows:

30 (1) There is created a performance measures committee, the
31 purpose of which is to identify and recommend standard statewide
32 measures of health performance to inform public and private health
33 care purchasers and to propose benchmarks to track costs and
34 improvements in health outcomes.

35 (2) Members of the committee must include representation from
36 state agencies, small and large employers, health plans, patient
37 groups, federally recognized tribes, consumers, academic experts on
38 health care measurement, hospitals, physicians, and other providers.
39 The governor shall appoint the members of the committee, except that

1 a statewide association representing hospitals may appoint a member
2 representing hospitals, and a statewide association representing
3 physicians may appoint a member representing physicians. The governor
4 shall ensure that members represent diverse geographic locations and
5 both rural and urban communities. The chief executive officer of the
6 lead organization must also serve on the committee. The committee
7 must be chaired by the director of the authority.

8 (3) The committee shall develop a transparent process for
9 selecting performance measures, and the process must include
10 opportunities for public comment.

11 (4) By January 1, 2015, the committee shall submit the
12 performance measures to the authority. The measures must include
13 dimensions of:

14 (a) Prevention and screening;

15 (b) Effective management of chronic conditions;

16 (c) Key health outcomes;

17 (d) Care coordination and patient safety; and

18 (e) Use of the lowest cost, highest quality care for preventive
19 care and acute and chronic conditions.

20 (5) The committee shall develop a measure set that:

21 (a) Is of manageable size;

22 (b) Is based on readily available claims and clinical data;

23 (c) Gives preference to nationally reported measures and, where
24 nationally reported measures may not be appropriate, measures used by
25 state agencies that purchase health care or commercial health plans;

26 (d) Focuses on the overall performance of the system, including
27 outcomes and total cost;

28 (e) Is aligned with the governor's performance management system
29 measures and common measure requirements specific to medicaid
30 delivery systems under RCW 70.320.020 and 43.20A.895 (as recodified
31 by this act);

32 (f) Considers the needs of different stakeholders and the
33 populations served; and

34 (g) Is usable by multiple payers, providers, hospitals,
35 purchasers, public health, and communities as part of health
36 improvement, care improvement, provider payment systems, benefit
37 design, and administrative simplification for providers and
38 hospitals.

39 (6) State agencies shall use the measure set developed under this
40 section to inform and set benchmarks for purchasing decisions.

1 (7) The committee shall establish a public process to
2 periodically evaluate the measure set and make additions or changes
3 to the measure set as needed.

4 **Sec. 5010.** RCW 43.20A.895 and 2014 c 225 s 64 are each amended
5 to read as follows:

6 (1) The systems responsible for financing, administration, and
7 delivery of publicly funded mental health and ~~((chemical dependency))~~
8 substance use disorder services to adults must be designed and
9 administered to achieve improved outcomes for adult clients served by
10 those systems through increased use and development of evidence-
11 based, research-based, and promising practices, as defined in RCW
12 71.24.025. For purposes of this section, client outcomes include:
13 Improved health status; increased participation in employment and
14 education; reduced involvement with the criminal justice system;
15 enhanced safety and access to treatment for forensic patients;
16 reduction in avoidable utilization of and costs associated with
17 hospital, emergency room, and crisis services; increased housing
18 stability; improved quality of life, including measures of recovery
19 and resilience; and decreased population level disparities in access
20 to treatment and treatment outcomes.

21 (2) The ~~((department and the health care))~~ authority must
22 implement a strategy for the improvement of the ~~((adult))~~ behavioral
23 health system.

24 ~~((a) The department must establish a steering committee that
25 includes at least the following members: Behavioral health service
26 recipients and their families; local government; representatives of
27 behavioral health organizations; representatives of county
28 coordinators; law enforcement; city and county jails; tribal
29 representatives; behavioral health service providers, including at
30 least one chemical dependency provider and at least one psychiatric
31 advanced registered nurse practitioner; housing providers; medicaid
32 managed care plan representatives; long-term care service providers;
33 organizations representing health care professionals providing
34 services in mental health settings; the Washington state hospital
35 association; the Washington state medical association; individuals
36 with expertise in evidence-based and research-based behavioral health
37 service practices; and the health care authority.~~

38 ~~(b) The adult behavioral health system improvement strategy must
39 include:~~

1 ~~(i) An assessment of the capacity of the current publicly funded~~
2 ~~behavioral health services system to provide evidence-based,~~
3 ~~research-based, and promising practices;~~

4 ~~(ii) Identification, development, and increased use of evidence-~~
5 ~~based, research-based, and promising practices;~~

6 ~~(iii) Design and implementation of a transparent quality~~
7 ~~management system, including analysis of current system capacity to~~
8 ~~implement outcomes reporting and development of baseline and~~
9 ~~improvement targets for each outcome measure provided in this~~
10 ~~section;~~

11 ~~(iv) Identification and phased implementation of service~~
12 ~~delivery, financing, or other strategies that will promote~~
13 ~~improvement of the behavioral health system as described in this~~
14 ~~section and incentivize the medical care, behavioral health, and~~
15 ~~long-term care service delivery systems to achieve the improvements~~
16 ~~described in this section and collaborate across systems. The~~
17 ~~strategies must include phased implementation of public reporting of~~
18 ~~outcome and performance measures in a form that allows for comparison~~
19 ~~of performance and levels of improvement between geographic regions~~
20 ~~of Washington; and~~

21 ~~(v) Identification of effective methods for promoting workforce~~
22 ~~capacity, efficiency, stability, diversity, and safety.~~

23 ~~(c) The department must seek private foundation and federal grant~~
24 ~~funding to support the adult behavioral health system improvement~~
25 ~~strategy.~~

26 ~~(d) By May 15, 2014, the Washington state institute for public~~
27 ~~policy, in consultation with the department, the University of~~
28 ~~Washington evidence-based practice institute, the University of~~
29 ~~Washington alcohol and drug abuse institute, and the Washington~~
30 ~~institute for mental health research and training, shall prepare an~~
31 ~~inventory of evidence-based, research-based, and promising practices~~
32 ~~for prevention and intervention services pursuant to subsection (1)~~
33 ~~of this section. The department shall use the inventory in preparing~~
34 ~~the behavioral health improvement strategy. The department shall~~
35 ~~provide the institute with data necessary to complete the inventory.~~

36 ~~(e) By August 1, 2014, the department must report to the governor~~
37 ~~and the relevant fiscal and policy committees of the legislature on~~
38 ~~the status of implementation of the behavioral health improvement~~
39 ~~strategy, including strategies developed or implemented to date,~~

1 ~~timelines, and costs to accomplish phased implementation of the adult~~
2 ~~behavioral health system improvement strategy.~~

3 ~~(3) The department must contract for the services of an~~
4 ~~independent consultant to review the provision of forensic mental~~
5 ~~health services in Washington state and provide recommendations as to~~
6 ~~whether and how the state's forensic mental health system should be~~
7 ~~modified to provide an appropriate treatment environment for~~
8 ~~individuals with mental disorders who have been charged with a crime~~
9 ~~while enhancing the safety and security of the public and other~~
10 ~~patients and staff at forensic treatment facilities. By August 1,~~
11 ~~2014, the department must submit a report regarding the~~
12 ~~recommendations of the independent consultant to the governor and the~~
13 ~~relevant fiscal and policy committees of the legislature.)~~)

14 **Sec. 5011.** RCW 43.20C.030 and 2014 c 225 s 67 are each amended
15 to read as follows:

16 The department of social and health services, in consultation
17 with a university-based evidence-based practice institute entity in
18 Washington, the Washington partnership council on juvenile justice,
19 the child mental health systems of care planning committee, the
20 children, youth, and family advisory committee, the health care
21 authority, the Washington state racial disproportionality advisory
22 committee, a university-based child welfare research entity in
23 Washington state, behavioral health administrative services
24 organizations established in chapter 71.24 RCW, managed care
25 organizations contracted with the authority under chapter 74.09 RCW,
26 the Washington association of juvenile court administrators, and the
27 Washington state institute for public policy, shall:

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

31 (2) Use monitoring and quality control procedures designed to
32 measure fidelity with evidence-based and research-based prevention
33 and treatment programs; and

34 (3) Utilize any existing data reporting and system of quality
35 management processes at the state and local level for monitoring the
36 quality control and fidelity of the implementation of evidence-based
37 and research-based practices.

1 **Sec. 5012.** RCW 43.185.060 and 2014 c 225 s 61 are each amended
2 to read as follows:

3 Organizations that may receive assistance from the department
4 under this chapter are local governments, local housing authorities,
5 behavioral health administrative services organizations established
6 under chapter 71.24 RCW, nonprofit community or neighborhood-based
7 organizations, federally recognized Indian tribes in the state of
8 Washington, and regional or statewide nonprofit housing assistance
9 organizations.

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

13 **Sec. 5013.** RCW 43.185.070 and 2015 c 155 s 2 are each amended to
14 read as follows:

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

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

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

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

33 (3) The department, with advice and input from the affordable
34 housing advisory board established in RCW 43.185B.020, or a
35 subcommittee of the affordable housing advisory board, must report
36 recommendations for awarding funds in a cost-effective manner. The
37 report must include an implementation plan, timeline, and any other
38 items the department identifies as important to consider to the
39 legislature by December 1, 2012.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (m) Project location and access to available public
5 transportation services; and

6 (n) Projects involving collaborative partnerships between local
7 school districts and either public housing authorities or nonprofit
8 housing providers, that help children of low-income families succeed
9 in school. To receive this preference, the local school district must
10 provide an opportunity for community members to offer input on the
11 proposed project at the first scheduled school board meeting
12 following submission of the grant application to the department.

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

16 **Sec. 5014.** RCW 43.185.110 and 2014 c 225 s 63 are each amended
17 to read as follows:

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

30 **Sec. 5015.** RCW 43.185C.340 and 2016 c 157 s 3 are each amended
31 to read as follows:

32 (1) Subject to funds appropriated for this specific purpose, the
33 department, in consultation with the office of the superintendent of
34 public instruction, shall administer a grant program that links
35 homeless students and their families with stable housing located in
36 the homeless student's school district. The goal of the program is to
37 provide educational stability for homeless students by promoting
38 housing stability.

1 (2) The department, working with the office of the superintendent
2 of public instruction, shall develop a competitive grant process to
3 make grant awards of no more than one hundred thousand dollars per
4 school, not to exceed five hundred thousand dollars per school
5 district, to school districts partnered with eligible organizations
6 on implementation of the proposal. For the purposes of this
7 subsection, "eligible organization" means any local government, local
8 housing authority, (~~regional support network~~) behavioral health
9 administrative services organization established under chapter 71.24
10 RCW, nonprofit community or neighborhood-based organization,
11 federally recognized Indian tribe in the state of Washington, or
12 regional or statewide nonprofit housing assistance organization.
13 Applications for the grant program must include contractual
14 agreements between the housing providers and school districts
15 defining the responsibilities and commitments of each party to
16 identify, house, and support homeless students.

17 (3) The grants awarded to school districts shall not exceed
18 fifteen school districts per school year. In determining which
19 partnerships will receive grants, preference must be given to
20 districts with a demonstrated commitment of partnership and history
21 with eligible organizations.

22 (4) Activities eligible for assistance under this grant program
23 include but are not limited to:

24 (a) Rental assistance, which includes utilities, security and
25 utility deposits, first and last month's rent, rental application
26 fees, moving expenses, and other eligible expenses to be determined
27 by the department;

28 (b) Transportation assistance, including gasoline assistance for
29 families with vehicles and bus passes;

30 (c) Emergency shelter; and

31 (d) Housing stability case management.

32 (5) All beneficiaries of funds from the grant program must be
33 unaccompanied youth or from very low-income households. For the
34 purposes of this subsection, "very low-income household" means an
35 unaccompanied youth or family or unrelated persons living together
36 whose adjusted income is less than fifty percent of the median family
37 income, adjusted for household size, for the county where the grant
38 recipient is located.

39 (6) (a) Grantee school districts must compile and report
40 information to the department. The department shall report to the

1 legislature the findings of the grantee, the housing stability of the
2 homeless families, the academic performance of the grantee
3 population, and any related policy recommendations.

4 (b) Data on all program participants must be entered into and
5 tracked through the Washington homeless client management information
6 system as described in RCW 43.185C.180.

7 (7) In order to ensure that school districts are meeting the
8 requirements of an approved program for homeless students, the office
9 of the superintendent of public instruction shall monitor the
10 programs at least once every two years. Monitoring shall begin during
11 the 2016-17 school year.

12 (8) Any program review and monitoring under this section may be
13 conducted concurrently with other program reviews and monitoring
14 conducted by the department. In its review, the office of the
15 superintendent of public instruction shall monitor program components
16 that include but need not be limited to the process used by the
17 district to identify and reach out to homeless students, assessment
18 data and other indicators to determine how well the district is
19 meeting the academic needs of homeless students, district
20 expenditures used to expand opportunities for these students, and the
21 academic progress of students under the program.

22 **Sec. 5016.** RCW 43.380.050 and 2016 c 188 s 6 are each amended to
23 read as follows:

24 (1) In addition to other powers and duties prescribed in this
25 chapter, the council is empowered to:

26 (a) Meet at such times and places as necessary;

27 (b) Advise the legislature and the governor on issues relating to
28 reentry and reintegration of offenders;

29 (c) Review, study, and make policy and funding recommendations on
30 issues directly and indirectly related to reentry and reintegration
31 of offenders in Washington state, including, but not limited to:
32 Correctional programming and other issues in state and local
33 correctional facilities; housing; employment; education; treatment;
34 and other issues contributing to recidivism;

35 (d) Apply for, receive, use, and leverage public and private
36 grants as well as specifically appropriated funds to establish,
37 manage, and promote initiatives and programs related to successful
38 reentry and reintegration of offenders;

1 (e) Contract for services as it deems necessary in order to carry
2 out initiatives and programs;

3 (f) Adopt policies and procedures to facilitate the orderly
4 administration of initiatives and programs;

5 (g) Create committees and subcommittees of the council as is
6 necessary for the council to conduct its business; and

7 (h) Create and consult with advisory groups comprising
8 nonmembers. Advisory groups are not eligible for reimbursement under
9 RCW 43.380.060.

10 (2) Subject to the availability of amounts appropriated for this
11 specific purpose, the council may select an executive director to
12 administer the business of the council.

13 (a) The council may delegate to the executive director by
14 resolution all duties necessary to efficiently carry on the business
15 of the council. Approval by a majority vote of the council is
16 required for any decisions regarding employment of the executive
17 director.

18 (b) The executive director may not be a member of the council
19 while serving as executive director.

20 (c) Employment of the executive director must be confirmed by the
21 senate and terminates after a term of three years. At the end of a
22 term, the council may consider hiring the executive director for an
23 additional three-year term or an extension of a specified period less
24 than three years. The council may fix the compensation of the
25 executive director.

26 (d) Subject to the availability of amounts appropriated for this
27 specific purpose, the executive director shall reside in and be
28 funded by the department.

29 (3) In conducting its business, the council shall solicit input
30 and participation from stakeholders interested in reducing
31 recidivism, promoting public safety, and improving community
32 conditions for people reentering the community from incarceration.
33 The council shall consult: The two largest caucuses in the house of
34 representatives; the two largest caucuses in the senate; the
35 governor; local governments; educators; (~~mental health and substance~~
36 ~~abuse~~) behavioral health providers; behavioral health administrative
37 services organizations; managed care organizations; city and county
38 jails; the department of corrections; specialty courts; persons with
39 expertise in evidence-based and research-based reentry practices; and
40 persons with criminal histories and their families.

1 (4) The council shall submit to the governor and appropriate
2 committees of the legislature a preliminary report of its activities
3 and recommendations by December 1st of its first year of operation,
4 and every two years thereafter.

5 **Sec. 5017.** RCW 48.01.220 and 2014 c 225 s 69 are each amended to
6 read as follows:

7 The activities and operations of (~~mental health~~) behavioral
8 health administrative services organizations, (~~to the extent they~~
9 ~~pertain to the operation of a medical assistance managed care system~~
10 ~~in accordance with chapters 71.24 and 74.09 RCW~~) as defined in RCW
11 71.24.025, are exempt from the requirements of this title.

12 **Sec. 5018.** RCW 66.08.180 and 2011 c 325 s 7 are each amended to
13 read as follows:

14 Except as provided in RCW 66.24.290(1), moneys in the liquor
15 revolving fund shall be distributed by the board at least once every
16 three months in accordance with RCW 66.08.190, 66.08.200 and
17 66.08.210. However, the board shall reserve from distribution such
18 amount not exceeding five hundred thousand dollars as may be
19 necessary for the proper administration of this title.

20 (1) All license fees, penalties, and forfeitures derived under
21 chapter 13, Laws of 1935 from spirits, beer, and wine restaurant;
22 spirits, beer, and wine private club; hotel; spirits, beer, and wine
23 nightclub; spirits, beer, and wine VIP airport lounge; and sports
24 entertainment facility licenses shall every three months be disbursed
25 by the board as follows:

26 (a) Three hundred thousand dollars per biennium, to the death
27 investigations account for the state toxicology program pursuant to
28 RCW 68.50.107; and

29 (b) Of the remaining funds:

30 (i) 6.06 percent to the University of Washington and 4.04 percent
31 to Washington State University for alcoholism and drug abuse research
32 and for the dissemination of such research; and

33 (ii) 89.9 percent to the general fund to be used by the
34 (~~department of social and health services~~) health care authority
35 solely to carry out the purposes of RCW (~~70.96A.050~~) 71.24.535;

36 (2) The first fifty-five dollars per license fee provided in RCW
37 66.24.320 and 66.24.330 up to a maximum of one hundred fifty thousand
38 dollars annually shall be disbursed every three months by the board

1 to the general fund to be used for juvenile alcohol and drug
2 prevention programs for kindergarten through third grade to be
3 administered by the superintendent of public instruction;

4 (3) Twenty percent of the remaining total amount derived from
5 license fees pursuant to RCW 66.24.320, 66.24.330, 66.24.350, and
6 66.24.360, shall be transferred to the general fund to be used by the
7 (~~department of social and health services~~) health care authority
8 solely to carry out the purposes of RCW (~~70.96A.050~~) 71.24.535; and

9 (4) One-fourth cent per liter of the tax imposed by RCW 66.24.210
10 shall every three months be disbursed by the board to Washington
11 State University solely for wine and wine grape research, extension
12 programs related to wine and wine grape research, and resident
13 instruction in both wine grape production and the processing aspects
14 of the wine industry in accordance with RCW 28B.30.068. The director
15 of financial management shall prescribe suitable accounting
16 procedures to ensure that the funds transferred to the general fund
17 to be used by the department of social and health services and
18 appropriated are separately accounted for.

19 **Sec. 5019.** RCW 70.02.010 and 2018 c 201 s 8001 are each amended
20 to read as follows:

21 The definitions in this section apply throughout this chapter
22 unless the context clearly requires otherwise.

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

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

27 (a) Statutory, regulatory, fiscal, medical, or scientific
28 standards;

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

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

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

33 (4) "Commitment" has the same meaning as in RCW 71.05.020.

34 (5) "Custody" has the same meaning as in RCW 71.05.020.

35 (6) "Deidentified" means health information that does not
36 identify an individual and with respect to which there is no
37 reasonable basis to believe that the information can be used to
38 identify an individual.

1 (7) "Department" means the department of social and health
2 services.

3 (8) "Designated crisis responder" has the same meaning as in RCW
4 71.05.020 or 71.34.020, as applicable.

5 (9) "Detention" or "detain" has the same meaning as in RCW
6 71.05.020.

7 (10) "Directory information" means information disclosing the
8 presence, and for the purpose of identification, the name, location
9 within a health care facility, and the general health condition of a
10 particular patient who is a patient in a health care facility or who
11 is currently receiving emergency health care in a health care
12 facility.

13 (11) "Discharge" has the same meaning as in RCW 71.05.020.

14 (12) "Evaluation and treatment facility" has the same meaning as
15 in RCW 71.05.020 or 71.34.020, as applicable.

16 (13) "Federal, state, or local law enforcement authorities" means
17 an officer of any agency or authority in the United States, a state,
18 a tribe, a territory, or a political subdivision of a state, a tribe,
19 or a territory who is empowered by law to: (a) Investigate or conduct
20 an official inquiry into a potential criminal violation of law; or
21 (b) prosecute or otherwise conduct a criminal proceeding arising from
22 an alleged violation of law.

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

26 (15) "Health care" means any care, service, or procedure provided
27 by a health care provider:

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

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

31 (16) "Health care facility" means a hospital, clinic, nursing
32 home, laboratory, office, or similar place where a health care
33 provider provides health care to patients.

34 (17) "Health care information" means any information, whether
35 oral or recorded in any form or medium, that identifies or can
36 readily be associated with the identity of a patient and directly
37 relates to the patient's health care, including a patient's
38 deoxyribonucleic acid and identified sequence of chemical base pairs.
39 The term includes any required accounting of disclosures of health
40 care information.

1 (18) "Health care operations" means any of the following
2 activities of a health care provider, health care facility, or third-
3 party payor to the extent that the activities are related to
4 functions that make an entity a health care provider, a health care
5 facility, or a third-party payor:

6 (a) Conducting: Quality assessment and improvement activities,
7 including outcomes evaluation and development of clinical guidelines,
8 if the obtaining of generalizable knowledge is not the primary
9 purpose of any studies resulting from such activities; population-
10 based activities relating to improving health or reducing health care
11 costs, protocol development, case management and care coordination,
12 contacting of health care providers and patients with information
13 about treatment alternatives; and related functions that do not
14 include treatment;

15 (b) Reviewing the competence or qualifications of health care
16 professionals, evaluating practitioner and provider performance and
17 third-party payor performance, conducting training programs in which
18 students, trainees, or practitioners in areas of health care learn
19 under supervision to practice or improve their skills as health care
20 providers, training of nonhealth care professionals, accreditation,
21 certification, licensing, or credentialing activities;

22 (c) Underwriting, premium rating, and other activities relating
23 to the creation, renewal, or replacement of a contract of health
24 insurance or health benefits, and ceding, securing, or placing a
25 contract for reinsurance of risk relating to claims for health care,
26 including stop-loss insurance and excess of loss insurance, if any
27 applicable legal requirements are met;

28 (d) Conducting or arranging for medical review, legal services,
29 and auditing functions, including fraud and abuse detection and
30 compliance programs;

31 (e) Business planning and development, such as conducting cost-
32 management and planning-related analyses related to managing and
33 operating the health care facility or third-party payor, including
34 formulary development and administration, development, or improvement
35 of methods of payment or coverage policies; and

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

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

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

5 (iii) Resolution of internal grievances;

6 (iv) The sale, transfer, merger, or consolidation of all or part
7 of a health care provider, health care facility, or third-party payor
8 with another health care provider, health care facility, or third-
9 party payor or an entity that following such activity will become a
10 health care provider, health care facility, or third-party payor, and
11 due diligence related to such activity; and

12 (v) Consistent with applicable legal requirements, creating
13 deidentified health care information or a limited dataset for the
14 benefit of the health care provider, health care facility, or third-
15 party payor.

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

20 (20) "Human immunodeficiency virus" or "HIV" has the same meaning
21 as in RCW 70.24.017.

22 (21) "Imminent" has the same meaning as in RCW 71.05.020.

23 (22) "Information and records related to mental health services"
24 means a type of health care information that relates to all
25 information and records compiled, obtained, or maintained in the
26 course of providing services by a mental health service agency or
27 mental health professional to persons who are receiving or have
28 received services for mental illness. The term includes mental health
29 information contained in a medical bill, registration records, as
30 defined in RCW (~~71.05.020~~) 70.97.010, and all other records
31 regarding the person maintained by the department, by the authority,
32 by behavioral health administrative services organizations and their
33 staff, managed care organizations contracted with the authority under
34 chapter 74.09 RCW and their staff, and by treatment facilities. The
35 term further includes documents of legal proceedings under chapter
36 71.05, 71.34, or 10.77 RCW, or somatic health care information. For
37 health care information maintained by a hospital as defined in RCW
38 70.41.020 or a health care facility or health care provider that
39 participates with a hospital in an organized health care arrangement
40 defined under federal law, "information and records related to mental

1 health services" is limited to information and records of services
2 provided by a mental health professional or information and records
3 of services created by a hospital-operated behavioral health program
4 as defined in RCW 71.24.025. The term does not include psychotherapy
5 notes.

6 (23) "Information and records related to sexually transmitted
7 diseases" means a type of health care information that relates to the
8 identity of any person upon whom an HIV antibody test or other
9 sexually transmitted infection test is performed, the results of such
10 tests, and any information relating to diagnosis of or treatment for
11 any confirmed sexually transmitted infections.

12 (24) "Institutional review board" means any board, committee, or
13 other group formally designated by an institution, or authorized
14 under federal or state law, to review, approve the initiation of, or
15 conduct periodic review of research programs to assure the protection
16 of the rights and welfare of human research subjects.

17 (25) "Legal counsel" has the same meaning as in RCW 71.05.020.

18 (26) "Local public health officer" has the same meaning as in RCW
19 70.24.017.

20 (27) "Maintain," as related to health care information, means to
21 hold, possess, preserve, retain, store, or control that information.

22 (28) "Mental health professional" means a psychiatrist,
23 psychologist, psychiatric advanced registered nurse practitioner,
24 psychiatric nurse, or social worker, and such other mental health
25 professionals as may be defined by rules adopted by the secretary of
26 health under chapter 71.05 RCW, whether that person works in a
27 private or public setting.

28 (29) "Mental health service agency" means a public or private
29 agency that provides services to persons with mental disorders as
30 defined under RCW 71.05.020 or 71.34.020 and receives funding from
31 public sources. This includes evaluation and treatment facilities as
32 defined in RCW 71.34.020, community mental health service delivery
33 systems, or behavioral health programs, as defined in RCW 71.24.025,
34 and facilities conducting competency evaluations and restoration
35 under chapter 10.77 RCW.

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

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

38 (32) "Patient" means an individual who receives or has received
39 health care. The term includes a deceased individual who has received
40 health care.

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

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

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

5 (37) "Psychotherapy notes" means notes recorded, in any medium,
6 by a mental health professional documenting or analyzing the contents
7 of conversations during a private counseling session or group, joint,
8 or family counseling session, and that are separated from the rest of
9 the individual's medical record. The term excludes mediation
10 prescription and monitoring, counseling session start and stop times,
11 the modalities and frequencies of treatment furnished, results of
12 clinical tests, and any summary of the following items: Diagnosis,
13 functional status, the treatment plan, symptoms, prognosis, and
14 progress to date.

15 (38) "Reasonable fee" means the charges for duplicating or
16 searching the record, but shall not exceed sixty-five cents per page
17 for the first thirty pages and fifty cents per page for all other
18 pages. In addition, a clerical fee for searching and handling may be
19 charged not to exceed fifteen dollars. These amounts shall be
20 adjusted biennially in accordance with changes in the consumer price
21 index, all consumers, for Seattle-Tacoma metropolitan statistical
22 area as determined by the secretary of health. However, where editing
23 of records by a health care provider is required by statute and is
24 done by the provider personally, the fee may be the usual and
25 customary charge for a basic office visit.

26 (39) "Release" has the same meaning as in RCW 71.05.020.

27 (40) "Resource management services" has the same meaning as in
28 RCW 71.05.020.

29 (41) "Serious violent offense" has the same meaning as in RCW
30 71.05.020.

31 (42) "Sexually transmitted infection" or "sexually transmitted
32 disease" has the same meaning as "sexually transmitted disease" in
33 RCW 70.24.017.

34 (43) "Test for a sexually transmitted disease" has the same
35 meaning as in RCW 70.24.017.

36 (44) "Third-party payor" means an insurer regulated under Title
37 48 RCW authorized to transact business in this state or other
38 jurisdiction, including a health care service contractor, and health
39 maintenance organization; or an employee welfare benefit plan,

1 excluding fitness or wellness plans; or a state or federal health
2 benefit program.

3 (45) "Treatment" means the provision, coordination, or management
4 of health care and related services by one or more health care
5 providers or health care facilities, including the coordination or
6 management of health care by a health care provider or health care
7 facility with a third party; consultation between health care
8 providers or health care facilities relating to a patient; or the
9 referral of a patient for health care from one health care provider
10 or health care facility to another.

11 (46) "Managed care organization" has the same meaning as provided
12 in RCW 71.24.025.

13 **Sec. 5020.** RCW 70.02.230 and 2018 c 201 s 8002 are each amended
14 to read as follows:

15 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
16 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or
17 pursuant to a valid authorization under RCW 70.02.030, the fact of
18 admission to a provider for mental health services and all
19 information and records compiled, obtained, or maintained in the
20 course of providing mental health services to either voluntary or
21 involuntary recipients of services at public or private agencies must
22 be confidential.

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

26 (a) In communications between qualified professional persons to
27 meet the requirements of chapter 71.05 RCW, in the provision of
28 services or appropriate referrals, or in the course of guardianship
29 proceedings if provided to a professional person:

30 (i) Employed by the facility;

31 (ii) Who has medical responsibility for the patient's care;

32 (iii) Who is a designated crisis responder;

33 (iv) Who is providing services under chapter 71.24 RCW;

34 (v) Who is employed by a state or local correctional facility
35 where the person is confined or supervised; or

36 (vi) Who is providing evaluation, treatment, or follow-up
37 services under chapter 10.77 RCW;

38 (b) When the communications regard the special needs of a patient
39 and the necessary circumstances giving rise to such needs and the

1 disclosure is made by a facility providing services to the operator
2 of a facility in which the patient resides or will reside;

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

7 (ii) A public or private agency shall release to a person's next
8 of kin, attorney, personal representative, guardian, or conservator,
9 if any:

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

12 (B) A statement evaluating the mental and physical condition of
13 the patient, and a statement of the probable duration of the
14 patient's confinement, if such information is requested by the next
15 of kin, attorney, personal representative, guardian, or conservator;
16 and

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

20 (d) (i) To the courts as necessary to the administration of
21 chapter 71.05 RCW or to a court ordering an evaluation or treatment
22 under chapter 10.77 RCW solely for the purpose of preventing the
23 entry of any evaluation or treatment order that is inconsistent with
24 any order entered under chapter 71.05 RCW.

25 (ii) To a court or its designee in which a motion under chapter
26 10.77 RCW has been made for involuntary medication of a defendant for
27 the purpose of competency restoration.

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

31 (e) (i) When a mental health professional or designated crisis
32 responder is requested by a representative of a law enforcement or
33 corrections agency, including a police officer, sheriff, community
34 corrections officer, a municipal attorney, or prosecuting attorney to
35 undertake an investigation or provide treatment under RCW 71.05.150,
36 10.31.110, or 71.05.153, the mental health professional or designated
37 crisis responder shall, if requested to do so, advise the
38 representative in writing of the results of the investigation
39 including a statement of reasons for the decision to detain or
40 release the person investigated. The written report must be submitted

1 within seventy-two hours of the completion of the investigation or
2 the request from the law enforcement or corrections representative,
3 whichever occurs later.

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

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

8 (g) To the prosecuting attorney as necessary to carry out the
9 responsibilities of the office under RCW 71.05.330(2),
10 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
11 access to records regarding the committed person's treatment and
12 prognosis, medication, behavior problems, and other records relevant
13 to the issue of whether treatment less restrictive than inpatient
14 treatment is in the best interest of the committed person or others.
15 Information must be disclosed only after giving notice to the
16 committed person and the person's counsel;

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

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

33 (i)(i) To appropriate corrections and law enforcement agencies
34 all necessary and relevant information in the event of a crisis or
35 emergent situation that poses a significant and imminent risk to the
36 public. The mental health service agency or its employees are not
37 civilly liable for the decision to disclose or not so long as the
38 decision was reached in good faith and without gross negligence.

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

1 (j) To the persons designated in RCW 71.05.425 for the purposes
2 described in those sections;

3 (k) Upon the death of a person. The person's next of kin,
4 personal representative, guardian, or conservator, if any, must be
5 notified. Next of kin who are of legal age and competent must be
6 notified under this section in the following order: Spouse, parents,
7 children, brothers and sisters, and other relatives according to the
8 degree of relation. Access to all records and information compiled,
9 obtained, or maintained in the course of providing services to a
10 deceased patient are governed by RCW 70.02.140;

11 (l) To mark headstones or otherwise memorialize patients interred
12 at state hospital cemeteries. The department of social and health
13 services shall make available the name, date of birth, and date of
14 death of patients buried in state hospital cemeteries fifty years
15 after the death of a patient;

16 (m) To law enforcement officers and to prosecuting attorneys as
17 are necessary to enforce RCW 9.41.040(2)(a)(~~(iii)~~) (iv). The extent
18 of information that may be released is limited as follows:

19 (i) Only the fact, place, and date of involuntary commitment, an
20 official copy of any order or orders of commitment, and an official
21 copy of any written or oral notice of ineligibility to possess a
22 firearm that was provided to the person pursuant to RCW 9.41.047(1),
23 must be disclosed upon request;

24 (ii) The law enforcement and prosecuting attorneys may only
25 release the information obtained to the person's attorney as required
26 by court rule and to a jury or judge, if a jury is waived, that
27 presides over any trial at which the person is charged with violating
28 RCW 9.41.040(2)(a)(~~(iii)~~) (iv);

29 (iii) Disclosure under this subsection is mandatory for the
30 purposes of the federal health insurance portability and
31 accountability act;

32 (n) When a patient would otherwise be subject to the provisions
33 of this section and disclosure is necessary for the protection of the
34 patient or others due to his or her unauthorized disappearance from
35 the facility, and his or her whereabouts is unknown, notice of the
36 disappearance, along with relevant information, may be made to
37 relatives, the department of corrections when the person is under the
38 supervision of the department, and governmental law enforcement
39 agencies designated by the physician or psychiatric advanced
40 registered nurse practitioner in charge of the patient or the

1 professional person in charge of the facility, or his or her
2 professional designee;

3 (o) Pursuant to lawful order of a court;

4 (p) To qualified staff members of the department, to the
5 authority, to (~~the director of~~) behavioral health administrative
6 services organizations, to managed care organizations, to resource
7 management services responsible for serving a patient, or to service
8 providers designated by resource management services as necessary to
9 determine the progress and adequacy of treatment and to determine
10 whether the person should be transferred to a less restrictive or
11 more appropriate treatment modality or facility;

12 (q) Within the mental health service agency where the patient is
13 receiving treatment, confidential information may be disclosed to
14 persons employed, serving in bona fide training programs, or
15 participating in supervised volunteer programs, at the facility when
16 it is necessary to perform their duties;

17 (r) Within the department and the authority as necessary to
18 coordinate treatment for mental illness, developmental disabilities,
19 alcoholism, or substance use disorder of persons who are under the
20 supervision of the department;

21 (s) Between the department of social and health services, the
22 department of children, youth, and families, and the health care
23 authority as necessary to coordinate treatment for mental illness,
24 developmental disabilities, alcoholism, or drug abuse of persons who
25 are under the supervision of the department of social and health
26 services or the department of children, youth, and families;

27 (t) To a licensed physician or psychiatric advanced registered
28 nurse practitioner who has determined that the life or health of the
29 person is in danger and that treatment without the information and
30 records related to mental health services could be injurious to the
31 patient's health. Disclosure must be limited to the portions of the
32 records necessary to meet the medical emergency;

33 (u) (i) Consistent with the requirements of the federal health
34 insurance portability and accountability act, to:

35 (A) A health care provider who is providing care to a patient, or
36 to whom a patient has been referred for evaluation or treatment; or

37 (B) Any other person who is working in a care coordinator role
38 for a health care facility or health care provider or is under an
39 agreement pursuant to the federal health insurance portability and
40 accountability act with a health care facility or a health care

1 provider and requires the information and records to assure
2 coordinated care and treatment of that patient.

3 (ii) A person authorized to use or disclose information and
4 records related to mental health services under this subsection
5 (2)(u) must take appropriate steps to protect the information and
6 records relating to mental health services.

7 (iii) Psychotherapy notes may not be released without
8 authorization of the patient who is the subject of the request for
9 release of information;

10 (v) To administrative and office support staff designated to
11 obtain medical records for those licensed professionals listed in (u)
12 of this subsection;

13 (w) To a facility that is to receive a person who is
14 involuntarily committed under chapter 71.05 RCW, or upon transfer of
15 the person from one evaluation and treatment facility to another. The
16 release of records under this subsection is limited to the
17 information and records related to mental health services required by
18 law, a record or summary of all somatic treatments, and a discharge
19 summary. The discharge summary may include a statement of the
20 patient's problem, the treatment goals, the type of treatment which
21 has been provided, and recommendation for future treatment, but may
22 not include the patient's complete treatment record;

23 (x) To the person's counsel or guardian ad litem, without
24 modification, at any time in order to prepare for involuntary
25 commitment or recommitment proceedings, reexaminations, appeals, or
26 other actions relating to detention, admission, commitment, or
27 patient's rights under chapter 71.05 RCW;

28 (y) To staff members of the protection and advocacy agency or to
29 staff members of a private, nonprofit corporation for the purpose of
30 protecting and advocating the rights of persons with mental disorders
31 or developmental disabilities. Resource management services may limit
32 the release of information to the name, birthdate, and county of
33 residence of the patient, information regarding whether the patient
34 was voluntarily admitted, or involuntarily committed, the date and
35 place of admission, placement, or commitment, the name and address of
36 a guardian of the patient, and the date and place of the guardian's
37 appointment. Any staff member who wishes to obtain additional
38 information must notify the patient's resource management services in
39 writing of the request and of the resource management services' right
40 to object. The staff member shall send the notice by mail to the

1 guardian's address. If the guardian does not object in writing within
2 fifteen days after the notice is mailed, the staff member may obtain
3 the additional information. If the guardian objects in writing within
4 fifteen days after the notice is mailed, the staff member may not
5 obtain the additional information;

6 (z) To all current treating providers of the patient with
7 prescriptive authority who have written a prescription for the
8 patient within the last twelve months. For purposes of coordinating
9 health care, the department or the authority may release without
10 written authorization of the patient, information acquired for
11 billing and collection purposes as described in RCW 70.02.050(1)(d).
12 The department, or the authority, if applicable, shall notify the
13 patient that billing and collection information has been released to
14 named providers, and provide the substance of the information
15 released and the dates of such release. Neither the department nor
16 the authority may release counseling, inpatient psychiatric
17 hospitalization, or drug and alcohol treatment information without a
18 signed written release from the client;

19 (aa)(i) To the secretary of social and health services and the
20 director of the health care authority for either program evaluation
21 or research, or both so long as the secretary or director, where
22 applicable, adopts rules for the conduct of the evaluation or
23 research, or both. Such rules must include, but need not be limited
24 to, the requirement that all evaluators and researchers sign an oath
25 of confidentiality substantially as follows:

26 "As a condition of conducting evaluation or research concerning
27 persons who have received services from (fill in the facility,
28 agency, or person) I,, agree not to divulge, publish, or
29 otherwise make known to unauthorized persons or the public any
30 information obtained in the course of such evaluation or research
31 regarding persons who have received services such that the person who
32 received such services is identifiable.

33 I recognize that unauthorized release of confidential information
34 may subject me to civil liability under the provisions of state law.
35 /s/"

36 (ii) Nothing in this chapter may be construed to prohibit the
37 compilation and publication of statistical data for use by government
38 or researchers under standards, including standards to assure

1 maintenance of confidentiality, set forth by the secretary, or
2 director, where applicable;

3 (bb) To any person if the conditions in RCW 70.02.205 are met.

4 (3) Whenever federal law or federal regulations restrict the
5 release of information contained in the information and records
6 related to mental health services of any patient who receives
7 treatment for (~~chemical dependency~~) a substance use disorder, the
8 department or the authority may restrict the release of the
9 information as necessary to comply with federal law and regulations.

10 (4) Civil liability and immunity for the release of information
11 about a particular person who is committed to the department of
12 social and health services or the authority under RCW 71.05.280(3)
13 and 71.05.320(4)(c) after dismissal of a sex offense as defined in
14 RCW 9.94A.030, is governed by RCW 4.24.550.

15 (5) The fact of admission to a provider of mental health
16 services, as well as all records, files, evidence, findings, or
17 orders made, prepared, collected, or maintained pursuant to chapter
18 71.05 RCW are not admissible as evidence in any legal proceeding
19 outside that chapter without the written authorization of the person
20 who was the subject of the proceeding except as provided in RCW
21 70.02.260, in a subsequent criminal prosecution of a person committed
22 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were
23 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand
24 trial, in a civil commitment proceeding pursuant to chapter 71.09
25 RCW, or, in the case of a minor, a guardianship or dependency
26 proceeding. The records and files maintained in any court proceeding
27 pursuant to chapter 71.05 RCW must be confidential and available
28 subsequent to such proceedings only to the person who was the subject
29 of the proceeding or his or her attorney. In addition, the court may
30 order the subsequent release or use of such records or files only
31 upon good cause shown if the court finds that appropriate safeguards
32 for strict confidentiality are and will be maintained.

33 (6)(a) Except as provided in RCW 4.24.550, any person may bring
34 an action against an individual who has willfully released
35 confidential information or records concerning him or her in
36 violation of the provisions of this section, for the greater of the
37 following amounts:

38 (i) One thousand dollars; or

39 (ii) Three times the amount of actual damages sustained, if any.

1 (b) It is not a prerequisite to recovery under this subsection
2 that the plaintiff suffered or was threatened with special, as
3 contrasted with general, damages.

4 (c) Any person may bring an action to enjoin the release of
5 confidential information or records concerning him or her or his or
6 her ward, in violation of the provisions of this section, and may in
7 the same action seek damages as provided in this subsection.

8 (d) The court may award to the plaintiff, should he or she
9 prevail in any action authorized by this subsection, reasonable
10 attorney fees in addition to those otherwise provided by law.

11 (e) If an action is brought under this subsection, no action may
12 be brought under RCW 70.02.170.

13 **Sec. 5021.** RCW 70.02.250 and 2018 c 201 s 8004 are each amended
14 to read as follows:

15 (1) Information and records related to mental health services
16 delivered to a person subject to chapter 9.94A or 9.95 RCW must be
17 released, upon request, by a mental health service agency to
18 department of corrections personnel for whom the information is
19 necessary to carry out the responsibilities of their office. The
20 information must be provided only for the purpose of completing
21 presentence investigations, supervision of an incarcerated person,
22 planning for and provision of supervision of a person, or assessment
23 of a person's risk to the community. The request must be in writing
24 and may not require the consent of the subject of the records.

25 (2) The information to be released to the department of
26 corrections must include all relevant records and reports, as defined
27 by rule, necessary for the department of corrections to carry out its
28 duties, including those records and reports identified in subsection
29 (1) of this section.

30 (3) The authority shall, subject to available resources,
31 electronically, or by the most cost-effective means available,
32 provide the department of corrections with the names, last dates of
33 services, and addresses of specific behavioral health administrative
34 services organizations, managed care organizations contracted with
35 the authority under chapter 74.09 RCW, and mental health service
36 agencies that delivered mental health services to a person subject to
37 chapter 9.94A or 9.95 RCW pursuant to an agreement between the
38 authority and the department of corrections.

1 (4) The authority, in consultation with the department, the
2 department of corrections, behavioral health administrative services
3 organizations, managed care organizations contracted with the
4 authority under chapter 74.09 RCW, mental health service agencies as
5 defined in RCW 70.02.010, mental health consumers, and advocates for
6 persons with mental illness, shall adopt rules to implement the
7 provisions of this section related to the type and scope of
8 information to be released. These rules must:

9 (a) Enhance and facilitate the ability of the department of
10 corrections to carry out its responsibility of planning and ensuring
11 community protection with respect to persons subject to sentencing
12 under chapter 9.94A or 9.95 RCW, including accessing and releasing or
13 disclosing information of persons who received mental health services
14 as a minor; and

15 (b) Establish requirements for the notification of persons under
16 the supervision of the department of corrections regarding the
17 provisions of this section.

18 (5) The information received by the department of corrections
19 under this section must remain confidential and subject to the
20 limitations on disclosure outlined in chapter 71.34 RCW, except as
21 provided in RCW 72.09.585.

22 (6) No mental health service agency or individual employed by a
23 mental health service agency may be held responsible for information
24 released to or used by the department of corrections under the
25 provisions of this section or rules adopted under this section.

26 (7) Whenever federal law or federal regulations restrict the
27 release of information contained in the treatment records of any
28 patient who receives treatment for alcoholism or drug dependency, the
29 release of the information may be restricted as necessary to comply
30 with federal law and regulations.

31 (8) This section does not modify the terms and conditions of
32 disclosure of information related to sexually transmitted diseases
33 under this chapter.

34 **Sec. 5022.** RCW 70.97.010 and 2016 sp.s. c 29 s 419 are each
35 amended to read as follows:

36 The definitions in this section apply throughout this chapter
37 unless the context clearly requires otherwise.

38 (1) "Antipsychotic medications" means that class of drugs
39 primarily used to treat serious manifestations of mental illness

1 associated with thought disorders, which includes but is not limited
2 to atypical antipsychotic medications.

3 (2) "Attending staff" means any person on the staff of a public
4 or private agency having responsibility for the care and treatment of
5 a patient.

6 (3) "~~(Chemical dependency)~~ Substance use disorder" means
7 alcoholism, drug addiction, or dependence on alcohol and one or more
8 other psychoactive chemicals, as the context requires and as those
9 terms are defined in chapter 71.05 RCW.

10 (4) "Chemical dependency professional" means a person certified
11 as a chemical dependency professional by the department of health
12 under chapter 18.205 RCW.

13 (5) "Commitment" means the determination by a court that an
14 individual should be detained for a period of either evaluation or
15 treatment, or both, in an inpatient or a less restrictive setting.

16 (6) "Conditional release" means a modification of a commitment
17 that may be revoked upon violation of any of its terms.

18 (7) "Custody" means involuntary detention under chapter 71.05
19 RCW, uninterrupted by any period of unconditional release from
20 commitment from a facility providing involuntary care and treatment.

21 (8) "Department" means the department of social and health
22 services.

23 (9) "Designated crisis responder" has the same meaning as in
24 chapter 71.05 RCW.

25 (10) "Detention" or "detain" means the lawful confinement of an
26 individual under chapter 71.05 RCW.

27 (11) "Discharge" means the termination of facility authority. The
28 commitment may remain in place, be terminated, or be amended by court
29 order.

30 (12) "Enhanced services facility" means a facility that provides
31 treatment and services to persons for whom acute inpatient treatment
32 is not medically necessary and who have been determined by the
33 department to be inappropriate for placement in other licensed
34 facilities due to the complex needs that result in behavioral and
35 security issues.

36 (13) "Expanded community services program" means a nonsecure
37 program of enhanced behavioral and residential support provided to
38 long-term and residential care providers serving specifically
39 eligible clients who would otherwise be at risk for hospitalization
40 at state hospital geriatric units.

1 (14) "Facility" means an enhanced services facility.

2 (15) "Gravely disabled" means a condition in which an individual,
3 as a result of a mental disorder, as a result of the use of alcohol
4 or other psychoactive chemicals, or both:

5 (a) Is in danger of serious physical harm resulting from a
6 failure to provide for his or her essential human needs of health or
7 safety; or

8 (b) Manifests severe deterioration in routine functioning
9 evidenced by repeated and escalating loss of cognitive or volitional
10 control over his or her actions and is not receiving such care as is
11 essential for his or her health or safety.

12 (16) "History of one or more violent acts" refers to the period
13 of time ten years before the filing of a petition under this chapter
14 or chapter 71.05 RCW, excluding any time spent, but not any violent
15 acts committed, in a mental health facility or a long-term alcoholism
16 or drug treatment facility, or in confinement as a result of a
17 criminal conviction.

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

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

22 (a) A substantial risk that:

23 (i) Physical harm will be inflicted by an individual upon his or
24 her own person, as evidenced by threats or attempts to commit suicide
25 or inflict physical harm on oneself;

26 (ii) Physical harm will be inflicted by an individual upon
27 another, as evidenced by behavior that has caused such harm or that
28 places another person or persons in reasonable fear of sustaining
29 such harm; or

30 (iii) Physical harm will be inflicted by an individual upon the
31 property of others, as evidenced by behavior that has caused
32 substantial loss or damage to the property of others; or

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

35 (19) "Mental disorder" means any organic, mental, or emotional
36 impairment that has substantial adverse effects on an individual's
37 cognitive or volitional functions.

38 (20) "Mental health professional" means a psychiatrist,
39 psychologist, psychiatric nurse, or social worker, and such other

1 mental health professionals as may be defined by rules adopted by the
2 secretary under the authority of chapter 71.05 RCW.

3 (21) "Professional person" means a mental health professional and
4 also means a physician, registered nurse, and such others as may be
5 defined in rules adopted by the secretary pursuant to the provisions
6 of this chapter.

7 (22) "Psychiatrist" means a person having a license as a
8 physician and surgeon in this state who has in addition completed
9 three years of graduate training in psychiatry in a program approved
10 by the American medical association or the American osteopathic
11 association and is certified or eligible to be certified by the
12 American board of psychiatry and neurology.

13 (23) "Psychologist" means a person who has been licensed as a
14 psychologist under chapter 18.83 RCW.

15 (24) "Registration records" include all the records of the
16 authority, department, behavioral health administrative services
17 organizations, managed care organizations, treatment facilities, and
18 other persons providing services to (~~the department, county~~
19 ~~departments, or facilities~~) such entities which identify individuals
20 who are receiving or who at any time have received services for
21 mental illness.

22 (25) "Release" means legal termination of the commitment under
23 chapter 71.05 RCW.

24 (26) "Resident" means a person admitted to an enhanced services
25 facility.

26 (27) "Secretary" means the secretary of the department or the
27 secretary's designee.

28 (28) "Significant change" means:

29 (a) A deterioration in a resident's physical, mental, or
30 psychosocial condition that has caused or is likely to cause clinical
31 complications or life-threatening conditions; or

32 (b) An improvement in the resident's physical, mental, or
33 psychosocial condition that may make the resident eligible for
34 release or for treatment in a less intensive or less secure setting.

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

38 (30) "Treatment" means the broad range of emergency,
39 detoxification, residential, inpatient, and outpatient services and
40 care, including diagnostic evaluation, mental health or (~~chemical~~

1 ~~dependency))~~ substance use disorder education and counseling,
2 medical, psychiatric, psychological, and social service care,
3 vocational rehabilitation, and career counseling, which may be
4 extended to persons with mental disorders, (~~chemical dependency~~)
5 substance use disorders, or both, and their families.

6 (31) "Treatment records" include registration and all other
7 records concerning individuals who are receiving or who at any time
8 have received services for mental illness, which are maintained by
9 the department or the health care authority, by behavioral health
10 administrative services organizations ((and)) or their staffs,
11 managed care organizations contracted with the health care authority
12 under chapter 74.09 RCW or their staffs, and by treatment facilities.
13 "Treatment records" do not include notes or records maintained for
14 personal use by an individual providing treatment services for the
15 department, the health care authority, behavioral health
16 administrative services organizations, managed care organizations, or
17 a treatment facility if the notes or records are not available to
18 others.

19 (32) "Violent act" means behavior that resulted in homicide,
20 attempted suicide, nonfatal injuries, or substantial damage to
21 property.

22 **Sec. 5023.** RCW 70.320.010 and 2014 c 225 s 73 are each amended
23 to read as follows:

24 The definitions in this section apply throughout this chapter
25 unless the context clearly requires otherwise.

26 (1) "Authority" means the health care authority.

27 (2) "Department" means the department of social and health
28 services.

29 (3) "Emerging best practice" or "promising practice" means a
30 program or practice that, based on statistical analyses or a well-
31 established theory of change, shows potential for meeting the
32 evidence-based or research-based criteria, which may include the use
33 of a program that is evidence-based for outcomes other than those
34 listed in this section.

35 (4) "Evidence-based" means a program or practice that has been
36 tested in heterogeneous or intended populations with multiple
37 randomized, or statistically controlled evaluations, or both; or one
38 large multiple site randomized, or statistically controlled
39 evaluation, or both, where the weight of the evidence from a systemic

1 review demonstrates sustained improvements in at least one outcome.
2 "Evidence-based" also means a program or practice that can be
3 implemented with a set of procedures to allow successful replication
4 in Washington and, when possible, is determined to be cost-
5 beneficial.

6 (5) "Research-based" means a program or practice that has been
7 tested with a single randomized, or statistically controlled
8 evaluation, or both, demonstrating sustained desirable outcomes; or
9 where the weight of the evidence from a systemic review supports
10 sustained outcomes as described in this subsection but does not meet
11 the full criteria for evidence-based.

12 (6) "Service coordination organization" or "service contracting
13 entity" means the authority and department, or an entity that may
14 contract with the state to provide, directly or through subcontracts,
15 a comprehensive delivery system of medical, behavioral, long-term
16 care, or social support services, including entities such as
17 (~~behavioral health organizations as defined in RCW 71.24.025,~~)
18 managed care organizations that provide medical services to clients
19 under chapter 74.09 RCW and RCW 71.24.380, (~~counties providing~~
20 ~~chemical dependency services under chapters 74.50 and 70.96A RCW,~~)
21 and area agencies on aging providing case management services under
22 chapter 74.39A RCW.

23 **Sec. 5024.** RCW 72.09.350 and 2018 c 201 s 9011 are each amended
24 to read as follows:

25 (1) The department of corrections and the University of
26 Washington may enter into a collaborative arrangement to provide
27 improved services for offenders with mental illness with a focus on
28 prevention, treatment, and reintegration into society. The
29 participants in the collaborative arrangement may develop a strategic
30 plan within sixty days after May 17, 1993, to address the management
31 of offenders with mental illness within the correctional system,
32 facilitating their reentry into the community and the mental health
33 system, and preventing the inappropriate incarceration of individuals
34 with mental illness. The collaborative arrangement may also specify
35 the establishment and maintenance of a corrections mental health
36 center located at McNeil Island corrections center. The collaborative
37 arrangement shall require that an advisory panel of key stakeholders
38 be established and consulted throughout the development and
39 implementation of the center. The stakeholders advisory panel shall

1 include a broad array of interest groups drawn from representatives
2 of mental health, criminal justice, and correctional systems. The
3 stakeholders advisory panel shall include, but is not limited to,
4 membership from: The department of corrections, the department of
5 social and health services (~~mental health division and division of~~
6 ~~juvenile rehabilitation~~), the health care authority, behavioral
7 health administrative services organizations, managed care
8 organizations under chapter 74.09 RCW, local and regional law
9 enforcement agencies, the sentencing guidelines commission, county
10 and city jails, mental health advocacy groups for individuals with
11 mental illness or developmental disabilities, the traumatically
12 brain-injured, and the general public. The center established by the
13 department of corrections and University of Washington, in
14 consultation with the stakeholder advisory groups, shall have the
15 authority to:

16 (a) Develop new and innovative treatment approaches for
17 corrections mental health clients;

18 (b) Improve the quality of mental health services within the
19 department and throughout the corrections system;

20 (c) Facilitate mental health staff recruitment and training to
21 meet departmental, county, and municipal needs;

22 (d) Expand research activities within the department in the area
23 of treatment services, the design of delivery systems, the
24 development of organizational models, and training for corrections
25 mental health care professionals;

26 (e) Improve the work environment for correctional employees by
27 developing the skills, knowledge, and understanding of how to work
28 with offenders with special chronic mental health challenges;

29 (f) Establish a more positive rehabilitative environment for
30 offenders;

31 (g) Strengthen multidisciplinary mental health collaboration
32 between the University of Washington, other groups committed to the
33 intent of this section, and the department of corrections;

34 (h) Strengthen department linkages between institutions of higher
35 education, public sector mental health systems, and county and
36 municipal corrections;

37 (i) Assist in the continued formulation of corrections mental
38 health policies;

1 (j) Develop innovative and effective recruitment and training
2 programs for correctional personnel working with offenders with
3 mental illness;

4 (k) Assist in the development of a coordinated continuum of
5 mental health care capable of providing services from corrections
6 entry to community return; and

7 (l) Evaluate all current and innovative approaches developed
8 within this center in terms of their effective and efficient
9 achievement of improved mental health of inmates, development and
10 utilization of personnel, the impact of these approaches on the
11 functioning of correctional institutions, and the relationship of the
12 corrections system to mental health and criminal justice systems.
13 Specific attention should be paid to evaluating the effects of
14 programs on the reintegration of offenders with mental illness into
15 the community and the prevention of inappropriate incarceration of
16 persons with mental illness.

17 (2) The corrections mental health center may conduct research,
18 training, and treatment activities for the offender with mental
19 illness within selected sites operated by the department. The
20 department shall provide support services for the center such as food
21 services, maintenance, perimeter security, classification, offender
22 supervision, and living unit functions. The University of Washington
23 may develop, implement, and evaluate the clinical, treatment,
24 research, and evaluation components of the mentally ill offender
25 center. The institute of for public policy and management may be
26 consulted regarding the development of the center and in the
27 recommendations regarding public policy. As resources permit,
28 training within the center shall be available to state, county, and
29 municipal agencies requiring the services. Other state colleges,
30 state universities, and mental health providers may be involved in
31 activities as required on a subcontract basis. Community mental
32 health organizations, research groups, and community advocacy groups
33 may be critical components of the center's operations and involved as
34 appropriate to annual objectives. Clients with mental illness may be
35 drawn from throughout the department's population and transferred to
36 the center as clinical need, available services, and department
37 jurisdiction permits.

38 (3) The department shall prepare a report of the center's
39 progress toward the attainment of stated goals and provide the report
40 to the legislature annually.

1 **Sec. 5025.** RCW 72.09.370 and 2018 c 201 s 9012 are each amended
2 to read as follows:

3 (1) The offender reentry community safety program is established
4 to provide intensive services to offenders identified under this
5 subsection and to thereby promote public safety. The secretary shall
6 identify offenders in confinement or partial confinement who: (a) Are
7 reasonably believed to be dangerous to themselves or others; and (b)
8 have a mental disorder. In determining an offender's dangerousness,
9 the secretary shall consider behavior known to the department and
10 factors, based on research, that are linked to an increased risk for
11 dangerousness of offenders with mental illnesses and shall include
12 consideration of an offender's (~~chemical dependency~~) substance use
13 disorder or abuse.

14 (2) Prior to release of an offender identified under this
15 section, a team consisting of representatives of the department of
16 corrections, the health care authority, and, as necessary, the
17 indeterminate sentence review board, divisions or administrations
18 within the department of social and health services, specifically
19 including the division of developmental disabilities, the appropriate
20 (~~behavioral health~~) managed care organization contracted with the
21 health care authority, the appropriate behavioral health
22 administrative services organization, and the providers, as
23 appropriate, shall develop a plan, as determined necessary by the
24 team, for delivery of treatment and support services to the offender
25 upon release. In developing the plan, the offender shall be offered
26 assistance in executing a mental health directive under chapter 71.32
27 RCW, after being fully informed of the benefits, scope, and purposes
28 of such directive. The team may include a school district
29 representative for offenders under the age of twenty-one. The team
30 shall consult with the offender's counsel, if any, and, as
31 appropriate, the offender's family and community. The team shall
32 notify the crime victim/witness program, which shall provide notice
33 to all people registered to receive notice under RCW 72.09.712 of the
34 proposed release plan developed by the team. Victims, witnesses, and
35 other interested people notified by the department may provide
36 information and comments to the department on potential safety risk
37 to specific individuals or classes of individuals posed by the
38 specific offender. The team may recommend: (a) That the offender be
39 evaluated by the designated crisis responder, as defined in chapter
40 71.05 RCW; (b) department-supervised community treatment; or (c)

1 voluntary community mental health or (~~chemical dependency~~)
2 substance use disorder or abuse treatment.

3 (3) Prior to release of an offender identified under this
4 section, the team shall determine whether or not an evaluation by a
5 designated crisis responder is needed. If an evaluation is
6 recommended, the supporting documentation shall be immediately
7 forwarded to the appropriate designated crisis responder. The
8 supporting documentation shall include the offender's criminal
9 history, history of judicially required or administratively ordered
10 involuntary antipsychotic medication while in confinement, and any
11 known history of involuntary civil commitment.

12 (4) If an evaluation by a designated crisis responder is
13 recommended by the team, such evaluation shall occur not more than
14 ten days, nor less than five days, prior to release.

15 (5) A second evaluation by a designated crisis responder shall
16 occur on the day of release if requested by the team, based upon new
17 information or a change in the offender's mental condition, and the
18 initial evaluation did not result in an emergency detention or a
19 summons under chapter 71.05 RCW.

20 (6) If the designated crisis responder determines an emergency
21 detention under chapter 71.05 RCW is necessary, the department shall
22 release the offender only to a state hospital or to a consenting
23 evaluation and treatment facility. The department shall arrange
24 transportation of the offender to the hospital or facility.

25 (7) If the designated crisis responder believes that a less
26 restrictive alternative treatment is appropriate, he or she shall
27 seek a summons, pursuant to the provisions of chapter 71.05 RCW, to
28 require the offender to appear at an evaluation and treatment
29 facility. If a summons is issued, the offender shall remain within
30 the corrections facility until completion of his or her term of
31 confinement and be transported, by corrections personnel on the day
32 of completion, directly to the identified evaluation and treatment
33 facility.

34 (8) The secretary shall adopt rules to implement this section.

35 **Sec. 5026.** RCW 72.09.381 and 2018 c 201 s 9014 are each amended
36 to read as follows:

37 The secretary of the department of corrections and the director
38 of the health care authority shall, in consultation with the
39 behavioral health administrative services organizations, managed care

1 organizations contracted with the health care authority, and provider
2 representatives, each adopt rules as necessary to implement chapter
3 214, Laws of 1999.

4 **Sec. 5027.** RCW 72.10.060 and 2014 c 225 s 97 are each amended to
5 read as follows:

6 The secretary shall, for any person committed to a state
7 correctional facility after July 1, 1998, inquire at the time of
8 commitment whether the person had received outpatient mental health
9 treatment within the two years preceding confinement and the name of
10 the person providing the treatment.

11 The secretary shall inquire of the treatment provider if he or
12 she wishes to be notified of the release of the person from
13 confinement, for purposes of offering treatment upon the inmate's
14 release. If the treatment provider wishes to be notified of the
15 inmate's release, the secretary shall attempt to provide such notice
16 at least seven days prior to release.

17 At the time of an inmate's release if the secretary is unable to
18 locate the treatment provider, the secretary shall notify the health
19 care authority and the behavioral health administrative services
20 organization in the county the inmate will most likely reside
21 following release.

22 If the secretary has, prior to the release from the facility,
23 evaluated the inmate and determined he or she requires postrelease
24 mental health treatment, a copy of relevant records and reports
25 relating to the inmate's mental health treatment or status shall be
26 promptly made available to the offender's present or future treatment
27 provider. The secretary shall determine which records and reports are
28 relevant and may provide a summary in lieu of copies of the records.

29 **Sec. 5028.** RCW 72.23.025 and 2014 c 225 s 98 are each amended to
30 read as follows:

31 (1) It is the intent of the legislature to improve the quality of
32 service at state hospitals, eliminate overcrowding, and more
33 specifically define the role of the state hospitals. The legislature
34 intends that eastern and western state hospitals shall become
35 clinical centers for handling the most complicated long-term care
36 needs of patients with a primary diagnosis of mental disorder. To
37 this end, the legislature intends that funds appropriated for mental
38 health programs, including funds for behavioral health administrative

1 services organizations, managed care organizations contracted with
2 the health care authority, and the state hospitals, be used for
3 persons with primary diagnosis of mental disorder. The legislature
4 finds that establishment of institutes for the study and treatment of
5 mental disorders at both eastern state hospital and western state
6 hospital will be instrumental in implementing the legislative intent.

7 (2) (a) There is established at eastern state hospital and western
8 state hospital, institutes for the study and treatment of mental
9 disorders. The institutes shall be operated by joint operating
10 agreements between state colleges and universities and the department
11 of social and health services. The institutes are intended to conduct
12 training, research, and clinical program development activities that
13 will directly benefit persons with mental illness who are receiving
14 treatment in Washington state by performing the following activities:

15 (i) Promote recruitment and retention of highly qualified
16 professionals at the state hospitals and community mental health
17 programs;

18 (ii) Improve clinical care by exploring new, innovative, and
19 scientifically based treatment models for persons presenting
20 particularly difficult and complicated clinical syndromes;

21 (iii) Provide expanded training opportunities for existing staff
22 at the state hospitals and community mental health programs;

23 (iv) Promote bilateral understanding of treatment orientation,
24 possibilities, and challenges between state hospital professionals
25 and community mental health professionals.

26 (b) To accomplish these purposes the institutes may, within funds
27 appropriated for this purpose:

28 (i) Enter joint operating agreements with state universities or
29 other institutions of higher education to accomplish the placement
30 and training of students and faculty in psychiatry, psychology,
31 social work, occupational therapy, nursing, and other relevant
32 professions at the state hospitals and community mental health
33 programs;

34 (ii) Design and implement clinical research projects to improve
35 the quality and effectiveness of state hospital services and
36 operations;

37 (iii) Enter into agreements with community mental health service
38 providers to accomplish the exchange of professional staff between
39 the state hospitals and community mental health service providers;

1 (iv) Establish a student loan forgiveness and conditional
2 scholarship program to retain qualified professionals at the state
3 hospitals and community mental health providers when the secretary
4 has determined a shortage of such professionals exists.

5 (c) Notwithstanding any other provisions of law to the contrary,
6 the institutes may enter into agreements with the department or the
7 state hospitals which may involve changes in staffing necessary to
8 implement improved patient care programs contemplated by this
9 section.

10 (d) The institutes are authorized to seek and accept public or
11 private gifts, grants, contracts, or donations to accomplish their
12 purposes under this section.

13 **Sec. 5029.** RCW 74.09.758 and 2014 c 223 s 7 are each amended to
14 read as follows:

15 (1) The authority and the department may restructure medicaid
16 procurement of health care services and agreements with managed care
17 systems on a phased basis to better support integrated physical
18 health, mental health, and ~~((chemical dependency))~~ substance use
19 disorder treatment, consistent with assumptions in Second Substitute
20 Senate Bill No. 6312, Laws of 2014, and recommendations provided by
21 the behavioral health task force. The authority and the department
22 may develop and utilize innovative mechanisms to promote and sustain
23 integrated clinical models of physical and behavioral health care.

24 (2) The authority and the department may incorporate the
25 following principles into future medicaid procurement efforts aimed
26 at integrating the delivery of physical and behavioral health
27 services:

28 (a) Medicaid purchasing must support delivery of integrated,
29 person-centered care that addresses the spectrum of individuals'
30 health needs in the context of the communities in which they live and
31 with the availability of care continuity as their health needs
32 change;

33 (b) Accountability for the client outcomes established in RCW
34 43.20A.895 (as recodified by this act) and 71.36.025 and performance
35 measures linked to those outcomes;

36 (c) Medicaid benefit design must recognize that adequate
37 preventive care, crisis intervention, and support services promote a
38 recovery-focused approach;

1 (d) Evidence-based care interventions and continuous quality
2 improvement must be enforced through contract specifications and
3 performance measures that provide meaningful integration at the
4 patient care level with broadly distributed accountability for
5 results;

6 (e) Active purchasing and oversight of medicaid managed care
7 contracts is a state responsibility;

8 (f) A deliberate and flexible system change plan with identified
9 benchmarks to promote system stability, provide continuity of
10 treatment for patients, and protect essential existing behavioral
11 health system infrastructure and capacity; and

12 (g) Community and organizational readiness are key determinants
13 of implementation timing; a phased approach is therefore desirable.

14 (3) The principles identified in subsection (2) of this section
15 are not intended to create an individual entitlement to services.

16 (4) The authority shall increase the use of value-based
17 contracting, alternative quality contracting, and other payment
18 incentives that promote quality, efficiency, cost savings, and health
19 improvement, for medicaid and public employee purchasing. The
20 authority shall also implement additional chronic disease management
21 techniques that reduce the subsequent need for hospitalization or
22 readmissions. It is the intent of the legislature that the reforms
23 the authority implements under this subsection are anticipated to
24 reduce extraneous medical costs, across all medical programs, when
25 fully phased in by fiscal year 2017 to generate budget savings
26 identified in the omnibus appropriations act.

27 **Sec. 5030.** RCW 74.34.020 and 2018 c 201 s 9016 are each amended
28 to read as follows:

29 The definitions in this section apply throughout this chapter
30 unless the context clearly requires otherwise.

31 (1) "Abandonment" means action or inaction by a person or entity
32 with a duty of care for a vulnerable adult that leaves the vulnerable
33 person without the means or ability to obtain necessary food,
34 clothing, shelter, or health care.

35 (2) "Abuse" means the willful action or inaction that inflicts
36 injury, unreasonable confinement, intimidation, or punishment on a
37 vulnerable adult. In instances of abuse of a vulnerable adult who is
38 unable to express or demonstrate physical harm, pain, or mental
39 anguish, the abuse is presumed to cause physical harm, pain, or

1 mental anguish. Abuse includes sexual abuse, mental abuse, physical
2 abuse, and personal exploitation of a vulnerable adult, and improper
3 use of restraint against a vulnerable adult which have the following
4 meanings:

5 (a) "Sexual abuse" means any form of nonconsensual sexual
6 conduct, including but not limited to unwanted or inappropriate
7 touching, rape, sodomy, sexual coercion, sexually explicit
8 photographing, and sexual harassment. Sexual abuse also includes any
9 sexual conduct between a staff person, who is not also a resident or
10 client, of a facility or a staff person of a program authorized under
11 chapter 71A.12 RCW, and a vulnerable adult living in that facility or
12 receiving service from a program authorized under chapter 71A.12 RCW,
13 whether or not it is consensual.

14 (b) "Physical abuse" means the willful action of inflicting
15 bodily injury or physical mistreatment. Physical abuse includes, but
16 is not limited to, striking with or without an object, slapping,
17 pinching, choking, kicking, shoving, or prodding.

18 (c) "Mental abuse" means a willful verbal or nonverbal action
19 that threatens, humiliates, harasses, coerces, intimidates, isolates,
20 unreasonably confines, or punishes a vulnerable adult. Mental abuse
21 may include ridiculing, yelling, or swearing.

22 (d) "Personal exploitation" means an act of forcing, compelling,
23 or exerting undue influence over a vulnerable adult causing the
24 vulnerable adult to act in a way that is inconsistent with relevant
25 past behavior, or causing the vulnerable adult to perform services
26 for the benefit of another.

27 (e) "Improper use of restraint" means the inappropriate use of
28 chemical, physical, or mechanical restraints for convenience or
29 discipline or in a manner that: (i) Is inconsistent with federal or
30 state licensing or certification requirements for facilities,
31 hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is
32 not medically authorized; or (iii) otherwise constitutes abuse under
33 this section.

34 (3) "Chemical restraint" means the administration of any drug to
35 manage a vulnerable adult's behavior in a way that reduces the safety
36 risk to the vulnerable adult or others, has the temporary effect of
37 restricting the vulnerable adult's freedom of movement, and is not
38 standard treatment for the vulnerable adult's medical or psychiatric
39 condition.

1 (4) "Consent" means express written consent granted after the
2 vulnerable adult or his or her legal representative has been fully
3 informed of the nature of the services to be offered and that the
4 receipt of services is voluntary.

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

7 (6) "Facility" means a residence licensed or required to be
8 licensed under chapter 18.20 RCW, assisted living facilities; chapter
9 18.51 RCW, nursing homes; chapter 70.128 RCW, adult family homes;
10 chapter 72.36 RCW, soldiers' homes; (~~(or)~~) chapter 71A.20 RCW,
11 residential habilitation centers; or any other facility licensed or
12 certified by the department (~~(or the department of health)~~).

13 (7) "Financial exploitation" means the illegal or improper use,
14 control over, or withholding of the property, income, resources, or
15 trust funds of the vulnerable adult by any person or entity for any
16 person's or entity's profit or advantage other than for the
17 vulnerable adult's profit or advantage. "Financial exploitation"
18 includes, but is not limited to:

19 (a) The use of deception, intimidation, or undue influence by a
20 person or entity in a position of trust and confidence with a
21 vulnerable adult to obtain or use the property, income, resources, or
22 trust funds of the vulnerable adult for the benefit of a person or
23 entity other than the vulnerable adult;

24 (b) The breach of a fiduciary duty, including, but not limited
25 to, the misuse of a power of attorney, trust, or a guardianship
26 appointment, that results in the unauthorized appropriation, sale, or
27 transfer of the property, income, resources, or trust funds of the
28 vulnerable adult for the benefit of a person or entity other than the
29 vulnerable adult; or

30 (c) Obtaining or using a vulnerable adult's property, income,
31 resources, or trust funds without lawful authority, by a person or
32 entity who knows or clearly should know that the vulnerable adult
33 lacks the capacity to consent to the release or use of his or her
34 property, income, resources, or trust funds.

35 (8) "Financial institution" has the same meaning as in RCW
36 30A.22.040 and 30A.22.041. For purposes of this chapter only,
37 "financial institution" also means a "broker-dealer" or "investment
38 adviser" as defined in RCW 21.20.005.

39 (9) "Hospital" means a facility licensed under chapter 70.41 or
40 71.12 RCW or a state hospital defined in chapter 72.23 RCW and any

1 employee, agent, officer, director, or independent contractor
2 thereof.

3 (10) "Incapacitated person" means a person who is at a
4 significant risk of personal or financial harm under RCW 11.88.010(1)
5 (a), (b), (c), or (d).

6 (11) "Individual provider" means a person under contract with the
7 department to provide services in the home under chapter 74.09 or
8 74.39A RCW.

9 (12) "Interested person" means a person who demonstrates to the
10 court's satisfaction that the person is interested in the welfare of
11 the vulnerable adult, that the person has a good faith belief that
12 the court's intervention is necessary, and that the vulnerable adult
13 is unable, due to incapacity, undue influence, or duress at the time
14 the petition is filed, to protect his or her own interests.

15 (13)(a) "Isolate" or "isolation" means to restrict a vulnerable
16 adult's ability to communicate, visit, interact, or otherwise
17 associate with persons of his or her choosing. Isolation may be
18 evidenced by acts including but not limited to:

19 (i) Acts that prevent a vulnerable adult from sending, making, or
20 receiving his or her personal mail, electronic communications, or
21 telephone calls; or

22 (ii) Acts that prevent or obstruct the vulnerable adult from
23 meeting with others, such as telling a prospective visitor or caller
24 that a vulnerable adult is not present, or does not wish contact,
25 where the statement is contrary to the express wishes of the
26 vulnerable adult.

27 (b) The term "isolate" or "isolation" may not be construed in a
28 manner that prevents a guardian or limited guardian from performing
29 his or her fiduciary obligations under chapter 11.92 RCW or prevents
30 a hospital or facility from providing treatment consistent with the
31 standard of care for delivery of health services.

32 (14) "Mandated reporter" is an employee of the department; law
33 enforcement officer; social worker; professional school personnel;
34 individual provider; an employee of a facility; an operator of a
35 facility; an employee of a social service, welfare, mental health,
36 adult day health, adult day care, home health, home care, or hospice
37 agency; county coroner or medical examiner; Christian Science
38 practitioner; or health care provider subject to chapter 18.130 RCW.

39 (15) "Mechanical restraint" means any device attached or adjacent
40 to the vulnerable adult's body that he or she cannot easily remove

1 that restricts freedom of movement or normal access to his or her
2 body. "Mechanical restraint" does not include the use of devices,
3 materials, or equipment that are (a) medically authorized, as
4 required, and (b) used in a manner that is consistent with federal or
5 state licensing or certification requirements for facilities,
6 hospitals, or programs authorized under chapter 71A.12 RCW.

7 (16) "Neglect" means (a) a pattern of conduct or inaction by a
8 person or entity with a duty of care that fails to provide the goods
9 and services that maintain physical or mental health of a vulnerable
10 adult, or that fails to avoid or prevent physical or mental harm or
11 pain to a vulnerable adult; or (b) an act or omission by a person or
12 entity with a duty of care that demonstrates a serious disregard of
13 consequences of such a magnitude as to constitute a clear and present
14 danger to the vulnerable adult's health, welfare, or safety,
15 including but not limited to conduct prohibited under RCW 9A.42.100.

16 (17) "Permissive reporter" means any person, including, but not
17 limited to, an employee of a financial institution, attorney, or
18 volunteer in a facility or program providing services for vulnerable
19 adults.

20 (18) "Physical restraint" means the application of physical force
21 without the use of any device, for the purpose of restraining the
22 free movement of a vulnerable adult's body. "Physical restraint" does
23 not include (a) briefly holding without undue force a vulnerable
24 adult in order to calm or comfort him or her, or (b) holding a
25 vulnerable adult's hand to safely escort him or her from one area to
26 another.

27 (19) "Protective services" means any services provided by the
28 department to a vulnerable adult with the consent of the vulnerable
29 adult, or the legal representative of the vulnerable adult, who has
30 been abandoned, abused, financially exploited, neglected, or in a
31 state of self-neglect. These services may include, but are not
32 limited to case management, social casework, home care, placement,
33 arranging for medical evaluations, psychological evaluations, day
34 care, or referral for legal assistance.

35 (20) "Self-neglect" means the failure of a vulnerable adult, not
36 living in a facility, to provide for himself or herself the goods and
37 services necessary for the vulnerable adult's physical or mental
38 health, and the absence of which impairs or threatens the vulnerable
39 adult's well-being. This definition may include a vulnerable adult
40 who is receiving services through home health, hospice, or a home

1 care agency, or an individual provider when the neglect is not a
2 result of inaction by that agency or individual provider.

3 (21) "Social worker" means:

4 (a) A social worker as defined in RCW 18.320.010(2); or

5 (b) Anyone engaged in a professional capacity during the regular
6 course of employment in encouraging or promoting the health, welfare,
7 support, or education of vulnerable adults, or providing social
8 services to vulnerable adults, whether in an individual capacity or
9 as an employee or agent of any public or private organization or
10 institution.

11 (22) "Vulnerable adult" includes a person:

12 (a) Sixty years of age or older who has the functional, mental,
13 or physical inability to care for himself or herself; or

14 (b) Found incapacitated under chapter 11.88 RCW; or

15 (c) Who has a developmental disability as defined under RCW
16 71A.10.020; or

17 (d) Admitted to any facility; or

18 (e) Receiving services from home health, hospice, or home care
19 agencies licensed or required to be licensed under chapter 70.127
20 RCW; or

21 (f) Receiving services from an individual provider; or

22 (g) Who self-directs his or her own care and receives services
23 from a personal aide under chapter 74.39 RCW.

24 (23) "Vulnerable adult advocacy team" means a team of three or
25 more persons who coordinate a multidisciplinary process, in
26 compliance with chapter 266, Laws of 2017 and the protocol governed
27 by RCW 74.34.320, for preventing, identifying, investigating,
28 prosecuting, and providing services related to abuse, neglect, or
29 financial exploitation of vulnerable adults.

30 **Sec. 5031.** RCW 74.34.068 and 2014 c 225 s 103 are each amended
31 to read as follows:

32 (1) After the investigation is complete, the department may
33 provide a written report of the outcome of the investigation to an
34 agency or program described in this subsection when the department
35 determines from its investigation that an incident of abuse,
36 abandonment, financial exploitation, or neglect occurred. Agencies or
37 programs that may be provided this report are home health, hospice,
38 or home care agencies, or after January 1, 2002, any in-home services
39 agency licensed under chapter 70.127 RCW, a program authorized under

1 chapter 71A.12 RCW, an adult day care or day health program,
2 behavioral health administrative services organizations and managed
3 care organizations authorized under chapter 71.24 RCW, or other
4 agencies. The report may contain the name of the vulnerable adult and
5 the alleged perpetrator. The report shall not disclose the identity
6 of the person who made the report or any witness without the written
7 permission of the reporter or witness. The department shall notify
8 the alleged perpetrator regarding the outcome of the investigation.
9 The name of the vulnerable adult must not be disclosed during this
10 notification.

11 (2) The department may also refer a report or outcome of an
12 investigation to appropriate state or local governmental authorities
13 responsible for licensing or certification of the agencies or
14 programs listed in subsection (1) of this section.

15 (3) The department shall adopt rules necessary to implement this
16 section.

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.** Section 1003 of this act is necessary
31 for the immediate preservation of the public peace, health, or
32 safety, or support of the state government and its existing public
33 institutions, and takes effect immediately.

1 NEW SECTION. **Sec. 6008.** Except as provided in sections 6005 and
2 6007 of this act, this act takes effect January 1, 2020.

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