## HOUSE BILL 1916

State of Washington 64th Legislature 2015 Regular Session

By Representatives Cody and Harris

Read first time 02/02/15. Referred to Committee on Health Care & Wellness.

AN ACT Relating to integrating administrative provisions for 1 2 chemical dependency and mental health; amending RCW 71.24.035, 3 70.96A.050, 71.24.037, 70.96A.090, 71.24.385, 70.96A.350, 70.96A.035, 70.96A.055, 4 70.96C.010, 70.96A.037, 70.96A.047, 70.96A.087, 5 70.96A.170, 70.96A.180, 70.96A.095, 70.96A.096, 70.96A.097, 70.96A.235, 70.96A.240, 70.96A.245, 70.96A.250, 70.96A.265, 6 7 70.96A.300, 70.96A.310, 70.96A.320, 70.96A.400, 70.96A.800, 8 70.96A.905, 2.28.170, 9.94A.660, 10.05.020, 10.05.030, 10.05.150, 46.61.5055, and 46.61.5056; reenacting and amending RCW 71.24.025 and 9 10 70.96A.020; adding new sections to chapter 71.24 RCW; recodifying RCW 11 70.96A.035, 70.96A.040, 70.96A.043, 70.96A.047, 70.96A.050, 12 70.96A.080, 70.96A.085, 70.96A.090, 70.96A.095, 70.96A.096, 13 70.96A.097, 70.96A.170, 70.96A.180, 70.96A.230, 70.96A.235, 70.96A.240, 70.96A.255, 14 70.96A.245, 70.96A.250, 70.96A.260, 15 70.96A.265, 70.96A.300, 70.96A.310, 70.96A.320, 70.96A.350, 70.96A.410, 16 70.96A.400, 70.96A.420, 70.96A.430, 70.96A.500, 70.96A.510, 70.96A.520, 70.96A.800, 70.96A.905, and 17 70.96C.010; 18 decodifying RCW 43.135.03901; repealing RCW 70.96A.030, 70.96A.045, 70.96A.060, 70.96A.150, and 70.96A.325; and providing an effective 19 20 date.

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

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1 **Sec. 1.** RCW 71.24.025 and 2014 c 225 s 10 are each reenacted and 2 amended to read as follows:

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

- (1) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of:
- 7 (a) A mental disorder as defined in RCW 71.05.020 or, in the case 8 of a child, as defined in RCW 71.34.020;
- 9 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the 10 case of a child, a gravely disabled minor as defined in RCW 11 71.34.020; or
- 12 (c) Presenting a likelihood of serious harm as defined in RCW 13 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.
  - (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.
  - (3) "Behavioral health organization" means any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.
    - (4) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and ((chemical dependency)) substance use disorder treatment services as described in this chapter and chapter 70.96A RCW.
      - (5) "Child" means a person under the age of eighteen years.
- 31 (6) "Chronically mentally ill adult" or "adult who is chronically 32 mentally ill" means an adult who has a mental disorder and meets at 33 least one of the following criteria:
  - (a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or
- 36 (b) Has experienced a continuous psychiatric hospitalization or 37 residential treatment exceeding six months' duration within the 38 preceding year; or
- 39 (c) Has been unable to engage in any substantial gainful activity 40 by reason of any mental disorder which has lasted for a continuous

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period of not less than twelve months. "Substantial gainful activity"
shall be defined by the department by rule consistent with Public Law
92-603, as amended.

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

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 $((\frac{14}{1}))$  (13) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

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

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

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

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

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 $((\frac{19}{19}))$  (18) "Mental health services" means all services provided by behavioral health organizations and other services provided by the state for persons who are mentally ill.

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 $((\frac{(20)}{(20)}))$  "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (6), (27), and  $(28)((\frac{1}{20}))$  of this section.

 $((\frac{(21)}{)})$  (20) "Recovery" means the process in which people are able to live, work, learn, and participate fully in their communities.

 $((\frac{(22)}{)})$  (21) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

 $((\frac{(23)}{(22)}))$  "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection  $((\frac{(16)}{(16)}))$  (15) of this section but does not meet the full criteria for evidence-based.

 $((\frac{24}{24}))$  "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-ofhome placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

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 $((\frac{25}{1}))$  (24) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.

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 $((\frac{26}{1}))$  (25) "Resource management services" mean the planning, 4 coordination, and authorization of residential services and community 5 б support services administered pursuant to an individual service plan 7 for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely 8 emotionally disturbed; or (d) adults who are seriously disturbed and 9 determined solely by a behavioral health organization to be at risk 10 11 of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening 12 for children eligible under the federal Title XIX early and periodic 13 14 screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a 15 16 availability of information regarding enrollment of adults and 17 children who are mentally ill in services and their individual service plan to designated mental health professionals, evaluation 18 19 and treatment facilities, and others as determined by the behavioral 20 health organization.

21  $((\frac{27}{1}))$  (26) "Secretary" means the secretary of social and 22 health services.

 $((\frac{28}{28}))$  (27) "Seriously disturbed person" means a person who:

- (a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;
- (b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;
- 31 (c) Has a mental disorder which causes major impairment in 32 several areas of daily living;
  - (d) Exhibits suicidal preoccupation or attempts; or
- (e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.
- 39  $((\frac{(29)}{)})$  (28) "Severely emotionally disturbed child" or "child 40 who is severely emotionally disturbed" means a child who has been

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- determined by the behavioral health organization to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
- 7 (a) Has undergone inpatient treatment or placement outside of the 8 home related to a mental disorder within the last two years;
- 9 (b) Has undergone involuntary treatment under chapter 71.34 RCW 10 within the last two years;
- 11 (c) Is currently served by at least one of the following child-12 serving systems: Juvenile justice, child-protection/welfare, special 13 education, or developmental disabilities;
  - (d) Is at risk of escalating maladjustment due to:
- 15 (i) Chronic family dysfunction involving a caretaker who is 16 mentally ill or inadequate;
  - (ii) Changes in custodial adult;
- (iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
  - (iv) Subject to repeated physical abuse or neglect;
- 23 (v) Drug or alcohol abuse; or
- 24 (vi) Homelessness.

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- ((\(\frac{(30)}{)}\)) (29) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.
- 31 (30) Mental health "treatment records" include  $((\frac{31}{31}))$ registration and all other records concerning persons who are 32 receiving or who at any time have received services for mental 33 illness, which are maintained by the department, by behavioral health 34 organizations and their staffs, and by treatment facilities. 35 Treatment records do not include notes or records maintained for 36 personal use by a person providing treatment services for the 37 department, behavioral health organizations, or a treatment facility 38 39 if the notes or records are not available to others.

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 $((\frac{32}{32}))$  "Tribal authority," for the purposes of this section and RCW 71.24.300 only, means: The federally recognized Indian tribes and the major Indian organizations recognized by the secretary insofar as these organizations do not have a financial relationship with any behavioral health organization that would present a conflict of interest.

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- (32) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
- (33) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.
- (34) "Behavioral health program" means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat chemical dependency and mental illness.
- (35) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
- (36) "Designated chemical dependency specialist" means a person designated by the behavioral health organization or by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 (as recodified by this act) to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
- (37) "Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or 35 psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

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- 1 (38) "Licensed physician" means a person licensed to practice 2 medicine or osteopathic medicine and surgery in the state of
- 3 Washington.

- **Sec. 2.** RCW 71.24.035 and 2014 c 225 s 11 are each amended to read as follows:
- 6 (1) The department is designated as the state ((mental))
  7 behavioral health authority.
  - (2) The secretary shall provide for public, client, tribal, and licensed service provider participation in developing the state ((mental)) behavioral health program, developing contracts with behavioral health organizations, and any waiver request to the federal government under medicaid.
  - (3) The secretary shall provide for participation in developing the state mental 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 behavioral health organization if the behavioral health organization fails to meet state minimum standards or refuses to exercise responsibilities under its contract or RCW 71.24.045, until such time as a new behavioral health organization is designated.
  - (5) The secretary shall:
  - (a) Develop a biennial state mental health program that incorporates regional biennial needs assessments and regional mental health service plans and state services for adults and children with mental illness;
    - (b) Assure that any behavioral health organization or county community mental health program provides medically necessary services to medicaid recipients consistent with the state's medicaid state plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;
  - (c) Develop and adopt rules establishing state minimum standards for the delivery of ((mental)) behavioral health services pursuant to RCW 71.24.037 including, but not limited to:
    - (i) Licensed service providers. These rules shall permit a county-operated mental health program to be licensed as a service provider subject to compliance with applicable statutes and rules. The secretary shall provide for deeming of compliance with state minimum standards for those entities accredited by recognized

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behavioral health accrediting bodies recognized and having a current
agreement with the department;

- (ii) Inpatient services, evaluation and treatment services and facilities under chapter 71.05 RCW, resource management services, and community support services;
- (d) Assure that the special needs of persons who are minorities, elderly, disabled, children, low-income, and parents who are respondents in dependency cases are met within the priorities established in this section;
- (e) Establish a standard contract or contracts, consistent with state minimum standards which shall be used in contracting with behavioral health organizations. The standard contract shall include a maximum fund balance, which shall be consistent with that required by federal regulations or waiver stipulations;
- (f) Make contracts necessary or incidental to the performance of its duties and the execution of its powers, including managed care contracts for behavioral health services, contracts entered into under RCW 74.09.522, and contracts with public and private agencies, organizations, and individuals to pay them for behavioral health services;
- (g) Establish, to the extent possible, a standardized auditing procedure which is designed to assure compliance with contractual agreements authorized by this chapter and minimizes paperwork requirements of behavioral health organizations and licensed service providers. The audit procedure shall focus on the outcomes of service as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;
- ((\(\frac{(g)}{)}\)) (h) Develop and maintain an information system to be used by the state and behavioral health organizations that includes a tracking method which allows the department and behavioral health organizations to identify mental health clients' participation in any mental health service or public program on an immediate basis. The information system shall not include individual patient's case history files. Confidentiality of client information and records shall be maintained as provided in this chapter and chapter 70.02 RCW;
- $((\frac{h}{h}))$  <u>(i)</u> License service providers who meet state minimum 37 standards;
- $((\frac{(i)}{(i)}))$  Periodically monitor the compliance of behavioral health organizations and their network of licensed service providers for compliance with the contract between the department, the

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- behavioral health organization, and federal and state rules at
  reasonable times and in a reasonable manner;
- 3  $((\frac{(j)}{j}))$  <u>(k)</u> Fix fees to be paid by evaluation and treatment 4 centers to the secretary for the required inspections;

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- $((\frac{k}{k}))$  (1) Monitor and audit behavioral health organizations and licensed service providers as needed to assure compliance with contractual agreements authorized by this chapter;
- 8 ((<del>(1)</del>)) <u>(m)</u> Adopt such rules as are necessary to implement the department's responsibilities under this chapter;
- 10  $((\frac{m}{m}))$  <u>(n)</u> License or certify crisis stabilization units that 11 meet state minimum standards;
- 12  $((\frac{n}{n}))$  (o) License or certify clubhouses that meet state minimum 13 standards; ((and
- (0)) (p) License or certify triage facilities that meet state minimum standards; and
- 16 (q) 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 (6) The secretary shall use available resources only for 21 behavioral health organizations, except:
- 22 (a) To the extent authorized, and in accordance with any 23 priorities or conditions specified, in the biennial appropriations 24 act; or
  - (b) To incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025, integration of behavioral health and medical services at the clinical level, and improved care coordination for individuals with complex care needs.
    - (7) Each behavioral health organization and licensed service provider shall file with the secretary, on request, such data, statistics, schedules, and information as the secretary reasonably requires. A behavioral health organization or licensed service provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent reports thereof, may be subject to the behavioral health organization contractual remedies in RCW 43.20A.894 or may have its service provider certification or license revoked or suspended.
- 39 (8) The secretary may suspend, revoke, limit, or restrict a 40 certification or license, or refuse to grant a certification or

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

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- (9) The superior court may restrain any behavioral health organization or service provider from operating without a contract, certification, or a license or any other violation of this section. The court may also review, pursuant to procedures contained in chapter 34.05 RCW, any denial, suspension, limitation, restriction, or revocation of certification or license, and grant other relief required to enforce the provisions of this chapter.
- (10) Upon petition by the secretary, and after hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the secretary authorizing him or her to enter at reasonable times, and examine the records, books, and accounts of any behavioral health organization((s [organization])) or service provider refusing to consent to inspection or examination by the authority.
- (11) Notwithstanding the existence or pursuit of any other remedy, the secretary may file an action for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, or operation of a behavioral health organization or service provider without a contract, certification, or a license under this chapter.
- (12) ((The standards for certification or licensure of evaluation and treatment facilities shall include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall otherwise assure the effectuation of the purposes of these chapters.
- 30 (13) The standards for certification or licensure of crisis 31 stabilization units shall include standards that:
- 32 (a) Permit location of the units at a jail facility if the unit 33 is physically separate from the general population of the jail;
- 34 (b) Require administration of the unit by mental health 35 professionals who direct the stabilization and rehabilitation 36 efforts; and
- 37 (c) Provide an environment affording security appropriate with 38 the alleged criminal behavior and necessary to protect the public 39 safety.

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- (14) The standards for certification or licensure of a clubhouse shall at a minimum include:
- (a) The facilities may be peer-operated and must be recovery-focused;
  - (b) Members and employees must work together;

- (c) Members must have the opportunity to participate in all the work of the clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, advocacy, and evaluation of clubhouse effectiveness;
- (d) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;
- (e) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;
- (f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;
- 23 (g) Clubhouse programs must focus on strengths, talents, and 24 abilities of its members;
  - (h) The work-ordered day may not include medication clinics, day treatment, or other therapy programs within the clubhouse.
  - (15))) The department shall distribute appropriated state and federal funds in accordance with any priorities, terms, or conditions specified in the appropriations act.
  - (((16))) (13) The secretary shall assume all duties assigned to the nonparticipating behavioral health organizations under chapters 71.05 and 71.34 RCW and this chapter. Such responsibilities shall include those which would have been assigned to the nonparticipating counties in regions where there are not participating behavioral health organizations.
  - The behavioral health organizations, 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.

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1 Nothing in these plans shall be inconsistent with the intent and 2 requirements of this chapter.

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

- (a) Disburse funds for the behavioral health organizations within sixty days of approval of the biennial contract. The department must either approve or reject the biennial contract within sixty days of receipt.
- (b) Enter into biennial contracts with behavioral health organizations. The contracts shall be consistent with available resources. No contract shall be approved that does not include progress toward meeting the goals of this chapter by taking responsibility for: (i) Short-term commitments; (ii) residential care; and (iii) emergency response systems.
- (c) Notify behavioral health organizations of their allocation of available resources at least sixty days prior to the start of a new biennial contract period.
- (d) Deny all or part of the funding allocations to behavioral health organizations based solely upon formal findings of noncompliance with the terms of the behavioral health organization's contract with the department. Behavioral health organizations disputing the decision of the secretary to withhold funding allocations are limited to the remedies provided in the department's contracts with the behavioral health organizations.
- ((\(\frac{(18)}{18}\))) (15) 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.
  - (16) The department may:
- 33 <u>(a) Plan, establish, and maintain substance use disorder</u> 34 <u>prevention and substance use disorder treatment programs as necessary</u> 35 <u>or desirable;</u>
  - (b) Coordinate its activities and cooperate with behavioral programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this and other states for behavioral health services and for the common advancement of substance use disorder programs;

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- 1 (c) Solicit and accept for use any gift of money or property made
  2 by will or otherwise, and any grant of money, services, or property
  3 from the federal government, the state, or any political subdivision
  4 thereof or any private source, and do all things necessary to
  5 cooperate with the federal government or any of its agencies in
  6 making an application for any grant;
- 7 (d) Keep records and engage in research and the gathering of 8 relevant statistics; and
- 9 <u>(e) Acquire, hold, or dispose of real property or any interest</u> 10 <u>therein, and construct, lease, or otherwise provide substance use</u> 11 disorder treatment programs.
- **Sec. 3.** RCW 70.96A.050 and 2014 c 225 s 23 are each amended to 13 read as follows:

14 The department shall:

- (1) Develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and other drug addiction, treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons in cooperation with public and private agencies, organizations, and individuals and provide technical assistance and consultation services for these purposes;
- (2) Assure that any behavioral health organization managed care contract, or managed care contract under RCW 74.09.522 for behavioral health services or programs for the treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons provides medically necessary services to medicaid recipients. This must include a continuum of mental health and ((chemical dependency)) substance use disorder services consistent with the state's medicaid plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;
- (3) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and drug addiction, and treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;

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

- (5) Cooperate with the superintendent of public instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of ((alcoholism and other drug addiction)) substance use disorders, treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and preparing curriculum materials thereon for use at all levels of school education;
- (6) Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and other psychoactive chemicals and the consequences of their use;
- (7) Develop and implement, as an integral part of <u>substance use</u> <u>disorder</u> treatment programs, an educational program for use in the treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, which program shall include the dissemination of information concerning the nature and effects of alcohol and other psychoactive chemicals, the consequences of their use, the principles of recovery, and HIV and AIDS;
- (8) Organize and foster training programs for persons engaged in treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;
- (9) Sponsor and encourage research into the causes and nature of ((alcoholism and other drug addiction)) substance use disorders, treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and serve as a clearinghouse for information relating to ((alcoholism or other drug addiction)) substance use disorders;
- 37 (10) Specify uniform methods for keeping statistical information 38 by public and private agencies, organizations, and individuals, and 39 collect and make available relevant statistical information,

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including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

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- (11) Advise the governor in the preparation of a comprehensive plan for treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons for inclusion in the state's comprehensive health plan;
- 8 (12) Review all state health, welfare, and treatment plans to be 9 submitted for federal funding under federal legislation, and advise 10 the governor on provisions to be included relating to substance use 11 disorders;
  - (13) Assist in the development of, and cooperate with, programs for alcohol and other psychoactive chemical education and treatment for employees of state and local governments and businesses and industries in the state;
  - (14) Use the support and assistance of interested persons in the community to encourage persons with substance use disorders voluntarily to undergo treatment;
- 19 (15) Cooperate with public and private agencies in establishing 20 and conducting programs designed to deal with the problem of persons 21 operating motor vehicles while intoxicated;
  - (16) Encourage general hospitals and other appropriate health facilities to admit without discrimination persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and to provide them with adequate and appropriate treatment;
- 27 (17) Encourage all health and disability insurance programs to 28 include ((alcoholism and other drug addiction)) substance use 29 disorders as a covered illness; and
- 30 (18) Organize and sponsor a statewide program to help court 31 personnel, including judges, better understand ((the disease of 32 alcoholism and other drug addiction)) substance use disorders and the 33 uses of ((chemical dependency)) substance use disorder treatment 34 programs.
- 35 **Sec. 4.** RCW 71.24.037 and 2001 c 323 s 11 are each amended to 36 read as follows:
- 37 (1) The secretary shall by rule establish state minimum standards 38 for licensed <u>behavioral health</u> service providers and services, 39 <u>whether those service providers and services are licensed to provide</u>

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solely mental health services, substance use disorder treatment services, or services to persons with co-occurring disorders.

- (2) Minimum standards for licensed <u>behavioral health</u> service providers shall, at a minimum, establish: Qualifications for staff providing services directly to ((mentally ill)) persons <u>with behavioral health disorders</u>, the intended result of each service, and the rights and responsibilities of persons receiving ((mental)) <u>behavioral</u> health services pursuant to this chapter. The secretary shall provide for deeming of licensed <u>behavioral health</u> service providers as meeting state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department.
- (3) Minimum standards for community support services and resource management services shall include at least qualifications for resource management services, client tracking systems, and the transfer of patient information between <u>behavioral health</u> service providers.
- (4) The department may suspend, revoke, limit, restrict, or modify an approval, or refuse to grant approval, for failure to meet the provisions of this chapter, or the standards adopted under this chapter. RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification and provides the right to an adjudicative proceeding.
- (5) No licensed behavioral health service provider may advertise or represent itself as a licensed behavioral health service provider if approval has not been granted, has been denied, suspended, revoked, or canceled.
- (6) Licensure as a licensed behavioral health service provider must specify the types of services provided that meet the standards adopted under this chapter. Renewal of a license must be made in accordance with this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.
- (7) Licensed behavioral health service providers may not provide types of services for which the licensed behavioral health service provider has not been certified. Licensed behavioral health service providers may provide services for which approval has been sought and is pending, if approval for the services has not been previously revoked or denied.

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1 (8) The department periodically shall inspect licensed behavioral 2 health service providers at reasonable times and in a reasonable 3 manner.

- (9) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any licensed behavioral health service provider refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter.
- 12 <u>(10) The department shall maintain and periodically publish a</u>
  13 <u>current list of licensed behavioral health service providers.</u>
  - (11) Each licensed behavioral health service provider shall file with the department upon request, data, statistics, schedules, and information the department reasonably requires. A licensed behavioral health service provider that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns thereof, may have its license revoked or suspended.
  - (12) The department shall use the data provided in subsection (11) of this section to evaluate each program that admits children to inpatient substance use disorder treatment upon application of their parents. The evaluation must be done at least once every twelve months. In addition, the department shall randomly select and review the information on individual children who are admitted on application of the child's parent for the purpose of determining whether the child was appropriately placed into substance use disorder treatment based on an objective evaluation of the child's condition and the outcome of the child's treatment.
- **Sec. 5.** RCW 70.96A.090 and 2005 c 70 s 2 are each amended to 32 read as follows:
  - (1) ((The department shall adopt rules establishing standards for approved treatment programs, the process for the review and inspection program applying to the department for certification as an approved treatment program, and fixing the fees to be charged by the department for the required inspections. The standards may concern the health standards to be met and standards of services and treatment to be afforded patients.

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(2) The department may suspend, revoke, limit, restrict, or modify an approval, or refuse to grant approval, for failure to meet the provisions of this chapter, or the standards adopted under this chapter. RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification and provides the right to an adjudicative proceeding.

- (3) No treatment program may advertise or represent itself as an approved treatment program if approval has not been granted, has been denied, suspended, revoked, or canceled.
- (4) Certification as an approved treatment program is effective for one calendar year from the date of issuance of the certificate. The certification shall specify the types of services provided by the approved treatment program that meet the standards adopted under this chapter. Renewal of certification shall be made in accordance with this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.
- (5) Approved treatment programs shall not provide alcoholism or other drug addiction treatment services for which the approved treatment program has not been certified. Approved treatment programs may provide services for which approval has been sought and is pending, if approval for the services has not been previously revoked or denied.
- (6) The department periodically shall inspect approved public and private treatment programs at reasonable times and in a reasonable manner.
- (7) The department shall maintain and periodically publish a current list of approved treatment programs.
- (8) Each approved treatment program shall file with the department on request, data, statistics, schedules, and information the department reasonably requires. An approved treatment program that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns thereof, may be removed from the list of approved treatment programs, and its certification revoked or suspended.
- (9) The department shall use the data provided in subsection (8) of this section to evaluate each program that admits children to inpatient treatment upon application of their parents. The evaluation shall be done at least once every twelve months. In addition, the department shall randomly select and review the information on individual children who are admitted on application of the child's

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parent for the purpose of determining whether the child was appropriately placed into treatment based on an objective evaluation of the child's condition and the outcome of the child's treatment.

(10) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any approved public or private treatment program refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter.

(11)(a)) All approved opiate substitution treatment programs that provide services to women who are pregnant are required to disseminate up-to-date and accurate health education information to all their pregnant clients concerning the possible addiction and health risks that their opiate substitution treatment may have on their baby. All pregnant clients must also be advised of the risks to both them and their baby associated with not remaining on the opiate substitute program. The information must be provided to these clients both verbally and in writing. The health education information provided to the pregnant clients must include referral options for the addicted baby.

((\(\frac{(\frac{(b)}{)}}{)}\) (2) The department shall adopt rules that require all opiate treatment programs to educate all pregnant women in their program on the benefits and risks of methadone treatment to their fetus before they are provided these medications, as part of their addiction treatment. The department shall meet the requirements under this subsection within the appropriations provided for opiate treatment programs. The department, working with treatment providers and medical experts, shall develop and disseminate the educational materials to all certified opiate treatment programs.

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

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

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- NEW SECTION. Sec. 7. A new section is added to chapter 71.24 RCW to read as follows:
- 3 The standards for certification or licensure of crisis 4 stabilization units must include standards that:
- 5 (1) Permit location of the units at a jail facility if the unit 6 is physically separate from the general population of the jail;
- 7 (2) Require administration of the unit by mental health 8 professionals who direct the stabilization and rehabilitation 9 efforts; and
- 10 (3) Provide an environment affording security appropriate with 11 the alleged criminal behavior and necessary to protect the public 12 safety.
- NEW SECTION. Sec. 8. A new section is added to chapter 71.24
  RCW to read as follows:
- The standards for certification or licensure of a clubhouse must at a minimum include:
- 17 (1) The facilities may be peer-operated and must be 18 recovery-focused;
- 19 (2) Members and employees must work together;

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- 20 (3) Members must have the opportunity to participate in all the 21 work of the clubhouse, including administration, research, intake and 22 orientation, outreach, hiring, training and evaluation of staff, 23 public relations, advocacy, and evaluation of clubhouse 24 effectiveness;
  - (4) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;
- (5) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;
  - (6) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;
- 37 (7) Clubhouse programs must focus on strengths, talents, and 38 abilities of its members;

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- 1 (8) The work-ordered day may not include medication clinics, day 2 treatment, or other therapy programs within the clubhouse.
- Sec. 9. RCW 71.24.385 and 2014 c 225 s 9 are each amended to 3 read as follows: 4
- 5 (1) Within funds appropriated by the legislature for this purpose, behavioral health organizations shall develop the means to б serve the needs of people: 7
- (a) With mental disorders residing within the boundaries of their 8 regional service area. Elements of the program may include: 9
- 10 ((<del>(a)</del>)) <u>(i)</u> Crisis diversion services;
- 11  $((\frac{b}{b}))$  (ii) Evaluation and treatment and community hospital 12 beds;
- 13 ((<del>(c)</del>)) <u>(iii)</u> Residential treatment;
- ((<del>(d)</del>)) <u>(iv)</u> Programs for intensive community treatment; 14
- ((<del>(e)</del>)) <u>(v)</u> Outpatient services; 15
- 16 ((<del>(f)</del>)) <u>(vi)</u> Peer support services;
- 17 ((<del>(g)</del>)) <u>(vii)</u> Community support services;
- ((<del>(h)</del>)) <u>(viii)</u> Resource management services; and 18
- 19 (((i))) (ix) Supported housing and supported employment services.
- (b) With substance use disorders and their families, people 20 incapacitated by alcohol or other psychoactive chemicals, and 21 intoxicated people. 22
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  - (i) Elements of the program shall include, but not necessarily be 24 limited to, a continuum of substance use disorder treatment services 25 that includes:
  - 26 (A) Withdrawal management;
  - 27 (B) Residential treatment; and
  - 28 (C) Outpatient treatment.
  - (ii) The program may include peer support, supported housing, 29 supported employment, crisis diversion, or recovery support services. 30
  - 31 (iii) The department may contract for the use of an approved substance use disorder treatment program or other individual or 32 organization if the secretary considers this to be an effective and 33
  - economical course to follow. 34
  - 35 (2) The behavioral health organization shall have flexibility, within the funds appropriated by the legislature for 36 this purpose and the terms of their contract, to design the mix of 37 38 services that will be most effective within their service area of meeting the needs of people with ((mental)) behavioral health 39

p. 23 HB 1916 disorders and avoiding placement of such individuals at the state mental hospital. Behavioral health organizations are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.

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- (3)(a) Treatment provided under this chapter must be purchased primarily through managed care contracts.
- 8 (b) Consistent with RCW 70.96A.350 (as recodified by this act),
  9 services and funding provided through the criminal justice treatment
  10 account are intended to be exempted from managed care contracting.
- 11 **Sec. 10.** RCW 70.96A.350 and 2013 2nd sp.s. c 4 s 990 are each 12 amended to read as follows:
  - (1) The criminal justice treatment account is created in the state treasury. Moneys in the account may be expended solely for: (a) Substance ((abuse)) use disorder treatment and treatment support services for offenders with ((an addiction or a substance abuse problem)) a substance use disorder that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington state; (b) the provision of ((drug and alcohol)) <u>substance use disorder</u> treatment services and treatment support services for nonviolent offenders within a drug court program; and (c) the administrative and overhead costs associated with the operation of a drug court((; and (d) during the 2011-2013 biennium, the legislature may appropriate up to three million dollars from the account in order to offset reductions in the state general fund for treatment services provided by counties. This amount is not subject to the requirements of subsections (5) through (9) of this section. During the 2013-2015 fiscal biennium, the legislature may transfer from the criminal justice treatment account to the state general fund amounts as reflect the state savings associated with the implementation of the medicaid expansion of the federal affordable care act)). Moneys in the account may be spent only after appropriation.
    - (2) For purposes of this section:
    - (a) "Treatment" means services that are critical to a participant's successful completion of his or her substance ((abuse)) use disorder treatment program, but does not include the following services: Housing other than that provided as part of an inpatient

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substance ((abuse)) use disorder treatment program, vocational training, and mental health counseling; and

- (b) "Treatment support" means transportation to or from inpatient or outpatient treatment services when no viable alternative exists, and child care services that are necessary to ensure a participant's ability to attend outpatient treatment sessions.
- (3) Revenues to the criminal justice treatment account consist of: (a) Funds transferred to the account pursuant to this section; and (b) any other revenues appropriated to or deposited in the account.
- (4)(a) ((For the fiscal biennium beginning July 1, 2003, the state treasurer shall transfer eight million nine hundred fifty thousand dollars from the general fund into the criminal justice treatment account, divided into eight equal quarterly payments.)) For the fiscal year beginning July 1, 2005, and each subsequent fiscal year, the state treasurer shall transfer eight million two hundred fifty thousand dollars from the general fund to the criminal justice treatment account, divided into four equal quarterly payments. For the fiscal year beginning July 1, 2006, and each subsequent fiscal year, the amount transferred shall be increased on an annual basis by the implicit price deflator as published by the federal bureau of labor statistics.
- (b) In each odd-numbered year, the legislature shall appropriate the amount transferred to the criminal justice treatment account in (a) of this subsection to the division of alcohol and substance abuse for the purposes of subsection (5) of this section.
  - (5) Moneys appropriated to the ((division of alcohol and substance abuse)) department from the criminal justice treatment account shall be distributed as specified in this subsection. The department ((shall serve as the fiscal agent for purposes of distribution. Until July 1, 2004, the department may not use moneys appropriated from the criminal justice treatment account for administrative expenses and shall distribute all amounts appropriated under subsection (4)(b) of this section in accordance with this subsection. Beginning in July 1, 2004, the department)) may retain up to three percent of the amount appropriated under subsection (4)(b) of this section for its administrative costs.
- (a) Seventy percent of amounts appropriated to the division from the account shall be distributed to counties pursuant to the distribution formula adopted under this section. The division of

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alcohol and substance abuse, in consultation with the department of corrections, the Washington state association of counties, the Washington state association of drug court professionals, the superior court judges' association, the Washington association of prosecuting attorneys, representatives of the criminal defense bar, representatives of substance ((abuse)) use disorder treatment providers, and any other person deemed by the division to be necessary, shall establish a fair and reasonable methodology for distribution to counties of moneys in the criminal justice treatment account. County or regional plans submitted for the expenditure of formula funds must be approved by the panel established in (b) of this subsection.

- (b) Thirty percent of the amounts appropriated to the division from the account shall be distributed as grants for purposes of treating offenders against whom charges are filed by a county prosecuting attorney. The division shall appoint a panel of representatives from the Washington association of prosecuting attorneys, the Washington association of sheriffs and police chiefs, the superior court judges' association, the Washington state association of counties, the Washington defender's association or the Washington association of criminal defense lawyers, the department of corrections, the Washington state association of drug court professionals, substance ((abuse)) use disorder treatment providers, and the division. The panel shall review county or regional plans for funding under (a) of this subsection and grants approved under this subsection. The panel shall attempt to ensure that treatment as funded by the grants is available to offenders statewide.
- (6) The county alcohol and drug coordinator, county prosecutor, county sheriff, county superior court, a substance abuse treatment provider appointed by the county legislative authority, a member of the criminal defense bar appointed by the county legislative authority, and, in counties with a drug court, a representative of the drug court shall jointly submit a plan, approved by the county legislative authority or authorities, to the panel established in subsection (5)(b) of this section, for disposition of all the funds provided from the criminal justice treatment account within that county. The funds shall be used solely to provide approved alcohol and substance abuse treatment pursuant to RCW 70.96A.090 (as recodified by this act), treatment support services, and for the

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administrative and overhead costs associated with the operation of a drug court.

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- (a) No more than ten percent of the total moneys received under subsections (4) and (5) of this section by a county or group of counties participating in a regional agreement shall be spent on the administrative and overhead costs associated with the operation of a drug court.
- 8 (b) No more than ten percent of the total moneys received under 9 subsections (4) and (5) of this section by a county or group of 10 counties participating in a regional agreement shall be spent for 11 treatment support services.
- 12 (7) Counties are encouraged to consider regional agreements and 13 submit regional plans for the efficient delivery of treatment under 14 this section.
- 15 (8) Moneys allocated under this section shall be used to 16 supplement, not supplant, other federal, state, and local funds used 17 for substance abuse treatment.
- 18 (9) Counties must meet the criteria established in RCW 19 2.28.170(3)(b).
- 20 (10) The authority under this section to use funds from the 21 criminal justice treatment account for the administrative and 22 overhead costs associated with the operation of a drug court expires 23 June 30, 2015.
- 24 **Sec. 11.** RCW 70.96A.035 and 2005 c 504 s 302 are each amended to 25 read as follows:
  - (1) ((Not later than January 1, 2007,)) All persons providing treatment under this chapter shall also implement the integrated comprehensive screening and assessment process for chemical dependency and mental disorders adopted pursuant to RCW 70.96C.010 and shall document the numbers of clients with co-occurring mental and substance abuse disorders based on a quadrant system of low and high needs.
- 33 (2) Treatment providers contracted to provide treatment under 34 this chapter who fail to implement the integrated comprehensive 35 screening and assessment process for chemical dependency and mental 36 disorders ((by July 1, 2007,)) are subject to contractual penalties 37 established under RCW 70.96C.010 (as recodified by this act).

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- **Sec. 12.** RCW 70.96C.010 and 2014 c 225 s 77 are each amended to 2 read as follows:
  - (1) The department of social and health services((, in consultation with the members of the team charged with developing the state plan for co-occurring mental and substance abuse disorders, shall adopt, not later than January 1, 2006,)) shall maintain an integrated and comprehensive screening and assessment process for ((chemical dependency)) substance use and mental disorders and co-occurring ((chemical dependency)) substance use and mental disorders.
    - (a) The process adopted shall include, at a minimum:

- (i) An initial screening tool that can be used by intake personnel system-wide and which will identify the most common types of co-occurring disorders;
- (ii) An assessment process for those cases in which assessment is indicated that provides an appropriate degree of assessment for most situations, which can be expanded for complex situations;
- (iii) Identification of triggers in the screening that indicate the need to begin an assessment;
- 19 (iv) Identification of triggers after or outside the screening 20 that indicate a need to begin or resume an assessment;
- (v) The components of an assessment process and a protocol for determining whether part or all of the assessment is necessary, and at what point; and
  - (vi) Emphasis that the process adopted under this section is to replace and not to duplicate existing intake, screening, and assessment tools and processes.
  - (b) The department shall consider existing models, including those already adopted by other states, and to the extent possible, adopt an established, proven model.
  - (c) The integrated, comprehensive screening and assessment process shall be implemented statewide by all ((chemical dependency)) substance use disorder and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders ((not later than January 1, 2007)).
  - (2) The department shall provide adequate training to effect statewide implementation by the dates designated in this section and shall report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.

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- 1 (3) The department shall establish contractual penalties to contracted treatment providers, the behavioral health organizations, and their contracted providers for failure to implement the integrated screening and assessment process ((by July 1, 2007)).
- **Sec. 13.** RCW 70.96A.037 and 2011 c 89 s 9 are each amended to 6 read as follows:

- (1) The department of social and health services shall contract for chemical dependency specialist services at division of children and family services offices to enhance the timeliness and quality of child protective services assessments and to better connect families to needed treatment services.
- (2) The chemical dependency specialist's duties may include, but are not limited to: Conducting on-site ((chemical dependency)) substance use disorder screening and assessment, facilitating progress reports to department employees, in-service training of department employees and staff on substance ((abuse)) use disorder issues, referring clients from the department to treatment providers, and providing consultation on cases to department employees.
- 19 (3) The department of social and health services shall provide 20 training in and ensure that each case-carrying employee is trained in 21 uniform screening for mental health and ((chemical dependency)) 22 substance use disorder.
- **Sec. 14.** RCW 70.96A.047 and 1989 c 270 s 11 are each amended to 24 read as follows:

Except as provided in this chapter, the secretary shall not approve any <u>substance</u> use <u>disorder</u> facility, plan, or program for financial assistance under RCW 70.96A.040 (as recodified by this act) unless at least ten percent of the amount spent for the facility, plan, or program is provided from local public or private sources. When deemed necessary to maintain public standards of care in the <u>substance</u> use <u>disorder</u> facility, plan, or program, the secretary may require the <u>substance</u> use <u>disorder</u> facility, plan, or program to provide up to fifty percent of the total spent for the program through fees, gifts, contributions, or volunteer services. The secretary shall determine the value of the gifts, contributions, and volunteer services.

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- **Sec. 15.** RCW 70.96A.055 and 1999 c 197 s 10 are each amended to read as follows:
- The department shall contract with counties operating drug courts and counties in the process of implementing new drug courts for the provision of ((drug and alcohol)) substance use disorder treatment services.
- **Sec. 16.** RCW 70.96A.087 and 1989 c 270 s 13 are each amended to 8 read as follows:
- To be eligible to receive its share of liquor taxes and profits, each city and county shall devote no less than two percent of its share of liquor taxes and profits to the support of a <u>substance use disorder</u> program ((of alcoholism and other drug addiction)) approved by the ((alcoholism and other drug addiction)) <u>substance use disorder treatment</u> board authorized by RCW 70.96A.300 (as recodified by this act) and the secretary.
- **Sec. 17.** RCW 70.96A.170 and 1989 c 270 s 30 are each amended to read as follows:

- (1) The state and counties, cities, and other municipalities may establish or contract for emergency service patrols which are to be under the administration of the appropriate jurisdiction. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and may transport intoxicated persons to their homes and to and from <u>substance use disorder</u> treatment programs.
- 26 (2) The secretary shall adopt rules pursuant to chapter 34.05 RCW 27 for the establishment, training, and conduct of emergency service 28 patrols.
- **Sec. 18.** RCW 70.96A.180 and 2012 c 117 s 413 are each amended to 30 read as follows:
- 31 (1) If <u>substance use disorder</u> treatment is provided by an approved <u>substance use disorder</u> treatment program and the patient has not paid or is unable to pay the charge therefor, the program is entitled to any payment (a) received by the patient or to which he or she may be entitled because of the services rendered, and (b) from any public or private source available to the program because of the treatment provided to the patient.

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- 1 (2) A patient in a <u>substance use disorder</u> program, or the estate 2 of the patient, or a person obligated to provide for the cost of 3 treatment and having sufficient financial ability, is liable to the 4 program for cost of maintenance and treatment of the patient therein 5 in accordance with rates established.
- 6 (3) The secretary shall adopt rules governing financial ability 7 that take into consideration the income, savings, and other personal 8 and real property of the person required to pay, and any support 9 being furnished by him or her to any person he or she is required by 10 law to support.
- 11 **Sec. 19.** RCW 70.96A.095 and 1998 c 296 s 23 are each amended to 12 read as follows:
- Any person thirteen years of age or older may give consent for himself or herself to the furnishing of outpatient treatment by a ((chemical dependency)) substance use disorder treatment program certified by the department. Parental authorization is required for any treatment of a minor under the age of thirteen.
- 18 **Sec. 20.** RCW 70.96A.096 and 1996 c 133 s 5 are each amended to 19 read as follows:
- School district personnel who contact a ((chemical dependency))

  substance use disorder inpatient treatment program or provider for

  the purpose of referring a student to inpatient treatment shall

  provide the parents with notice of the contact within forty-eight
  hours.
- 25 **Sec. 21.** RCW 70.96A.097 and 1998 c 296 s 28 are each amended to 26 read as follows:
- (1) The department shall ensure that, for any minor admitted to 27 28 inpatient treatment under RCW 70.96A.245 (as recodified by this act), a review is conducted by a physician or chemical dependency 29 counselor, as defined in rule by the department, who is employed by 30 the department or an agency under contract with the department and 31 who neither has a financial interest in continued inpatient treatment 32 33 of the minor nor is affiliated with the program providing the treatment. The physician or chemical dependency counselor shall 34 conduct the review not less than seven nor more than fourteen days 35 following the date the minor was brought to the facility under RCW 36 70.96A.245(1) (as recodified by this act) to determine whether it is 37

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1 a medical necessity to continue the minor's treatment on an inpatient 2 basis.

- (2) In making a determination under subsection (1) of this section whether it is a medical necessity to release the minor from inpatient treatment, the department shall consider the opinion of the treatment provider, the safety of the minor, the likelihood the minor's ((chemical dependency)) substance use disorder recovery will deteriorate if released from inpatient treatment, and the wishes of the parent.
- (3) If, after any review conducted by the department under this section, the department determines it is no longer a medical necessity for a minor to receive inpatient treatment, the department shall immediately notify the parents and the professional person in charge. The professional person in charge shall release the minor to the parents within twenty-four hours of receiving notice. If the professional person in charge and the parent believe that it is a medical necessity for the minor to remain in inpatient treatment, the minor shall be released to the parent on the second judicial day following the department's determination in order to allow the parent time to file an at-risk youth petition under chapter 13.32A RCW. If the department determines it is a medical necessity for the minor to receive outpatient treatment and the minor declines to obtain such treatment, such refusal shall be grounds for the parent to file an at-risk youth petition.
  - (4) The department may, subject to available funds, contract with other governmental agencies for the conduct of the reviews conducted under this section and may seek reimbursement from the parents, their insurance, or medicaid for the expense of any review conducted by an agency under contract.
- 30 (5) In addition to the review required under this section, the 31 department may periodically determine and redetermine the medical 32 necessity of treatment for purposes of payment with public funds.
- **Sec. 22.** RCW 70.96A.235 and 1998 c 296 s 25 are each amended to read as follows:
- Parental consent is required for inpatient ((chemical dependency)) substance use disorder treatment of a minor, unless the child meets the definition of a child in need of services in RCW 13.32A.030((4))) (5)(c) as determined by the department: PROVIDED,

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- 1 That parental consent is required for any treatment of a minor under
- 2 the age of thirteen.
- 3 This section does not apply to petitions filed under this
- 4 chapter.

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- 5 **Sec. 23.** RCW 70.96A.240 and 1998 c 296 s 26 are each amended to 6 read as follows:
- 7 (1) The parent of a minor is not liable for payment of inpatient 8 or outpatient ((chemical dependency)) substance use disorder 9 treatment unless the parent has joined in the consent to the 10 treatment.
- 11 (2) The ability of a parent to apply to a certified treatment 12 program for the admission of his or her minor child does not create a 13 right to obtain or benefit from any funds or resources of the state. 14 However, the state may provide services for indigent minors to the 15 extent that funds are available therefor.
- 16 **Sec. 24.** RCW 70.96A.245 and 1998 c 296 s 27 are each amended to read as follows:
  - (1) A parent may bring, or authorize the bringing of, his or her minor child to a certified treatment program and request that a ((chemical dependency)) substance use disorder assessment be conducted by a professional person to determine whether the minor ((is chemically dependent)) has a substance use disorder and in need of inpatient treatment.
  - (2) The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to the program.
  - (3) An appropriately trained professional person may evaluate whether the minor ((is chemically dependent)) has a substance use disorder. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the program, unless the professional person determines that the condition of the minor necessitates additional time for evaluation. In no event shall a minor be held longer than seventy-two hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the minor to receive inpatient treatment, the minor may be held for treatment. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has

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- been completed. Within twenty-four hours of completion of the
  evaluation, the professional person shall notify the department if
  the child is held for treatment and of the date of admission.
- 4 (4) No provider is obligated to provide treatment to a minor 5 under the provisions of this section. No provider may admit a minor 6 to treatment under this section unless it is medically necessary.
- 7 (5) No minor receiving inpatient treatment under this section may 8 be discharged from the program based solely on his or her request.
- 9 **Sec. 25.** RCW 70.96A.250 and 1998 c 296 s 29 are each amended to 10 read as follows:
- (1) A parent may bring, or authorize the bringing of, his or her minor child to a provider of outpatient ((chemical dependency))

  substance use disorder treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a ((chemical dependency)) substance use disorder and is in need of outpatient treatment.
- 17 (2) The consent of the minor is not required for evaluation if 18 the parent brings the minor to the provider.
- 19 (3) The professional person in charge of the program may evaluate 20 whether the minor has a ((chemical dependency)) substance use 21 disorder and is in need of outpatient treatment.
- 22 (4) Any minor admitted to inpatient treatment under RCW 23 70.96A.245 (as recodified by this act) shall be discharged 24 immediately from inpatient treatment upon written request of the 25 parent.
- 26 **Sec. 26.** RCW 70.96A.265 and 1998 c 296 s 32 are each amended to read as follows:

For purposes of eligibility for medical assistance under chapter 28 29 74.09 RCW, minors in inpatient ((chemical dependency)) substance use 30 disorder treatment shall be considered to be part of their parent's or legal guardian's household, unless the minor has been assessed by 31 the department or its designee as likely to require such treatment 32 for at least ninety consecutive days, or is in out-of-home care in 33 accordance with chapter 13.34 RCW, or the parents are found to not be 34 exercising responsibility for care and control of the minor. Payment 35 for such care by the department shall be made only in accordance with 36 rules, guidelines, and clinical criteria applicable to inpatient 37 treatment of minors established by the department. 38

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**Sec. 27.** RCW 70.96A.300 and 2014 c 225 s 31 are each amended to 2 read as follows:

- (1) A county or combination of counties acting jointly by agreement, referred to as "county" in this chapter, may create ((an alcoholism and other drug addiction)) a substance use disorder treatment board. This board may also be designated as a board for other related purposes.
- (2) The board shall be composed of not less than seven nor more than fifteen members, who shall be chosen for their demonstrated concern for ((alcoholism and other drug addiction)) substance use disorder problems. Members of the board shall be representative of the community, shall include at least one-quarter recovered persons with substance use disorders, and shall include minority group representation. No member may be a provider of ((alcoholism and other drug addiction)) substance use disorder treatment services. No more than four elected or appointed city or county officials may serve on the board at the same time. Members of the board shall serve three-year terms and hold office until their successors are appointed and qualified. They shall not be compensated for the performance of their duties as members of the board, but may be reimbursed for travel expenses.
  - (3) The ((alcoholism and other drug addiction)) substance use disorder treatment board shall:
    - (a) Conduct public hearings and other investigations to determine the needs and priorities of county citizens;
    - (b) Prepare and recommend to the county legislative authority for approval, all plans, budgets, and applications by the county to the department and other state agencies on behalf of the county ((alcoholism and other drug addiction)) substance use disorder treatment program;
    - (c) Monitor the implementation of the ((alcoholism and other drug addiction)) substance use disorder treatment plan and evaluate the performance of the ((alcoholism and drug addiction)) substance use disorder treatment program at least annually;
    - (d) Advise the county legislative ((authority and county alcoholism and other drug addiction)) substance use disorder treatment program coordinator on matters relating to the ((alcoholism and other drug addiction)) substance use disorder treatment program, including prevention and education;

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(e) Nominate individuals to the county legislative authority for the position of county ((alcoholism and other drug addiction)) substance use disorder treatment program coordinator. The nominees should have training and experience in the administration of ((alcoholism and other drug addiction)) substance use disorder treatment services and shall meet the minimum qualifications established by rule of the department;

- 8 (f) Carry out other duties that the department may prescribe by 9 rule.
- **Sec. 28.** RCW 70.96A.310 and 1989 c 270 s 16 are each amended to 11 read as follows:
  - (1) The chief executive officer of the county ((alcoholism and other drug addiction)) substance use disorder treatment program shall be the ((county alcoholism and other drug addiction)) substance use disorder treatment program coordinator. The coordinator shall:
  - (a) In consultation with the county ((alcoholism and other drug addiction)) substance use disorder treatment board, provide general supervision over the county ((alcoholism and other drug addiction)) substance use disorder treatment program;
  - (b) Prepare plans and applications for funds to support the ((alcoholism and other drug addiction)) substance use disorder treatment program in consultation with the county ((alcoholism and other drug addiction)) substance use disorder treatment board;
  - (c) Monitor the delivery of services to assure conformance with plans and contracts and, at the discretion of the board, but at least annually, report to the ((alcoholism and other drug addiction)) substance use disorder treatment board the results of the monitoring;
  - (d) Provide staff support to the county ((alcoholism and other drug addiction)) substance use disorder treatment board.
  - (2) The county ((alcoholism and other drug addiction)) substance use disorder treatment program coordinator shall be appointed by the county legislative authority from nominations by the ((alcoholism and other drug addiction)) substance use disorder treatment program board. The coordinator may serve on either a full-time or part-time basis. Only with the prior approval of the secretary may the coordinator be an employee of a government or private agency under contract with the department to provide ((alcoholism or other drug addiction)) substance use disorder treatment services.

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**Sec. 29.** RCW 70.96A.320 and 2014 c 225 s 32 are each amended to 2 read as follows:

- (1) A county legislative authority, or two or more counties acting jointly, may establish ((an alcoholism and other drug addiction)) a substance use disorder treatment program. If two or more counties jointly establish the program, they shall designate one county to provide administrative and financial services.
- (2) To be eligible for funds from the department for the support of the county ((alcoholism and other drug addiction)) substance use disorder treatment program, the county legislative authority shall establish a county ((alcoholism and other drug addiction)) substance use disorder treatment board under RCW 70.96A.300 (as recodified by this act) and appoint a county ((alcoholism and other drug addiction)) substance use disorder treatment program coordinator under RCW 70.96A.310 (as recodified by this act).
- (3) The county legislative authority may apply to the department for financial support for the county program of ((alcoholism and other drug addiction)) substance use disorder treatment. To receive financial support, the county legislative authority shall submit a plan that meets the following conditions:
- (a) It shall describe the prevention, early intervention, or recovery support services and activities to be provided;
  - (b) It shall include anticipated expenditures and revenues;
  - (c) It shall be prepared by the county ((alcoholism and other drug addiction)) substance use disorder treatment program board and be adopted by the county legislative authority;
  - (d) It shall reflect maximum effective use of existing services and programs; and
- 29 (e) It shall meet other conditions that the secretary may 30 require.
- 31 (4) The county may accept and spend gifts, grants, and fees, from 32 public and private sources, to implement its program of ((alcoholism 33 and other drug addiction)) substance use disorder treatment.
  - (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)) substance use disorder treatment services must incorporate the expected outcomes and criteria to measure the performance of service coordination organizations as provided in chapter 70.320 RCW.

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(6) The county may subcontract for withdrawal management, residential treatment, or outpatient treatment with treatment programs that are approved treatment programs. The county may subcontract for other services with individuals or organizations approved by the department.

- (7) To continue to be eligible for financial support from the department for the county ((alcoholism and other drug addiction)) substance use disorder treatment program, an increase in state financial support shall not be used to supplant local funds from a source that was used to support the county ((alcoholism and other drug addiction)) substance use disorder treatment program before the effective date of the increase.
- **Sec. 30.** RCW 70.96A.400 and 2001 c 242 s 1 are each amended to 14 read as follows:

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

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

Further, the state declares that the primary goal of opiate substitution treatment is total abstinence from ((chemical dependency)) substance use for the individuals who participate in the treatment program. The state recognizes that a small percentage of persons who participate in opiate substitution treatment programs require treatment for an extended period of time. Opiate substitution

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- 1 treatment programs shall provide a comprehensive transition program
- 2 to eliminate ((chemical dependency)) substance use, including opiate
- 3 and opiate substitute addiction of program participants.

- Sec. 31. RCW 70.96A.800 and 2014 c 225 s 33 are each amended to read as follows:
  - (1) Subject to funds appropriated for this specific purpose, the secretary shall select and contract with counties to provide intensive case management for ((chemically dependent)) persons with substance use disorders and histories of high utilization of crisis services at two sites. In selecting the two sites, the secretary shall endeavor to site one in an urban county, and one in a rural county; and to site them in counties other than those selected pursuant to RCW 70.96B.020, to the extent necessary to facilitate evaluation of pilot project results. Subject to funds appropriated for this specific purpose, the secretary may contract with additional counties to provide intensive case management.
  - (2) The contracted sites shall implement the pilot programs by providing intensive case management to persons with a primary ((chemical dependency)) substance use disorder diagnosis or dual primary ((chemical dependency)) substance use disorder and mental health diagnoses, through the employment of ((chemical dependency)) substance use disorder case managers. The ((chemical dependency)) substance use disorder case managers shall:
  - (a) Be trained in and use the integrated, comprehensive screening and assessment process adopted under RCW 70.96C.010;
  - (b) Reduce the use of crisis medical, ((chemical dependency)) substance use disorder treatment and mental health services, including but not limited to, emergency room admissions, hospitalizations, withdrawal management programs, inpatient psychiatric admissions, involuntary treatment petitions, emergency medical services, and ambulance services;
- 32 (c) Reduce the use of emergency first responder services 33 including police, fire, emergency medical, and ambulance services;
- (d) Reduce the number of criminal justice interventions including arrests, violations of conditions of supervision, bookings, jail days, prison sanction day for violations, court appearances, and prosecutor and defense costs;

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(e) Where appropriate and available, work with therapeutic courts including drug courts and mental health courts to maximize the outcomes for the individual and reduce the likelihood of reoffense;

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- (f) Coordinate with local offices of the economic services administration to assist the person in accessing and remaining enrolled in those programs to which the person may be entitled;
- (g) Where appropriate and available, coordinate with primary care and other programs operated through the federal government including federally qualified health centers, Indian health programs, and veterans' health programs for which the person is eligible to reduce duplication of services and conflicts in case approach;
- 12 (h) Where appropriate, advocate for the client's needs to assist
  13 the person in achieving and maintaining stability and progress toward
  14 recovery;
- (i) Document the numbers of persons with co-occurring mental and substance ((abuse)) use disorders and the point of determination of the co-occurring disorder by quadrant of intensity of need; and
  - (j) Where a program participant is under supervision by the department of corrections, collaborate with the department of corrections to maximize treatment outcomes and reduce the likelihood of reoffense.
- 22 (3) The pilot programs established by this section shall begin 23 providing services by March 1, 2006.
- 24 **Sec. 32.** RCW 70.96A.905 and 1992 c 205 s 306 are each amended to 25 read as follows:

26 The department shall ensure that the provisions of this chapter 27 are applied by the counties in a consistent and uniform manner. The department shall also ensure that, to the extent possible within 28 funds, the county-designated chemical 29 available dependency in 30 specialists are specifically trained adolescent chemical dependency issues, the chemical dependency commitment laws, and the 31 criteria for commitment, as specified in this chapter and chapter 32 33 70.96A RCW.

- 34 Sec. 33. RCW 70.96A.020 and 2014 c 225 s 20 are each reenacted and amended to read as follows:
- For the purposes of this chapter the following words and phrases shall have the following meanings unless the context clearly requires otherwise:

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(1) "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.

- (2) "Approved <u>substance use disorder</u> treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.
- (3) "Behavioral health organization" means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined regional service area.
- 14 (4) <u>"Behavioral health program" has the same meaning as in RCW</u>
  15 71.24.025.
- 16 <u>(5)</u> "Behavioral health services" means mental health services as
  17 described in chapters 71.24 and 71.36 RCW and ((chemical dependency))
  18 <u>substance use disorder</u> treatment services as described in this
  19 chapter.
- (((+5))) (6) "Chemical dependency" means: (a) Alcoholism; (b) drug 21 addiction; or (c) dependence on alcohol and one or more other 22 psychoactive chemicals, as the context requires.
  - (((6) "Chemical dependency program" means expenditures and activities of the department designed and conducted to prevent or treat alcoholism and other drug addiction, including reasonable administration and overhead.))
- 27 (7) "Department" means the department of social and health 28 services.
  - (8) "Designated chemical dependency specialist" or "specialist" means a person designated by the behavioral health organization or by the county ((alcoholism and other drug addiction)) substance use disorder treatment program coordinator designated under RCW 70.96A.310 (as recodified by this act) to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
- 36 (9) (("Director" means the person administering the substance use disorder program within the department.
- (10)) "Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or

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psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

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

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

 $((\frac{(13)}{(11)}))$  "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, or a long-term alcoholism or drug treatment facility, or in confinement.

 $((\frac{14}{1}))$  (12) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.

 $((\frac{15}{15}))$  <u>(13)</u> "Incompetent person" means a person who has been adjudged incompetent by the superior court.

 $((\frac{16}{16}))$  (14) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

 $((\frac{17}{17}))$  <u>(15)</u> "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

((<del>(18)</del>)) <u>(16)</u> "Likelihood of serious harm" means:

(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 attempts to commit suicide or inflict physical harm on one's self; (ii) physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused the harm or that places another person or persons in reasonable fear of sustaining the harm; or (iii) physical harm will be inflicted by an individual upon the

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property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

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- (b) The individual has threatened the physical safety of another and has a history of one or more violent acts.
- (((19))) (17) "Medical necessity" for inpatient care of a minor 5 б means a requested certified inpatient service that is reasonably 7 calculated to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the progression of substance use disorders 8 that endanger life or cause suffering and pain, or result in illness 9 or infirmity or threaten to cause or aggravate a handicap, or cause 10 physical deformity or malfunction, and there is no adequate less 11 12 restrictive alternative available.
- 13  $((\frac{20}{18}))$  <u>(18)</u> "Minor" means a person less than eighteen years of 14 age.
- $((\frac{(21)}{(21)}))$  <u>(19)</u> "Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or quardian.
  - $((\frac{(22)}{)})$  <u>(20)</u> "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.
    - $((\frac{23}{23}))$  (21) "Person" means an individual, including a minor.
  - ((<del>(24)</del>)) <u>(22)</u> "Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.
- 28  $((\frac{25}{1}))$  (23) "Secretary" means the secretary of the department 29 of social and health services.
  - $((\frac{26}{1}))$  (24) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
- ((\(\frac{(27)}{27}\))) (25) "Treatment" means the broad range of emergency, withdrawal management, residential, and outpatient services and care, including diagnostic evaluation, ((\(\frac{chemical dependency}\))) substance use disorder education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and

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career counseling, which may be extended to persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

- 4 ((\(\frac{(28)}{28}\))) (26) "Substance use disorder treatment program" means an organization, institution, or corporation, public or private, engaged in the care, treatment, or rehabilitation of persons with substance use ((\(\frac{disorder[s]}{2}\))) \(\frac{disorders}{2}\).
- $((\frac{29}{1}))$  (27) "Violent act" means behavior that resulted in 9 homicide, attempted suicide, nonfatal injuries, or substantial damage 10 to property.
- **Sec. 34.** RCW 2.28.170 and 2013 2nd sp.s. c 4 s 952 are each 12 amended to read as follows:
  - (1) Jurisdictions may establish and operate drug courts.
  - (2) For the purposes of this section, "drug court" means a court that has special calendars or dockets designed to achieve a reduction in recidivism and substance abuse among nonviolent, substance abusing felony and nonfelony offenders, whether adult or juvenile, by increasing their likelihood for successful rehabilitation through early, continuous, and intense judicially supervised treatment; mandatory periodic drug testing; and the use of appropriate sanctions and other rehabilitation services.
- 22 (3)(a) Any jurisdiction that seeks a state appropriation to fund 23 a drug court program must first:
  - (i) Exhaust all federal funding that is available to support the operations of its drug court and associated services; and
  - (ii) Match, on a dollar-for-dollar basis, state moneys allocated for drug court programs with local cash or in-kind resources. Moneys allocated by the state must be used to supplement, not supplant, other federal, state, and local funds for drug court operations and associated services. However, from July 26, 2009, until June 30, 2015, no match is required for state moneys expended for the administrative and overhead costs associated with the operation of a drug court pursuant to RCW 70.96A.350 (as recodified by this act).
  - (b) Any jurisdiction that establishes a drug court pursuant to this section shall establish minimum requirements for the participation of offenders in the program. The drug court may adopt local requirements that are more stringent than the minimum. The minimum requirements are:
    - (i) The offender would benefit from substance abuse treatment;

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- 1 (ii) The offender has not previously been convicted of a serious 2 violent offense or sex offense as defined in RCW 9.94A.030; and
- 3 (iii) Without regard to whether proof of any of these elements is 4 required to convict, the offender is not currently charged with or 5 convicted of an offense:
  - (A) That is a sex offense;

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- (B) That is a serious violent offense;
- 8 (C) During which the defendant used a firearm; or
- 9 (D) During which the defendant caused substantial or great bodily 10 harm or death to another person.
- 11 **Sec. 35.** RCW 9.94A.660 and 2009 c 389 s 3 are each amended to 12 read as follows:
- 13 (1) An offender is eligible for the special drug offender 14 sentencing alternative if:
  - (a) The offender is convicted of a felony that is not a violent offense or sex offense and the violation does not involve a sentence enhancement under RCW 9.94A.533 (3) or (4);
  - (b) The offender is convicted of a felony that is not a felony driving while under the influence of intoxicating liquor or any drug under RCW 46.61.502(6) or felony physical control of a vehicle while under the influence of intoxicating liquor or any drug under RCW 46.61.504(6);
    - (c) The offender has no current or prior convictions for a sex offense at any time or violent offense within ten years before conviction of the current offense, in this state, another state, or the United States;
    - (d) For a violation of the Uniform Controlled Substances Act under chapter 69.50 RCW or a criminal solicitation to commit such a violation under chapter 9A.28 RCW, the offense involved only a small quantity of the particular controlled substance as determined by the judge upon consideration of such factors as the weight, purity, packaging, sale price, and street value of the controlled substance;
    - (e) The offender has not been found by the United States attorney general to be subject to a deportation detainer or order and does not become subject to a deportation order during the period of the sentence;
- 37 (f) The end of the standard sentence range for the current 38 offense is greater than one year; and

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- 1 (g) The offender has not received a drug offender sentencing 2 alternative more than once in the prior ten years before the current 3 offense.
- 4 (2) A motion for a special drug offender sentencing alternative 5 may be made by the court, the offender, or the state.

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- (3) If the sentencing court determines that the offender is eligible for an alternative sentence under this section and that the alternative sentence is appropriate, the court shall waive imposition of a sentence within the standard sentence range and impose a sentence consisting of either a prison-based alternative under RCW 9.94A.662 or a residential chemical dependency treatment-based alternative under RCW 9.94A.664. The residential chemical dependency treatment-based alternative is only available if the midpoint of the standard range is twenty-four months or less.
- 15 (4) To assist the court in making its determination, the court
  16 may order the department to complete either or both a risk assessment
  17 report and a chemical dependency screening report as provided in RCW
  18 9.94A.500.
  - (5)(a) If the court is considering imposing a sentence under the residential chemical dependency treatment-based alternative, the court may order an examination of the offender by the department. The examination shall, at a minimum, address the following issues:
    - (i) Whether the offender suffers from drug addiction;
- 24 (ii) Whether the addiction is such that there is a probability 25 that criminal behavior will occur in the future;
  - (iii) Whether effective treatment for the offender's addiction is available from a provider that has been licensed or certified by the division of alcohol and substance abuse of the department of social and health services; and
- 30 (iv) Whether the offender and the community will benefit from the 31 use of the alternative.
  - (b) The examination report must contain:
  - (i) A proposed monitoring plan, including any requirements regarding living conditions, lifestyle requirements, and monitoring by family members and others; and
- 36 (ii) Recommended crime-related prohibitions and affirmative 37 conditions.
- 38 (6) When a court imposes a sentence of community custody under 39 this section:

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(a) The court may impose conditions as provided in RCW 9.94A.703 and may impose other affirmative conditions as the court considers appropriate. In addition, an offender may be required to pay thirty dollars per month while on community custody to offset the cost of monitoring for alcohol or controlled substances.

- (b) The department may impose conditions and sanctions as authorized in RCW 9.94A.704 and 9.94A.737.
- (7)(a) The court may bring any offender sentenced under this section back into court at any time on its own initiative to evaluate the offender's progress in treatment or to determine if any violations of the conditions of the sentence have occurred.
- (b) If the offender is brought back to court, the court may modify the conditions of the community custody or impose sanctions under (c) of this subsection.
- (c) The court may order the offender to serve a term of total confinement within the standard range of the offender's current offense at any time during the period of community custody if the offender violates the conditions or requirements of the sentence or if the offender is failing to make satisfactory progress in treatment.
- (d) An offender ordered to serve a term of total confinement under (c) of this subsection shall receive credit for any time previously served under this section.
  - (8) In serving a term of community custody imposed upon failure to complete, or administrative termination from, the special drug offender sentencing alternative program, the offender shall receive no credit for time served in community custody prior to termination of the offender's participation in the program.
- 29 (9) An offender sentenced under this section shall be subject to 30 all rules relating to earned release time with respect to any period 31 served in total confinement.
- 32 (10) Costs of examinations and preparing treatment plans under a 33 special drug offender sentencing alternative may be paid, at the 34 option of the county, from funds provided to the county from the 35 criminal justice treatment account under RCW 70.96A.350 (as 36 recodified by this act).
- **Sec. 36.** RCW 10.05.020 and 2010 c 269 s 9 are each amended to 38 read as follows:

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(1) Except as provided in subsection (2) of this section, the petitioner shall allege under oath in the petition that the wrongful conduct charged is the result of or caused by ((alcoholism, drug addiction,)) substance use disorders or mental problems for which the person is in need of treatment and unless treated the probability of future recurrence is great, along with a statement that the person agrees to pay the cost of a diagnosis and treatment of the alleged problem or problems if financially able to do so. The petition shall also contain a case history and written assessment prepared by an approved ((alcoholism)) substance use disorder treatment program as designated in chapter ((70.96A)) 71.24 RCW if the petition alleges ((alcoholism, an approved drug program as designated in chapter 71.24 RCW if the petition alleges drug addiction,)) a substance use disorder or by an approved mental health center if the petition alleges a mental problem.

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- (2) In the case of a petitioner charged with a misdemeanor or gross misdemeanor under chapter 9A.42 RCW, the petitioner shall allege under oath in the petition that the petitioner is the natural or adoptive parent of the alleged victim; that the wrongful conduct charged is the result of parenting problems for which the petitioner is in need of services; that the petitioner is in need of child welfare services under chapter 74.13 RCW to improve his or her parenting skills in order to better provide his or her child or children with the basic necessities of life; that the petitioner wants to correct his or her conduct to reduce the likelihood of harm to his or her minor children; that in the absence of child welfare services the petitioner may be unable to reduce the likelihood of harm to his or her minor children; and that the petitioner has cooperated with the department of social and health services to develop a plan to receive appropriate child welfare services; along with a statement that the person agrees to pay the cost of the services if he or she is financially able to do so. The petition shall also contain a case history and a written service plan from the department of social and health services.
- (3) Before entry of an order deferring prosecution, a petitioner shall be advised of his or her rights as an accused and execute, as a condition of receiving treatment, a statement that contains: (a) An acknowledgment of his or her rights; (b) an acknowledgment and waiver of the right to testify, the right to a speedy trial, the right to call witnesses to testify, the right to present evidence in his or

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her defense, and the right to a jury trial; (c) a stipulation to the admissibility and sufficiency of the facts contained in the written police report; and (d) an acknowledgment that the statement will be entered and used to support a finding of guilty if the court finds cause to revoke the order granting deferred prosecution. petitioner shall also be advised that he or she may, if he or she proceeds to trial and is found quilty, be allowed to seek suspension of some or all of the fines and incarceration that may be ordered upon the condition that he or she seek treatment and, further, that he or she may seek treatment from public and private agencies at any time without regard to whether or not he or she is found guilty of the offense charged. He or she shall also be advised that the court will not accept a petition for deferred prosecution from a person who: (i) Sincerely believes that he or she is innocent of the charges; (ii) sincerely believes that he or she does not, in fact, suffer from alcoholism, drug addiction, or mental problems; or (iii) in the case of a petitioner charged under chapter 9A.42 RCW, sincerely believes that he or she does not need child welfare services.

(4) Before entering an order deferring prosecution, the court shall make specific findings that: (a) The petitioner has stipulated to the admissibility and sufficiency of the facts as contained in the written police report; (b) the petitioner has acknowledged the admissibility of the stipulated facts in any criminal hearing on the underlying offense or offenses held subsequent to revocation of the order granting deferred prosecution; (c) the petitioner has acknowledged and waived the right to testify, the right to a speedy trial, the right to call witnesses to testify, the right to present evidence in his or her defense, and the right to a jury trial; and (d) the petitioner's statements were made knowingly and voluntarily. Such findings shall be included in the order granting deferred prosecution.

Sec. 37. RCW 10.05.030 and 2002 c 219 s 8 are each amended to read as follows:

The arraigning judge upon consideration of the petition and with the concurrence of the prosecuting attorney may continue the arraignment and refer such person for a diagnostic investigation and evaluation to an approved ((alcoholism)) substance use disorder treatment program as designated in chapter ((70.96A)) 71.24 RCW, if

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- 1 the petition alleges ((an alcohol problem, an approved drug treatment
- 2 center as designated in chapter 71.24 RCW, if the petition alleges a
- 3 drug problem)) a substance use disorder, to an approved mental health
- 4 center, if the petition alleges a mental problem, or the department
- 5 of social and health services if the petition is brought under RCW
- 6 10.05.020(2).

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- 7 **Sec. 38.** RCW 10.05.150 and 1999 c 143 s 43 are each amended to 8 read as follows:
- 9 A deferred prosecution program for alcoholism shall be for a two-10 year period and shall include, but not be limited to, the following 11 requirements:
- 12 (1) Total abstinence from alcohol and all other nonprescribed 13 mind-altering drugs;
- 14 (2) Participation in an intensive inpatient or intensive 15 outpatient program in a state-approved ((alcoholism)) substance use 16 disorder treatment program;
  - (3) Participation in a minimum of two meetings per week of an alcoholism self-help recovery support group, as determined by the assessing agency, for the duration of the treatment program;
- 20 (4) Participation in an alcoholism self-help recovery support 21 group, as determined by the assessing agency, from the date of court 22 approval of the plan to entry into intensive treatment;
- 23 (5) Not less than weekly approved outpatient counseling, group or 24 individual, for a minimum of six months following the intensive phase 25 of treatment;
- 26 (6) Not less than monthly outpatient contact, group or individual, for the remainder of the two-year deferred prosecution period;
- 29 (7) The decision to include the use of prescribed drugs, 30 including disulfiram, as a condition of treatment shall be reserved 31 to the treating facility and the petitioner's physician;
- 32 (8) All treatment within the purview of this section shall occur 33 within or be approved by a state-approved ((alcoholism)) substance 34 use disorder treatment program as described in chapter 70.96A RCW;
- 35 (9) Signature of the petitioner agreeing to the terms and 36 conditions of the treatment program.
- 37 <u>NEW SECTION.</u> **Sec. 39.** RCW 43.135.03901 is decodified.

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1 **Sec. 40.** RCW 46.61.5055 and 2014 c 100 s 1 are each amended to 2 read as follows:

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- (1) **No prior offenses in seven years.** Except as provided in RCW 46.61.502(6) or 46.61.504(6), a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 and who has no prior offense within seven years shall be punished as follows:
- (a) Penalty for alcohol concentration less than 0.15. In the case of a person whose alcohol concentration was less than 0.15, or for whom for reasons other than the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
- (i) By imprisonment for not less than one day nor more than three hundred sixty-four days. Twenty-four consecutive hours of the imprisonment may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based. In lieu of the mandatory minimum term of imprisonment required under this subsection (1)(a)(i), the court may order not less than fifteen days of electronic home monitoring. The offender shall pay the cost of electronic home monitoring. The county or municipality in which the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device or other separate alcohol monitoring device to include an alcohol detection breathalyzer, and the court may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring; and
- (ii) By a fine of not less than three hundred fifty dollars nor more than five thousand dollars. Three hundred fifty dollars of the fine may not be suspended unless the court finds the offender to be indigent; or
- (b) Penalty for alcohol concentration at least 0.15. In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
- (i) By imprisonment for not less than two days nor more than three hundred sixty-four days. Forty-eight consecutive hours of the

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imprisonment may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts б upon which the suspension is based. In lieu of the mandatory minimum term of imprisonment required under this subsection (1)(b)(i), the court may order not less than thirty days of electronic home monitoring. The offender shall pay the cost of electronic home monitoring. The county or municipality in which the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device to include an alcohol detection breathalyzer or other separate alcohol monitoring device, and the court may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring; and

(ii) By a fine of not less than five hundred dollars nor more than five thousand dollars. Five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent.

- (2) One prior offense in seven years. Except as provided in RCW 46.61.502(6) or 46.61.504(6), a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 and who has one prior offense within seven years shall be punished as follows:
  - (a) Penalty for alcohol concentration less than 0.15. In the case of a person whose alcohol concentration was less than 0.15, or for whom for reasons other than the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
  - (i) By imprisonment for not less than thirty days nor more than three hundred sixty-four days and sixty days of electronic home monitoring. In lieu of the mandatory minimum term of sixty days electronic home monitoring, the court may order at least an additional four days in jail or, if available in that county or city, a six-month period of 24/7 sobriety program monitoring pursuant to RCW 36.28A.300 through 36.28A.390, and the court shall order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. The offender shall pay for the cost of the electronic monitoring. The county or municipality where the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device include an alcohol

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- 1 detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may consume 2 during the time the offender is on electronic home monitoring. Thirty 3 days of imprisonment and sixty days of electronic home monitoring may 4 not be suspended unless the court finds that the imposition of this 5 6 mandatory minimum sentence would impose a substantial risk to the 7 offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the 8 reason for granting the suspension and the facts upon which the 9 suspension is based; and 10
  - (ii) By a fine of not less than five hundred dollars nor more than five thousand dollars. Five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent; or

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

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1 (ii) By a fine of not less than seven hundred fifty dollars nor more than five thousand dollars. Seven hundred fifty dollars of the fine may not be suspended unless the court finds the offender to be 3 4 indigent.

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

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(b) Penalty for alcohol concentration at least 0.15. In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

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- 6 (i) By imprisonment for not less than one hundred twenty days nor 7 more than three hundred sixty-four days, if available in that county or city, a six-month period of 24/7 sobriety program monitoring pursuant to RCW 36.28A.300 through 36.28A.390, and one hundred fifty days of electronic home monitoring. In lieu of the mandatory minimum 11 term of one hundred fifty days of electronic home monitoring, the court may order at least an additional ten days in jail. The offender 12 shall pay for the cost of the electronic monitoring. The court shall 13 14 order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. The county or municipality where the 15 penalty is being imposed shall determine the cost. The court may also 17 require the offender's electronic home monitoring device include an 18 alcohol detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may 19 consume during the time the offender is on electronic home 20 21 monitoring. One hundred twenty days of imprisonment and one hundred fifty days of electronic home monitoring may not be suspended unless 22 the court finds that the imposition of this mandatory minimum 23 sentence would impose a substantial risk to the offender's physical 24 25 or mental well-being. Whenever the mandatory minimum sentence is 26 suspended, the court shall state in writing the reason for granting 27 the suspension and the facts upon which the suspension is based; and
  - (ii) By a fine of not less than one thousand five hundred dollars nor more than five thousand dollars. One thousand five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent.
  - (4) Four or more prior offenses in ten years. A person who is convicted of a violation of RCW 46.61.502 or 46.61.504 shall be punished under chapter 9.94A RCW if:
- 35 (a) The person has four or more prior offenses within ten years; 36 or
  - (b) The person has ever previously been convicted of:
- (i) A violation of RCW 46.61.520 committed while under the 38 39 influence of intoxicating liquor or any drug;

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- 1 (ii) A violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug;
- 3 (iii) An out-of-state offense comparable to the offense specified 4 in (b)(i) or (ii) of this subsection; or
  - (iv) A violation of RCW 46.61.502(6) or 46.61.504(6).
  - (5) Monitoring.

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- (a) **Ignition interlock device.** The court shall require any person convicted of a violation of RCW 46.61.502 or 46.61.504 or an equivalent local ordinance to comply with the rules and requirements of the department regarding the installation and use of a functioning ignition interlock device installed on all motor vehicles operated by the person.
- (b) Monitoring devices. If the court orders that a person refrain from consuming any alcohol, the court may order the person to submit to alcohol monitoring through an alcohol detection breathalyzer device, transdermal sensor device, or other technology designed to detect alcohol in a person's system. The person shall pay for the cost of the monitoring, unless the court specifies that the cost of monitoring will be paid with funds that are available from an alternative source identified by the court. The county or municipality where the penalty is being imposed shall determine the cost.
- program monitoring. In any county or city where a 24/7 sobriety program is available and verified by the Washington association of sheriffs and police chiefs, the court shall:
- (i) Order the person to install and use a functioning ignition interlock or other device in lieu of such period of 24/7 sobriety program monitoring;
- (ii) Order the person to a period of 24/7 sobriety program monitoring pursuant to subsections (1) through (3) of this section; or
- (iii) Order the person to install and use a functioning ignition interlock or other device in addition to a period of 24/7 sobriety program monitoring pursuant to subsections (1) through (3) of this section.
- 37 (6) Penalty for having a minor passenger in vehicle. If a person 38 who is convicted of a violation of RCW 46.61.502 or 46.61.504 39 committed the offense while a passenger under the age of sixteen was 40 in the vehicle, the court shall:

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1 (a) Order the use of an ignition interlock or other device for an additional six months;

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

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being in physical control of a motor vehicle while under the
influence of intoxicating liquor or drugs must:

- (a) Penalty for alcohol concentration less than 0.15. If the person's alcohol concentration was less than 0.15, or if for reasons other than the person's refusal to take a test offered under RCW 46.20.308 there is no test result indicating the person's alcohol concentration:
- (i) Where there has been no prior offense within seven years, be suspended or denied by the department for ninety days;
- (ii) Where there has been one prior offense within seven years, be revoked or denied by the department for two years; or
- (iii) Where there have been two or more prior offenses within seven years, be revoked or denied by the department for three years;
- (b) **Penalty for alcohol concentration at least 0.15.** If the person's alcohol concentration was at least 0.15:
- (i) Where there has been no prior offense within seven years, be revoked or denied by the department for one year;
  - (ii) Where there has been one prior offense within seven years, be revoked or denied by the department for nine hundred days; or
- (iii) Where there have been two or more prior offenses within seven years, be revoked or denied by the department for four years;
  - (c) **Penalty for refusing to take test.** If by reason of the person's refusal to take a test offered under RCW 46.20.308, there is no test result indicating the person's alcohol concentration:
  - (i) Where there have been no prior offenses within seven years, be revoked or denied by the department for two years;
  - (ii) Where there has been one prior offense within seven years, be revoked or denied by the department for three years; or
- 30 (iii) Where there have been two or more previous offenses within 31 seven years, be revoked or denied by the department for four years.

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

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

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denied for that offense. The court shall send notice of the finding and order to the department and to the person. Upon receipt of the notice from the court, the department shall not revoke, suspend, or deny the license, permit, or nonresident privilege of the person for that offense.

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

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- (10) **Probation of driving privilege.** After expiration of any period of suspension, revocation, or denial of the offender's license, permit, or privilege to drive required by this section, the department shall place the offender's driving privilege in probationary status pursuant to RCW 46.20.355.
- Conditions of probation. (a) 14 In addition (11)any nonsuspendable and nondeferrable jail sentence required by this 15 16 section, whenever the court imposes up to three hundred sixty-four 17 days in jail, the court shall also suspend but shall not defer a period of confinement for a period not exceeding five years. The 18 court shall impose conditions of probation that include: (i) Not 19 driving a motor vehicle within this state without a valid license to 20 21 drive and proof of liability insurance or other responsibility for the future pursuant to RCW 46.30.020; (ii) not 22 driving or being in physical control of a motor vehicle within this 23 state while having an alcohol concentration of 0.08 or more or a THC 24 25 concentration of 5.00 nanograms per milliliter of whole blood or 26 higher, within two hours after driving; and (iii) not refusing to submit to a test of his or her breath or blood to determine alcohol 27 or drug concentration upon request of a law enforcement officer who 28 29 has reasonable grounds to believe the person was driving or was in actual physical control of a motor vehicle within this state while 30 31 under the influence of intoxicating liquor or drug. The court may 32 impose conditions of probation that include nonrepetition, installation of an ignition interlock device on the probationer's 33 motor vehicle, alcohol or drug treatment, supervised probation, or 34 35 other conditions that may be appropriate. The sentence may be imposed 36 in whole or in part upon violation of a condition of probation during 37 the suspension period.
- 38 (b) For each violation of mandatory conditions of probation under 39 (a)(i), (ii), or (iii) of this subsection, the court shall order the

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convicted person to be confined for thirty days, which shall not be suspended or deferred.

- (c) For each incident involving a violation of a mandatory condition of probation imposed under this subsection, the license, permit, or privilege to drive of the person shall be suspended by the court for thirty days or, if such license, permit, or privilege to drive already is suspended, revoked, or denied at the time the finding of probation violation is made, the suspension, revocation, or denial then in effect shall be extended by thirty days. The court shall notify the department of any suspension, revocation, or denial or any extension of a suspension, revocation, or denial imposed under this subsection.
- (12) Waiver of electronic home monitoring. A court may waive the electronic home monitoring requirements of this chapter when:
- (a) The offender does not have a dwelling, telephone service, or any other necessity to operate an electronic home monitoring system. However, if a court determines that an alcohol monitoring device utilizing wireless reporting technology is reasonably available, the court may require the person to obtain such a device during the period of required electronic home monitoring;
  - (b) The offender does not reside in the state of Washington; or
- (c) The court determines that there is reason to believe that the offender would violate the conditions of the electronic home monitoring penalty.

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

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

(13) Extraordinary medical placement. An offender serving a sentence under this section, whether or not a mandatory minimum term has expired, may be granted an extraordinary medical placement by the

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- jail administrator subject to the standards and limitations set forth in RCW 9.94A.728(3).
- 3 (14) **Definitions.** For purposes of this section and RCW 46.61.502 4 and 46.61.504:
  - (a) A "prior offense" means any of the following:

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- 6 (i) A conviction for a violation of RCW 46.61.502 or an 7 equivalent local ordinance;
- 8 (ii) A conviction for a violation of RCW 46.61.504 or an 9 equivalent local ordinance;
- 10 (iii) A conviction for a violation of RCW 46.25.110 or an 11 equivalent local ordinance;
- 12 (iv) A conviction for a violation of RCW 79A.60.040 or an 13 equivalent local ordinance;
- 14 (v) A conviction for a violation of RCW 47.68.220 or an 15 equivalent local ordinance;
- 16 (vi) A conviction for a violation of RCW 46.09.470(2) or an 17 equivalent local ordinance;
- 18 (vii) A conviction for a violation of RCW 46.10.490(2) or an 19 equivalent local ordinance;
  - (viii) A conviction for a violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug, or a conviction for a violation of RCW 46.61.520 committed in a reckless manner or with the disregard for the safety of others if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug;
  - (ix) A conviction for a violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug, or a conviction for a violation of RCW 46.61.522 committed in a reckless manner or with the disregard for the safety of others if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug;
- (x) A conviction for a violation of RCW 46.61.5249, 46.61.500, or 9A.36.050 or an equivalent local ordinance, if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.502 or 46.61.504, or an equivalent local ordinance, or of RCW 46.61.520 or 46.61.522;

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(xi) An out-of-state conviction for a violation that would have been a violation of (a)(i), (ii), (viii), (ix), or (x) of this subsection if committed in this state;

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

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(1) A person subject to alcohol assessment and treatment under RCW 46.61.5055 shall be required by the court to complete a course in an alcohol information school approved by the department of social and health services or to complete more intensive treatment in a substance use disorder treatment program approved by the department of social and health services, as determined by the court. The court shall notify the department of licensing whenever it orders a person to complete a course or treatment program under this section.

- (2) A diagnostic evaluation and treatment recommendation shall be prepared under the direction of the court by an alcoholism agency approved by the department of social and health services or a qualified probation department approved by the department of social and health services. A copy of the report shall be forwarded to the court and the department of licensing. Based on the diagnostic evaluation, the court shall determine whether the person shall be required to complete a course in an alcohol information school approved by the department of social and health services or more intensive treatment in a <u>substance use disorder treatment</u> program approved by the department of social and health services.
- (3) Standards for approval for alcohol treatment programs shall be prescribed by the department of social and health services. The department of social and health services shall periodically review the costs of alcohol information schools and treatment programs.
- (4) Any agency that provides treatment ordered under RCW 46.61.5055, shall immediately report to the appropriate probation department where applicable, otherwise to the court, and to the department of licensing any noncompliance by a person with the conditions of his or her ordered treatment. The court shall notify the department of licensing and the department of social and health services of any failure by an agency to so report noncompliance. Any agency with knowledge of noncompliance that fails to so report shall be fined two hundred fifty dollars by the department of social and health services. Upon three such failures by an agency within one year, the department of social and health services shall revoke the agency's approval under this section.
- 36 (5) The department of licensing and the department of social and 37 health services may adopt such rules as are necessary to carry out 38 this section.

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- 1 <u>NEW SECTION.</u> **Sec. 42.** The following acts or parts of acts are 2 each repealed:
- 3 (1) RCW 70.96A.030 (Substance use disorder program) and 2014 c 4 225 s 21, 1989 c 270 s 4, & 1972 ex.s. c 122 s 3;
- 5 (2) RCW 70.96A.045 (Funding prerequisites, facilities, plans, or programs receiving financial assistance) and 1989 c 270 s 10;
- 7 (3) RCW 70.96A.060 (Interdepartmental coordinating committee) and 8 2014 c 225 s 24, 1989 c 270 s 8, 1979 c 158 s 220, & 1972 ex.s. c 122 9 s 6;
- 10 (4) RCW 70.96A.150 (Records of persons treated for alcoholism and 11 drug addiction) and 1990 c 151 s 1, 1989 c 162 s 1, & 1972 ex.s. c 12 122 s 15; and
- 13 (5) RCW 70.96A.325 (Methamphetamine addiction programs—Counties 14 authorized to seek state funding) and 2006 c 339 s 101.
- NEW SECTION. Sec. 43. 15 RCW 70.96A.035, 70.96A.040, 70.96A.043, 16 70.96A.047, 70.96A.050, 70.96A.080, 70.96A.085, 70.96A.090, 70.96A.095, 70.96A.097, 70.96A.170, 70.96A.180, 17 70.96A.096, 18 70.96A.230, 70.96A.235, 70.96A.240, 70.96A.245, 70.96A.250, 70.96A.300, 70.96A.255, 70.96A.265, 70.96A.260, 70.96A.310, 19 20 70.96A.320, 70.96A.350, 70.96A.400, 70.96A.410, 70.96A.420, 21 70.96A.430, 70.96A.500, 70.96A.510, 70.96A.520, 70.96A.800, 70.96A.905, and 70.96C.010 are each recodified as sections in chapter 22 23 71.24 RCW.
- NEW SECTION. Sec. 44. This act takes effect April 1, 2016.

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