S-4361.1

## SUBSTITUTE SENATE BILL 6312

State of Washington 63rd Legislature 2014 Regular Session

**By** Senate Human Services & Corrections (originally sponsored by Senators Darneille, Hargrove, Rolfes, McAuliffe, Ranker, Conway, Cleveland, Fraser, McCoy, Keiser, and Kohl-Welles; by request of Governor Inslee)

READ FIRST TIME 02/07/14.

AN ACT Relating to state purchasing of mental health and chemical dependency treatment services; amending RCW 71.24.015, 71.24.016, 71.24.025, 71.24.035, 71.24.045, 71.24.100, 71.24.110, 71.24.340, 71.24.420, 70.96A.020, 70.96A.040, 70.96A.050, 70.96A.080, and 70.96A.320; amending 2013 c 338 s 1 (uncodified); adding a new section to chapter 71.24 RCW; adding a new section to chapter 43.20A RCW; providing an effective date; and declaring an emergency.

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

9 Sec. 1. 2013 c 338 s 1 (uncodified) is amended to read as follows: 10 (1)(a) Beginning ((May)) <u>April</u> 1, 2014, the legislature shall 11 convene a task force to examine reform of the adult behavioral health 12 system, with voting members as provided in this subsection.

(i) The president of the senate shall appoint one member from eachof the two largest caucuses of the senate.

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

18 (iii) The governor shall appoint five members consisting of the 19 secretary of the department of social and health services or the secretary's designee, the director of the health care authority or the director's designee, the director of the office of financial management or the director's designee, the secretary of the department of corrections or the secretary's designee, and a representative of the governor.

6 (iv) <u>The Washington state association of counties shall appoint</u> 7 <u>three members.</u>

8 <u>(v)</u> The governor shall request participation by a representative of 9 tribal governments.

10 (b) The task force shall choose two cochairs from among its 11 legislative members.

12 (c) The task force shall adopt a bottom-up approach and welcome 13 input and participation from all stakeholders interested in the improvement of the adult behavioral health system. To that end, the 14 15 task force must invite participation from, at a minimum, the following: Behavioral health service recipients and their families; 16 local of 17 government; representatives regional support networks; representatives of county coordinators; law enforcement; city and 18 19 county jails; tribal representatives; behavioral health service 20 providers; housing providers; labor representatives; counties with 21 state hospitals; mental health advocates; public defenders with 22 involuntary mental health commitment or mental health court experience; 23 medicaid managed care plan representatives; long-term care service 24 providers; the Washington state hospital association; and individuals with expertise in evidence-based and research-based behavioral health 25 26 service practices. Leadership of subcommittees formed by the task 27 force may be drawn from this body of invited participants.

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

31 (a) The means by which services are <u>purchased and</u> delivered for 32 adults with mental illness and chemical dependency disorders <u>through</u> 33 <u>the department of social and health services and the health care</u> 34 <u>authority, including:</u>

35 (i) Advice concerning the proposal for the creation of common 36 regional service areas for purchasing behavioral health and medical 37 care services by the department and the authority, taking into

1 consideration any proposal submitted by the Washington state
2 association of counties under section 2 of this act;

3 (ii) Recommendations related to the design and requirements of 4 future medicaid behavioral health and health care delivery systems and 5 purchasing;

6 <u>(iii) Advice regarding state interactions with the federal centers</u> 7 for medicare and medicaid services regarding Washington state's method 8 of purchasing medicaid mental health services, provided that the 9 federal centers provide written guidance to Washington detailing their 10 rationale for changing state purchasing; and

11 (iv) Whether a statewide behavioral health ombuds office should be 12 created;

13 (b) Availability of effective means to promote recovery and prevent 14 harm associated with mental illness;

(c) Crisis services, including boarding of mental health patientsoutside of regularly certified treatment beds;

17 (d) Best practices for cross-system collaboration between 18 behavioral health treatment providers, medical care providers, long-19 term care service providers, entities providing health home services to 20 high-risk medicaid clients, law enforcement, and criminal justice 21 agencies; and

(e) Public safety practices involving persons with mental illnesswith forensic involvement.

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

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

32 (5) The expenses of the task force must be paid jointly by the 33 senate and house of representatives. Task force expenditures are 34 subject to approval by the senate facilities and operations committee 35 and the house of representatives executive rules committee, or their 36 successor committees.

37 (6) The task force shall report its findings and recommendations to38 the governor and the appropriate committees of the legislature by

January 1, 2015, except that recommendations under subsection (2)(a)(i) 1

2 through (iii) of this section must be submitted to the governor by

3 October 1, 2014.

4

(7) This section expires June 1, 2015.

NEW SECTION. Sec. 2. A new section is added to chapter 71.24 RCW 5 б to read as follows:

7 (1) The department and the health care authority shall jointly establish regional service areas by March 1, 2015, or at an earlier 8 9 date agreed to by the department, the health care authority, and the 10 Washington association of counties, as provided in this section.

11 (2) Counties, through the Washington state association of counties, 12 must be given the opportunity to propose the composition of regional 13 service areas. Each service area must:

(a) Include a sufficient number of medicaid lives to support full 14 financial risk managed care contracting for services included in 15 16 contracts with the department or the health care authority;

17

(b) Include full counties that are contiguous with one another; and (c) Reflect natural medical and behavioral health service referral 18 patterns and shared clinical, health care service, behavioral health 19 20 service, and behavioral health crisis response resources.

21 (3) The Washington state association of counties may submit its 22 recommendations to the department, the health care authority, and the 23 task force described in section 1 of this act on or before September 1, 2014. 24

25 <u>NEW SECTION.</u> Sec. 3. A new section is added to chapter 43.20A RCW to read as follows: 26

(1) Any agreement or contract by the department or the health care 27 authority to provide behavioral health services as defined under RCW 28 71.24.025 to persons eligible for benefits under medicaid, Title XIX of 29 30 the social security act, and to persons not eligible for medicaid must include the following: 31

(a) Contractual provisions consistent with the intent expressed in 32 RCW 71.24.015, 71.36.005, 70.96A.010, and 70.96A.011; 33

34 (b) Standards regarding the quality of services to be provided, 35 including increased use of evidence-based, research-based, and promising practices, as defined in RCW 71.24.025; 36

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

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

10 (e) Standards requiring the use of behavioral health service 11 provider reimbursement methods that incentivize improved performance 12 with respect to the client outcomes established in RCW 43.20A.895 and 13 71.36.025, integration of behavioral health and primary care services 14 at the clinical level, and improved care coordination for individuals 15 with complex care needs;

(f) Standards related to the financial integrity of the responding 16 17 organization. The department shall adopt rules establishing the solvency requirements and other financial integrity standards for 18 19 regional support networks. This subsection does not limit the authority of the department to take action under a contract upon 20 21 finding that a regional support network's financial status seriously 22 jeopardizes the organization's ability to meet its contractual 23 obligations;

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

(h) Provisions to maintain the decision-making independence ofdesignated mental health professionals; and

(i) Provisions stating that public funds appropriated by the legislature may not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

35 (2) The following factors must be given significant weight in any 36 purchasing process:

37 (a) Demonstrated commitment and experience in serving low-income38 populations;

(b) Demonstrated commitment and experience serving persons who have
 severe mental illness or chemical dependency;

3 (c) Demonstrated commitment to and experience with partnerships 4 with county and municipal criminal justice systems, housing services, 5 and other critical support services necessary to achieve the outcomes 6 established in RCW 43.20A.895 and 71.36.025;

7 (d) Recognition that meeting enrollees' physical and behavioral 8 health care needs is a shared responsibility of contracted regional 9 support networks, managed health care systems, service providers, the 10 state, and communities, and that the delivery of better integrated, 11 person-centered care requires the full spectrum of an individual's 12 health care needs be addressed;

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

16

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

17 (3) For purposes of purchasing behavioral health services and 18 medical care services for persons eligible for benefits under medicaid, 19 Title XIX of the social security act and for persons not eligible for 20 medicaid, the department and the health care authority must use common 21 regional service areas. The regional service areas must be established 22 by the department and the health care authority as provided in section 23 2 of this act.

(4) Consideration must be given to using multiple-year contractingperiods.

26 **Sec. 4.** RCW 71.24.015 and 2005 c 503 s 1 are each amended to read 27 as follows:

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

(1) Access to mental health services for adults ((of the state who
 are acutely mentally ill, chronically mentally ill,)) with acute mental
 illness, chronic mental illness, or who are seriously disturbed and

1 children ((of the state who are acutely mentally ill)) with acute 2 mental illness, or who are severely emotionally disturbed, or seriously disturbed, which services recognize the special needs of underserved 3 4 populations, including minorities, children, the elderly, ((disabled)) individuals with disabilities, and low-income persons. Access to 5 6 mental health services shall not be limited by a person's history of 7 confinement in a state, federal, or local correctional facility. It is 8 also the purpose of this chapter to promote the early identification of ((mentally ill)) children with mental illness and to ensure that they 9 10 receive the mental health care and treatment which is appropriate to their developmental level. This care should improve home, school, and 11 12 community functioning, maintain children in a safe and nurturing home 13 environment, and should enable treatment decisions to be made in response to clinical needs in accordance with sound professional 14 judgment while also recognizing parents' rights to participate in 15 treatment decisions for their children; 16

(2) The involvement of persons with mental illness, their family 17 18 members, and advocates in designing and implementing mental health services that reduce unnecessary hospitalization and incarceration and 19 promote the recovery and employment of persons with mental illness. 20 То 21 the quality of services available and improve promote the 22 rehabilitation, recovery, and reintegration of persons with mental 23 illness, consumer and advocate participation in mental health services 24 is an integral part of the community mental health system and shall be 25 supported;

26 (3) Accountability of efficient and effective services through 27 state-of-the-art outcome and performance measures and statewide 28 standards for monitoring client and system outcomes, performance, and 29 reporting of client and system outcome information. These processes 30 shall be designed so as to maximize the use of available resources for direct care of people with a mental illness and to assure uniform data 31 collection across the state; 32

33

(4) Minimum service delivery standards;

34 (5) Priorities for the use of available resources for the care of 35 ((the mentally ill)) individuals with mental illness consistent with 36 the priorities defined in the statute;

37 (6) Coordination of services within the department, including those38 divisions within the department that provide services to children,

between the department and the office of the superintendent of public instruction, and among state mental hospitals, county authorities, regional support networks, community mental health services, and other support services, which shall to the maximum extent feasible also include the families of ((the mentally ill)) individuals with mental illness, and other service providers; and

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

It is the policy of the state to encourage the provision of a full 10 11 range of treatment and rehabilitation services in the state for mental 12 disorders including services operated by consumers and advocates. The 13 legislature intends to encourage the development of regional mental health services with adequate local flexibility to assure eligible 14 15 people in need of care access to the least-restrictive treatment alternative appropriate to their needs, and the availability of 16 treatment components to assure continuity of care. 17 To this end, 18 counties ((are encouraged to)) must enter into joint operating 19 agreements with other counties to form regional systems of care that 20 are consistent with the regional service areas established under 21 section 2 of this act. Regional systems of care, whether operated by a county, group of counties, or another entity shall integrate 22 23 planning, administration, and service delivery duties under chapters and 71.24 24 71.05 RCW to consolidate administration, reduce administrative layering, and reduce administrative costs. 25 The 26 legislature hereby finds and declares that sound fiscal management 27 requires vigilance to ensure that funds appropriated by the legislature for the provision of needed community mental health programs and 28 29 services are ultimately expended solely for the purpose for which they 30 were appropriated, and not for any other purpose.

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

36 **Sec. 5.** RCW 71.24.016 and 2006 c 333 s 102 are each amended to 37 read as follows:

1 The legislature intends that eastern and western state (1)2 hospitals shall operate as clinical centers for handling the most complicated long-term care needs of patients with a primary diagnosis 3 4 of mental disorder. It is further the intent of the legislature that health service delivery system focus 5 the community mental on б maintaining ((mentally ill)) 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 ((designed to hold 9 each regional support network accountable for program success)), as provided in RCW 43.20A.895 and 71.36.025. 10

11 (2) The legislature intends to address the needs of people with mental disorders with a targeted, coordinated, and comprehensive set of 12 13 evidence-based practices that are effective in serving individuals in their community and will reduce the need for placements in state mental 14 15 hospitals. The legislature further intends to explicitly hold regional support networks accountable for serving people with mental disorders 16 within the boundaries of their ((geographic boundaries)) procurement 17 regions and for not exceeding their allocation of state hospital beds. 18 19 Within funds appropriated by the legislature for this purpose, regional 20 support networks shall develop the means to serve the needs of people 21 with mental disorders within ((their geographic)) the boundaries of 22 their procurement region. Elements of the program may include:

23

(a) Crisis ((triage)) diversion services;

- 24 (b) Evaluation and treatment and community hospital beds;
- 25 (c) Residential beds;
- 26 (d) Programs for community treatment teams; ((and))
- 27 (e) Outpatient services:
- 28 (f) Peer support services;
- 29 (g) Community support services;
- 30 (h) Resource management services; and
- 31 (i) Supported housing and supported employment services.

32 (3) The regional support network shall have the flexibility, within 33 the funds appropriated by the legislature for this purpose <u>and the</u> 34 <u>terms of their contract</u>, to design the mix of services that will be 35 most effective within their service area of meeting the needs of people 36 with mental disorders and avoiding placement of such individuals at the 37 state mental hospital. Regional support networks are encouraged to 1 maximize the use of evidence-based practices and alternative resources 2 with the goal of substantially reducing and potentially eliminating the 3 use of institutions for mental diseases.

4 **Sec. 6.** RCW 71.24.025 and 2013 c 338 s 5 are each amended to read 5 as follows:

6 Unless the context clearly requires otherwise, the definitions in 7 this section apply throughout this chapter.

8 (1) "Acutely mentally ill" means a condition which is limited to a 9 short-term severe crisis episode of:

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

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

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

17 (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except 18 those provided according to Title XIX of the Social Security Act, and 19 20 state funds appropriated under this chapter or chapter 71.05 RCW by the 21 legislature during any biennium for the purpose of providing 22 residential services, resource management services, community support 23 services, and other mental health services. This does not include 24 funds appropriated for the purpose of operating and administering the 25 state psychiatric hospitals.

26 (3) <u>"Behavioral health services" means mental health services as</u>
 27 <u>described in this chapter and chemical dependency treatment services as</u>
 28 <u>described in chapter 70.96A RCW.</u>

29

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

30 (((4))) (5) "Chronically mentally ill adult" or "adult who is 31 chronically mentally ill" means an adult who has a mental disorder and 32 meets at least one of the following criteria:

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

35 (b) Has experienced a continuous psychiatric hospitalization or 36 residential treatment exceeding six months' duration within the 37 preceding year; or 1 (c) Has been unable to engage in any substantial gainful activity 2 by reason of any mental disorder which has lasted for a continuous 3 period of not less than twelve months. "Substantial gainful activity" 4 shall be defined by the department by rule consistent with Public Law 5 92-603, as amended.

6 (((5))) (6) "Clubhouse" means a community-based program that 7 provides rehabilitation services and is certified by the department of 8 social and health services.

9 ((<del>(6)</del>)) <u>(7)</u> "Community mental health program" means all mental
 10 health services, activities, or programs using available resources.

11 (((7))) (8) "Community mental health service delivery system" means 12 public or private agencies that provide services specifically to 13 persons with mental disorders as defined under RCW 71.05.020 and 14 receive funding from public sources.

15 ((((8))) (9) "Community support services" means services authorized, planned, and coordinated through resource management 16 services 17 including, at a minimum, assessment, diagnosis, emergency crisis 18 intervention available twenty-four hours, seven days a week, 19 prescreening determinations for persons who are mentally ill being 20 considered for placement in nursing homes as required by federal law, 21 screening for patients being considered for admission to residential 22 services, diagnosis and treatment for children who are acutely mentally 23 ill or severely emotionally disturbed discovered under screening 24 through the federal Title XIX early and periodic screening, diagnosis, 25 and treatment program, investigation, legal, and other nonresidential 26 services under chapter 71.05 RCW, case management services, psychiatric 27 treatment including medication supervision, counseling, psychotherapy, 28 assuring transfer of relevant patient information between service 29 providers, recovery services, and other services determined by regional 30 support networks.

31 ((<del>(9)</del>)) <u>(10)</u> "Consensus-based" means a program or practice that has 32 general support among treatment providers and experts, based on 33 experience or professional literature, and may have anecdotal or case 34 study support, or that is agreed but not possible to perform studies 35 with random assignment and controlled groups.

36 (((10))) (11) "County authority" means the board of county 37 commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the
 county authorities specified in this subsection which have entered into
 an agreement to provide a community mental health program.

4 ((<del>(11)</del>)) <u>(12)</u> "Department" means the department of social and 5 health services.

6 (((12))) (13) "Designated mental health professional" means a
7 mental health professional designated by the county or other authority
8 authorized in rule to perform the duties specified in this chapter.

9 (((13))) (14) "Emerging best practice" or "promising practice" 10 means a program or practice that, based on statistical analyses or a 11 well established theory of change, shows potential for meeting the 12 evidence-based or research-based criteria, which may include the use of 13 a program that is evidence-based for outcomes other than those listed 14 in subsection (((14))) (15) of this section.

(((14))) (15) "Evidence-based" means a program or practice that has 15 been tested in heterogeneous or intended populations with multiple 16 17 randomized, or statistically controlled evaluations, or both; or one 18 large multiple site randomized, or statistically controlled evaluation, 19 or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. 20 21 "Evidence-based" also means a program or practice that can be 22 implemented with a set of procedures to allow successful replication in 23 Washington and, when possible, is determined to be cost-beneficial.

((((15))) (16) "Licensed service provider" means an entity licensed 24 25 according to this chapter or chapter 71.05 RCW or an entity deemed to 26 meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a 27 28 current agreement with the department, that meets state minimum 29 standards or persons licensed under chapter 18.57, 18.71, 18.83, or 30 18.79 RCW, as it applies to registered nurses and advanced registered 31 nurse practitioners.

32 (((16))) (17) "Long-term inpatient care" means inpatient services 33 for persons committed for, or voluntarily receiving intensive treatment 34 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-35 term inpatient care" as used in this chapter does not include: (a) 36 Services for individuals committed under chapter 71.05 RCW who are 37 receiving services pursuant to a conditional release or a court-ordered

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

4 (((17))) (18) "Mental health services" means all services provided
5 by regional support networks and other services provided by the state
6 for persons who are mentally ill.

7 (((18))) (19) "Mentally ill persons," "persons who are mentally 8 ill," and "the mentally ill" mean persons and conditions defined in 9 subsections (1), (((4), (27), and (28))) (5), (28), and (29) of this 10 section.

11 (((<del>(19)</del>)) <u>(20)</u> "Recovery" means the process in which people are able 12 to live, work, learn, and participate fully in their communities.

13 ((<del>(20)</del>)) <u>(21)</u> "Regional support network" means a county authority 14 or group of county authorities or other entity recognized by the 15 secretary in contract in a defined ((<del>region</del>)) <u>regional service area</u>.

16 ((<del>(21)</del>)) <u>(22)</u> "Registration records" include all the records of the 17 department, regional support networks, treatment facilities, and other 18 persons providing services to the department, county departments, or 19 facilities which identify persons who are receiving or who at any time 20 have received services for mental illness.

21  $((\frac{22}{2}))$  (23) "Research-based" means a program or practice that has 22 been tested with a single randomized, or statistically controlled 23 evaluation, or both, demonstrating sustained desirable outcomes; or 24 where the weight of the evidence from a systemic review supports 25 sustained outcomes as described in subsection  $((\frac{14}{1}))$  (15) of this 26 section but does not meet the full criteria for evidence-based.

27 (((<del>(23)</del>))) (24) "Residential services" means a complete range of 28 residences and supports authorized by resource management services and 29 which may involve a facility, a distinct part thereof, or services 30 which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely 31 emotionally disturbed, or adults who are seriously disturbed and 32 determined by the regional support network to be at risk of becoming 33 acutely or chronically mentally ill. The services shall include at 34 35 least evaluation and treatment services as defined in chapter 71.05 36 RCW, acute crisis respite care, long-term adaptive and rehabilitative 37 care, and supervised and supported living services, and shall also 38 include any residential services developed to service persons who are

1 mentally ill in nursing homes, assisted living facilities, and adult 2 family homes, and may include outpatient services provided as an 3 element in a package of services in a supported housing model. 4 Residential services for children in out-of-home placements related to 5 their mental disorder shall not include the costs of food and shelter, 6 except for children's long-term residential facilities existing prior 7 to January 1, 1991.

8 ((<del>(24)</del>)) <u>(25)</u> "Resilience" means the personal and community 9 qualities that enable individuals to rebound from adversity, trauma, 10 tragedy, threats, or other stresses, and to live productive lives.

11 (((<del>(25)</del>)) <u>(26)</u> "Resource management services" mean the planning, 12 coordination, and authorization of residential services and community 13 support services administered pursuant to an individual service plan 14 for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely 15 emotionally disturbed; or (d) adults who are seriously disturbed and 16 17 determined solely by a regional support network to be at risk of becoming acutely or chronically mentally ill. Such planning, 18 19 coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic 20 21 screening, diagnosis, and treatment program. Resource management 22 services include seven day a week, twenty-four hour a day availability 23 of information regarding enrollment of adults and children who are 24 mentally ill in services and their individual service plan to designated mental health professionals, evaluation and treatment 25 26 facilities, and others as determined by the regional support network.

27 ((<del>(26)</del>)) <u>(27)</u> "Secretary" means the secretary of social and health 28 services.

29

((<del>(27)</del>)) <u>(28)</u> "Seriously disturbed person" means a person who:

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

33 (b) Has been on conditional release status, or under a less 34 restrictive alternative order, at some time during the preceding two 35 years from an evaluation and treatment facility or a state mental 36 health hospital;

37 (c) Has a mental disorder which causes major impairment in several38 areas of daily living;

- 1
- (d) Exhibits suicidal preoccupation or attempts; or

2 (e) Is a child diagnosed by a mental health professional, as 3 defined in chapter 71.34 RCW, as experiencing a mental disorder which 4 is clearly interfering with the child's functioning in family or school 5 or with peers or is clearly interfering with the child's personality 6 development and learning.

7 ((<del>(28)</del>)) <u>(29)</u> "Severely emotionally disturbed child" or "child who 8 is severely emotionally disturbed" means a child who has been 9 determined by the regional support network to be experiencing a mental 10 disorder as defined in chapter 71.34 RCW, including those mental 11 disorders that result in a behavioral or conduct disorder, that is 12 clearly interfering with the child's functioning in family or school or 13 with peers and who meets at least one of the following criteria:

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

16 (b) Has undergone involuntary treatment under chapter 71.34 RCW 17 within the last two years;

18 (c) Is currently served by at least one of the following child-19 serving systems: Juvenile justice, child-protection/welfare, special 20 education, or developmental disabilities;

21

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

(i) Chronic family dysfunction involving a caretaker who ismentally ill or inadequate;

24 (ii) Changes in custodial adult;

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

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

30 (v) Drug or alcohol abuse; or

31 (vi) Homelessness.

32 ((<del>(29)</del>)) <u>(30)</u> "State minimum standards" means minimum requirements 33 established by rules adopted by the secretary and necessary to 34 implement this chapter for: (a) Delivery of mental health services; 35 (b) licensed service providers for the provision of mental health 36 services; (c) residential services; and (d) community support services 37 and resource management services.

(((<del>(30)</del>)) <u>(31)</u> "Treatment records" include registration and all 1 2 other records concerning persons who are receiving or who at any time 3 have received services for mental illness, which are maintained by the department, by regional support networks and their staffs, and by 4 treatment facilities. Treatment records do not include notes or 5 records maintained for personal use by a person providing treatment 6 7 services for the department, regional support networks, or a treatment 8 facility if the notes or records are not available to others.

9 ((<del>(31)</del>)) <u>(32)</u> "Tribal authority," for the purposes of this section 10 and RCW 71.24.300 only, means: The federally recognized Indian tribes 11 and the major Indian organizations recognized by the secretary insofar 12 as these organizations do not have a financial relationship with any 13 regional support network that would present a conflict of interest.

14 **Sec. 7.** RCW 71.24.035 and 2013 c 200 s 24 are each amended to read 15 as follows:

16 (1) The department is designated as the state mental health 17 authority.

18 (2) The secretary shall provide for public, client, and licensed 19 service provider participation in developing the state mental health 20 program, developing contracts with regional support networks, and any 21 waiver request to the federal government under medicaid.

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

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

31 (5) The secretary shall:

32 (a) Develop a biennial state mental health program that 33 incorporates regional biennial needs assessments and regional mental 34 health service plans and state services for adults and children with 35 mental illness((. The secretary shall also develop a six-year state 36 mental health plan));

1 (b) Assure that any regional <u>support network</u> or county community 2 mental health program provides ((access to treatment for the region's residents, including parents who are respondents in dependency cases, 3 4 in the following order of priority: (i) Persons with acute mental illness; (ii) adults with chronic mental illness and children who are 5 б severely emotionally disturbed; and (iii) persons who are seriously

7 disturbed. Such programs shall provide:

- 8 (A) Outpatient services;

9 (B) Emergency care services for twenty-four hours per day;

10 (C) Day treatment for persons with mental illness which includes 11 training in basic living and social skills, supported work, vocational rehabilitation, and day activities. Such services may include 12 13 therapeutic treatment. In the case of a child, day treatment includes age-appropriate basic living and social skills, educational and 14 prevocational services, day activities, and therapeutic treatment; 15

16 (D) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of admission; 17 (E) Employment services, which may include supported employment, 18 19 transitional work, placement in competitive employment, and other work-20 related services, that result in persons with mental illness becoming 21 engaged in meaningful and gainful full or part-time work. Other sources of funding such as the division of vocational rehabilitation 22 may be utilized by the secretary to maximize federal funding and 23 24 provide for integration of services;

25

(F) Consultation and education services; and

26 (G) Community support services)) medically necessary services to 27 medicaid recipients consistent with the state's medicaid state plan or federal waiver authorities, and nonmedicaid services consistent with 28 priorities established by the department; 29

30 (c) Develop and adopt rules establishing state minimum standards for the delivery of mental health services pursuant to RCW 71.24.037 31 including, but not limited to: 32

(i) Licensed service providers. These rules shall permit a county-33 operated mental health program to be licensed as a service provider 34 35 subject to compliance with applicable statutes and rules. The 36 secretary shall provide for deeming of compliance with state minimum 37 standards for those entities accredited by recognized behavioral health

accrediting bodies recognized and having a current agreement with the 1 2 department;

3

(ii) Regional support networks; and

4 (iii) Inpatient services, evaluation and treatment services and facilities under chapter 71.05 RCW, resource management services, and 5 6 community support services;

7 (d) Assure that the special needs of persons who are minorities, 8 elderly, disabled, children, low-income, and parents who are respondents in dependency cases are met within 9 the priorities established in this section; 10

11 (e) Establish a standard contract or contracts, consistent with 12 state minimum standards, RCW 71.24.320 and 71.24.330, which shall be 13 used in contracting with regional support networks. The standard contract shall include a maximum fund balance, which shall be 14 15 consistent with that required by federal regulations or waiver 16 stipulations;

17 (f) Establish, to the extent possible, a standardized auditing procedure which is designed to assure compliance with contractual 18 agreements authorized by this chapter and minimizes paperwork 19 20 requirements of regional support networks and licensed service 21 providers. The audit procedure shall focus on the outcomes of service 22 ((and not the processes for accomplishing them)) as provided in RCW 23 43.20A.895 and 71.36.025;

24 (g) Develop and maintain an information system to be used by the state and regional support networks that includes a tracking method 25 26 which allows the department and regional support networks to identify 27 mental health clients' participation in any mental health service or public program on an immediate basis. The information system shall not 28 29 include individual patient's case history files. Confidentiality of 30 client information and records shall be maintained as provided in this chapter and chapter 70.02 RCW; 31

32

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

33 (i) ((Certify regional support networks that meet state minimum <del>standards;</del> 34

35  $(\mathbf{j})$ ) Periodically monitor the compliance of certified regional 36 support networks and their network of licensed service providers for 37 compliance with the contract between the department, the regional 1 support network, and federal and state rules at reasonable times and in
2 a reasonable manner;

3 (((<del>k)</del>)) (j) Fix fees to be paid by evaluation and treatment centers
4 to the secretary for the required inspections;

5 (((1))) (k) Monitor and audit regional support networks and 6 licensed service providers as needed to assure compliance with 7 contractual agreements authorized by this chapter;

8 ((<del>(m)</del>)) <u>(1)</u> Adopt such rules as are necessary to implement the 9 department's responsibilities under this chapter;

10 ((<del>(n)</del>)) <u>(m)</u> Assure the availability of an appropriate amount, as 11 determined by the legislature in the operating budget by amounts 12 appropriated for this specific purpose, of community-based, 13 geographically distributed residential services;

14 ((<del>(o)</del>)) <u>(n)</u> Certify crisis stabilization units that meet state 15 minimum standards;

16 ((<del>(p)</del>)) <u>(o)</u> Certify clubhouses that meet state minimum standards; 17 and

18  $((\frac{q}{p}))$  <u>(p)</u> Certify triage facilities that meet state minimum 19 standards.

20 (6) The secretary shall use available resources only for regional 21 support networks, except:

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

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

(7) Each certified regional support network and licensed service 28 29 provider shall file with the secretary, on request, such data, 30 statistics, schedules, and information as the secretary reasonably requires. A certified regional support network or licensed service 31 32 provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent 33 reports thereof, may have its certification or license revoked or 34 35 suspended.

(8) The secretary may suspend, revoke, limit, or restrict a
 certification or license, or refuse to grant a certification or license

1 for failure to conform to: (a) The law; (b) applicable rules and 2 regulations; (c) applicable standards; or (d) state minimum standards.

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

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

16 (11) Notwithstanding the existence or pursuit of any other remedy, 17 the secretary may file an action for an injunction or other process 18 against any person or governmental unit to restrain or prevent the 19 establishment, conduct, or operation of a regional support network or 20 service provider without certification or a license under this chapter.

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

26 (13) The standards for certification of crisis stabilization units27 shall include standards that:

(a) Permit location of the units at a jail facility if the unit isphysically separate from the general population of the jail;

30 (b) Require administration of the unit by mental health 31 professionals who direct the stabilization and rehabilitation efforts; 32 and

33 (c) Provide an environment affording security appropriate with the34 alleged criminal behavior and necessary to protect the public safety.

35 (14) The standards for certification of a clubhouse shall at a 36 minimum include:

37 (a) The facilities may be peer-operated and must be 38 recovery-focused; 1

(b) Members and employees must work together;

2 (c) Members must have the opportunity to participate in all the 3 work of the clubhouse, including administration, research, intake and 4 orientation, outreach, hiring, training and evaluation of staff, public 5 relations, advocacy, and evaluation of clubhouse effectiveness;

6 (d) Members and staff and ultimately the clubhouse director must be 7 responsible for the operation of the clubhouse, central to this 8 responsibility is the engagement of members and staff in all aspects of 9 clubhouse operations;

10 (e) Clubhouse programs must be comprised of structured activities 11 including but not limited to social skills training, vocational 12 rehabilitation, employment training and job placement, and community 13 resource development;

(f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;

18 (g) Clubhouse programs must focus on strengths, talents, and 19 abilities of its members;

(h) The work-ordered day may not include medication clinics, daytreatment, or other therapy programs within the clubhouse.

(15) The department shall distribute appropriated state and federal
 funds in accordance with any priorities, terms, or conditions specified
 in the appropriations act.

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

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

37

(a) Disburse funds for the regional support networks within sixty

days of approval of the biennial contract. The department must either
 approve or reject the biennial contract within sixty days of receipt.

3 (b) Enter into biennial contracts with regional support networks. 4 The contracts shall be consistent with available resources. No 5 contract shall be approved that does not include progress toward 6 meeting the goals of this chapter by taking responsibility for: (i) 7 Short-term commitments; (ii) residential care; and (iii) emergency 8 response systems.

9 (c) Notify regional support networks of their allocation of 10 available resources at least sixty days prior to the start of a new 11 biennial contract period.

(d) Deny all or part of the funding allocations to regional support networks based solely upon formal findings of noncompliance with the terms of the regional support network's contract with the department. Regional support networks disputing the decision of the secretary to withhold funding allocations are limited to the remedies provided in the department's contracts with the regional support networks.

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

25 **Sec. 8.** RCW 71.24.045 and 2006 c 333 s 105 are each amended to 26 read as follows:

27

The regional support network shall:

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

34 (2) Operate as a licensed service provider if it deems that doing
35 so is more efficient and cost effective than contracting for services.
36 When doing so, the regional support network shall comply with rules

1 promulgated by the secretary that shall provide measurements to 2 determine when a regional support network provided service is more 3 efficient and cost effective;

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

10 (4) Assure that the special needs of minorities, the elderly, 11 ((disabled)) individuals with disabilities, children, and low-income 12 persons are met within the priorities established in this chapter;

13 (5) Maintain patient tracking information in a central location as 14 required for resource management services and the department's 15 information system;

16 (6) Collaborate to ensure that policies do not result in an adverse 17 shift of ((mentally ill)) persons with mental illness into state and 18 local correctional facilities;

19 (7) Work with the department to expedite the enrollment or re-20 enrollment of eligible persons leaving state or local correctional 21 facilities and institutions for mental diseases;

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

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

32 Sec. 9. RCW 71.24.100 and 2012 c 117 s 442 are each amended to 33 read as follows:

A county authority or a group of county authorities may enter into a joint operating agreement to form a regional support network <u>whose</u> <u>boundaries are consistent with the regional service areas established</u>

1 <u>under section 2 of this act</u>. Any agreement between two or more county 2 authorities for the establishment of a regional support network shall 3 provide:

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

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

11 **Sec. 10.** RCW 71.24.110 and 1999 c 10 s 7 are each amended to read 12 as follows:

An agreement ((for the establishment of a community mental health program)) to contract with the state to operate a regional support <u>network</u> under RCW 71.24.100 may also provide:

16 (1) For the joint supervision or operation of services and 17 facilities, or for the supervision or operation of service and 18 facilities by one participating county under contract for the other 19 participating counties; and

(2) For such other matters as are necessary or proper to effectuatethe purposes of this chapter.

22 **Sec. 11.** RCW 71.24.340 and 2005 c 503 s 13 are each amended to 23 read as follows:

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

29 Sec. 12. RCW 71.24.420 and 2001 c 323 s 2 are each amended to read 30 as follows:

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

(1) The full amount of federal funds for mental health services,plus qualifying state expenditures as appropriated in the biennial

operating budget, shall be appropriated to the department each year in the biennial appropriations act to carry out the provisions of the community mental health service delivery system authorized in this chapter.

5 (2) The department may expend funds defined in subsection (1) of 6 this section in any manner that will effectively accomplish the outcome 7 measures ((defined in section 5 of this act)) established in RCW 8 <u>43.20A.895 and 71.36.025 and performance measures linked to those</u> 9 outcomes.

10 (3) The department shall implement strategies that accomplish the 11 outcome measures ((identified in section 5 of this act that are within 12 the funding constraints in this section)) established in RCW 43.20A.895 13 and 71.36.025 and performance measures linked to those outcomes.

14 (4) The department shall monitor expenditures against the15 appropriation levels provided for in subsection (1) of this section.

16 Sec. 13. RCW 70.96A.020 and 2001 c 13 s 1 are each amended to read 17 as follows:

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

21 (1) "Alcoholic" means a person who suffers from the disease of 22 alcoholism.

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

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

32 (4) <u>"Behavioral health services" means mental health services as</u> 33 <u>described in chapter 71.24 RCW and chemical dependency treatment</u> 34 <u>services as described in this chapter.</u>

35 (5) "Chemical dependency" means: (a) Alcoholism; (b) drug 36 addiction; or (c) dependence on alcohol and one or more other 37 psychoactive chemicals, as the context requires. 1 (((5))) (6) "Chemical dependency program" means expenditures and 2 activities of the department designed and conducted to prevent or treat 3 alcoholism and other drug addiction, including reasonable 4 administration and overhead.

5 (((<del>(6)</del>)) <u>(7)</u> "Department" means the department of social and health 6 services.

7 ((<del>(7)</del>)) <u>(8)</u> "Designated chemical dependency specialist" or 8 "specialist" means a person designated by the county alcoholism and 9 other drug addiction program coordinator designated under RCW 10 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 11 and qualified to do so by meeting standards adopted by the department.

12 ((<del>(8)</del>)) <u>(9)</u> "Director" means the person administering the chemical 13 dependency program within the department.

14 (((-9))) (10) "Drug addict" means a person who suffers from the 15 disease of drug addiction.

16 ((<del>(10)</del>)) <u>(11)</u> "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.

22 ((((11))) (12) "Emergency service patrol" means a patrol established 23 under RCW 70.96A.170.

24 ((((12))) (13) "Gravely disabled by alcohol or other psychoactive 25 chemicals" or "gravely disabled" means that a person, as a result of 26 the use of alcohol or other psychoactive chemicals: (a) Is in danger 27 of serious physical harm resulting from a failure to provide for his or 28 her essential human needs of health or safety; or (b) manifests severe 29 deterioration in routine functioning evidenced by a repeated and 30 escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or 31 32 safety.

33 ((<del>(13)</del>)) <u>(14)</u> "History of one or more violent acts" refers to the 34 period of time ten years prior to the filing of a petition under this 35 chapter, excluding any time spent, but not any violent acts committed, 36 in a mental health facility, or a long-term alcoholism or drug 37 treatment facility, or in confinement.

((((14))) (15) "Incapacitated by alcohol or other psychoactive 1 2 chemicals" means that a person, as a result of the use of alcohol or 3 other psychoactive chemicals, is gravely disabled or presents a 4 likelihood of serious harm to himself or herself, to any other person, 5 or to property.

6 (((15))) (16) "Incompetent person" means a person who has been 7 adjudged incompetent by the superior court.

8 (((16))) (17) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use 9 10 of alcohol or other psychoactive chemicals.

11 ((((17))) (18) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of 12 13 Washington.

14

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

15 (a) A substantial risk that: (i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or 16 17 attempts to commit suicide or inflict physical harm on one's self; (ii) 18 physical harm will be inflicted by an individual upon another, as 19 evidenced by behavior that has caused the harm or that places another person or persons in reasonable fear of sustaining the harm; or (iii) 20 21 physical harm will be inflicted by an individual upon the property of 22 others, as evidenced by behavior that has caused substantial loss or 23 damage to the property of others; or

(b) The individual has threatened the physical safety of another 24 and has a history of one or more violent acts. 25

26 ((<del>(19)</del>)) <u>(20)</u> "Medical necessity" for inpatient care of a minor 27 means a requested certified inpatient service that is reasonably 28 calculated to: (a) Diagnose, arrest, or alleviate a chemical 29 dependency; or (b) prevent the worsening of chemical dependency 30 conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or 31 32 cause physical deformity or malfunction, and there is no adequate less 33 restrictive alternative available.

34 ((<del>(20)</del>)) <u>(21)</u> "Minor" means a person less than ((<del>eighteen</del>)) 35 nineteen years of age.

36 (((21))) (22) "Parent" means the parent or parents who have the 37 legal right to custody of the child. Parent includes custodian or 38 guardian.

1 (((22))) (23) "Peace officer" means a law enforcement official of 2 a public agency or governmental unit, and includes persons specifically 3 given peace officer powers by any state law, local ordinance, or 4 judicial order of appointment.

((<del>(23)</del>)) <u>(24)</u> "Person" means an individual, including a minor.

6 ((<del>(24)</del>)) <u>(25)</u> "Professional person in charge" or "professional 7 person" means a physician or chemical dependency counselor as defined 8 in rule by the department, who is empowered by a certified treatment 9 program with authority to make assessment, admission, continuing care, 10 and discharge decisions on behalf of the certified program.

11 ((<del>(25)</del>)) <u>(26) "Regional support network" means a county authority,</u> 12 group of county authorities, or other entity recognized by the 13 secretary in a defined regional service area.

14 (27) "Secretary" means the secretary of the department of social 15 and health services.

(((<del>(26)</del>))) (28) "Treatment" means the broad range of emergency, 16 17 detoxification, residential, and outpatient services and care, including diagnostic evaluation, chemical dependency education and 18 counseling, medical, psychiatric, psychological, and social service 19 care, vocational rehabilitation and career counseling, which may be 20 21 extended to alcoholics and other drug addicts and their families, 22 persons incapacitated by alcohol or other psychoactive chemicals, and 23 intoxicated persons.

24 ((<del>(27)</del>)) <u>(29)</u> "Treatment program" means an organization,
 25 institution, or corporation, public or private, engaged in the care,
 26 treatment, or rehabilitation of alcoholics or other drug addicts.

27 ((<del>(28)</del>)) <u>(30)</u> "Violent act" means behavior that resulted in 28 homicide, attempted suicide, nonfatal injuries, or substantial damage 29 to property.

30 **Sec. 14.** RCW 70.96A.040 and 1989 c 270 s 5 are each amended to 31 read as follows:

32 The department, in the operation of the chemical dependency program 33 may:

34 (1) Plan, establish, and maintain prevention and treatment programs35 as necessary or desirable;

36 (2) Make contracts necessary or incidental to the performance of 37 its duties and the execution of its powers, including <u>contracts for</u>

5

behavioral health services, contracts entered into under RCW 74.09.522, or contracts with public and private agencies, organizations, and individuals to pay them for services rendered or furnished to alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, or intoxicated persons;

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

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

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

18 (6) Administer or supervise the administration of the provisions 19 relating to alcoholics, other drug addicts, and intoxicated persons of 20 any state plan submitted for federal funding pursuant to federal 21 health, welfare, or treatment legislation;

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

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 the 32 authority expressly granted to it;

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

35 **Sec. 15.** RCW 70.96A.050 and 2001 c 13 s 2 are each amended to read 36 as follows:

37 The department shall:

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

8 (2) Assure that any regional support network contract for 9 behavioral health services or program for the treatment of persons with 10 alcohol or drug use disorders provides medically necessary services to 11 medicaid recipients consistent with the state's medicaid plan or 12 federal waiver authorities, and nonmedicaid services consistent with 13 priorities established by the department;

14 (3) Coordinate the efforts and enlist the assistance of all public 15 and private agencies, organizations, and individuals interested in 16 prevention of alcoholism and drug addiction, and treatment of 17 alcoholics and other drug addicts and their families, persons 18 incapacitated by alcohol or other psychoactive chemicals, and 19 intoxicated persons;

20 (((3))) (4) Cooperate with public and private agencies in 21 establishing and conducting programs to provide treatment for 22 alcoholics and other drug addicts and their families, persons 23 incapacitated by alcohol or other psychoactive chemicals, and 24 intoxicated persons who are clients of the correctional system;

25 (((4))) (5) Cooperate with the superintendent of public 26 instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and 27 28 individuals in establishing programs for the prevention of alcoholism 29 and other drug addiction, treatment of alcoholics or other drug addicts 30 and their families, persons incapacitated by alcohol or other and intoxicated persons, and 31 psychoactive chemicals, preparing 32 curriculum materials thereon for use at all levels of school education;

33 (((<del>(5)</del>)) <u>(6)</u> Prepare, publish, evaluate, and disseminate educational 34 material dealing with the nature and effects of alcohol and other 35 psychoactive chemicals and the consequences of their use;

36 ((<del>(6)</del>)) <u>(7)</u> Develop and implement, as an integral part of treatment 37 programs, an educational program for use in the treatment of alcoholics 38 or other drug addicts, persons incapacitated by alcohol or other 1 psychoactive chemicals, and intoxicated persons, which program shall 2 include the dissemination of information concerning the nature and 3 effects of alcohol and other psychoactive chemicals, the consequences 4 of their use, the principles of recovery, and HIV and AIDS;

5 ((<del>(7)</del>)) <u>(8)</u> Organize and foster training programs for persons 6 engaged in treatment of alcoholics or other drug addicts, persons 7 incapacitated by alcohol or other psychoactive chemicals, and 8 intoxicated persons;

9 ((<del>(8)</del>)) <u>(9)</u> Sponsor and encourage research into the causes and 10 nature of alcoholism and other drug addiction, treatment of alcoholics 11 and other drug addicts, persons incapacitated by alcohol or other 12 psychoactive chemicals, and intoxicated persons, and serve as a 13 clearinghouse for information relating to alcoholism or other drug 14 addiction;

15 ((<del>(9)</del>)) <u>(10)</u> Specify uniform methods for keeping statistical 16 information by public and private agencies, organizations, and 17 individuals, and collect and make available relevant statistical 18 information, including number of persons treated, frequency of 19 admission and readmission, and frequency and duration of treatment;

20 ((<del>(10)</del>)) <u>(11)</u> Advise the governor in the preparation of a 21 comprehensive plan for treatment of alcoholics and other drug addicts, 22 persons incapacitated by alcohol or other psychoactive chemicals, and 23 intoxicated persons for inclusion in the state's comprehensive health 24 plan;

25 ((<del>(11)</del>)) <u>(12)</u> Review all state health, welfare, and treatment plans 26 to be submitted for federal funding under federal legislation, and 27 advise the governor on provisions to be included relating to alcoholism 28 and other drug addiction, persons incapacitated by alcohol or other 29 psychoactive chemicals, and intoxicated persons;

30 ((<del>(12)</del>)) <u>(13)</u> Assist in the development of, and cooperate with, 31 programs for alcohol and other psychoactive chemical education and 32 treatment for employees of state and local governments and businesses 33 and industries in the state;

34 ((<del>(13)</del>)) <u>(14)</u> Use the support and assistance of interested persons 35 in the community to encourage alcoholics and other drug addicts 36 voluntarily to undergo treatment;

37 ((<del>(14)</del>)) <u>(15)</u> Cooperate with public and private agencies in

1 establishing and conducting programs designed to deal with the problem
2 of persons operating motor vehicles while intoxicated;

3 (((15))) (16) Encourage general hospitals and other appropriate 4 health facilities to admit without discrimination alcoholics and other 5 drug addicts, persons incapacitated by alcohol or other psychoactive 6 chemicals, and intoxicated persons and to provide them with adequate 7 and appropriate treatment;

8 ((<del>(16)</del>)) <u>(17)</u> Encourage all health and disability insurance 9 programs to include alcoholism and other drug addiction as a covered 10 illness; and

((<del>(17)</del>)) <u>(18)</u> Organize and sponsor a statewide program to help court personnel, including judges, better understand the disease of alcoholism and other drug addiction and the uses of chemical dependency treatment programs.

15 Sec. 16. RCW 70.96A.080 and 1989 c 270 s 18 are each amended to 16 read as follows:

(1) <u>In coordination with the health care authority, the department</u> shall establish by ((all)) appropriate means, including contracting ((for)), <u>behavioral health</u> services, <u>including</u> a comprehensive and coordinated ((discrete)) program for the treatment of ((alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated)) persons with alcohol and drug use disorders.

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

24

25

(a) Detoxification;

26 (b) Residential treatment; and

27 (c) Outpatient treatment.

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

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

33 **Sec. 17.** RCW 70.96A.320 and 2013 c 320 s 8 are each amended to 34 read as follows:

35 (1) A county legislative authority, or two or more counties acting

jointly, may establish an alcoholism and other drug addiction program.
 If two or more counties jointly establish the program, they shall
 designate one county to provide administrative and financial services.

4 (2) To be eligible for funds from the department for the support of 5 the county alcoholism and other drug addiction program, the county 6 legislative authority shall establish a county alcoholism and other 7 drug addiction board under RCW 70.96A.300 and appoint a county 8 alcoholism and other drug addiction program coordinator under RCW 9 70.96A.310.

10 (3) The county legislative authority may apply to the department 11 for financial support for the county program of alcoholism and other 12 drug addiction. To receive financial support, the county legislative 13 authority shall submit a plan that meets the following conditions:

14 (a) It shall describe the <u>prevention</u>, <u>early intervention</u>, <u>or</u>
 15 <u>recovery support</u> services and activities to be provided;

16

(b) It shall include anticipated expenditures and revenues;

17 (c) It shall be prepared by the county alcoholism and other drug 18 addiction program board and be adopted by the county legislative 19 authority;

20 (d) It shall reflect maximum effective use of existing services and 21 programs; and

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

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

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

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

35 (7) To continue to be eligible for financial support from the 36 department for the county alcoholism and other drug addiction program, 37 an increase in state financial support shall not be used to supplant

1 local funds from a source that was used to support the county 2 alcoholism and other drug addiction program before the effective date 3 of the increase.

<u>NEW SECTION.</u> Sec. 18. Section 1 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.

8 <u>NEW SECTION.</u> Sec. 19. Sections 4 through 17 of this act take 9 effect April 1, 2016.

--- END ---