AN ACT Relating to changing the designation of the state behavioral health authority from the department of social and health services to the health care authority and transferring the related powers, functions, and duties to the health care authority and the department of health; amending RCW 43.20A.025, 43.20A.025, 43.20A.065, 43.20A.433, 43.20A.890, 43.20A.892, 43.20A.893, 43.20A.894, 43.20A.896, 43.20A.897, 74.04.015, 71.05.026, 71.05.026, 71.05.027, 71.05.040, 71.05.100, 71.05.203, 71.05.203, 71.05.203, 71.05.214, 71.05.214, 71.05.215, 71.05.240, 71.05.285, 71.05.320, 71.05.320, 71.05.325, 71.05.325, 71.05.330, 71.05.335, 71.05.340, 71.05.340, 71.05.350, 71.05.350, 71.05.380, 71.05.380, 71.05.435, 71.05.435, 71.05.510, 71.05.510, 71.05.520, 71.05.520, 71.05.525, 71.05.525, 71.05.560, 71.05.560, 71.05.590, 71.05.590, 71.05.590, 71.05.590, 71.05.620, 71.05.620, 71.05.620, 71.05.720, 71.05.720, 71.05.732, 71.05.732, 71.05.740, 71.05.740, 71.05.745, 71.05.745, 71.05.750, 71.05.750, 71.05.755, 71.05.755, 71.05.760, 71.05.760, 71.05.801, 71.05.801, 71.05.940, 71.24.015, 71.24.015, 71.24.030, 71.24.035, 71.24.037, 71.24.045, 71.24.045, 71.24.045, 71.24.061, 71.24.061, 71.24.100, 71.24.155, 71.24.155, 71.24.160, 71.24.215, 71.24.215, 71.24.220, 71.24.220, 71.24.240, 71.24.300, 71.24.310, 71.24.320, 71.24.320, 71.24.330, 71.24.330, 71.24.340, 71.24.350, 71.24.360, 71.24.360, 71.24.370, 71.24.380, 71.24.380, 71.24.385, 71.24.400, 71.24.400, 71.24.405, 71.24.415, 71.24.415, 71.24.420, 71.24.420, 71.24.430, 71.24.430, 71.24.455, 71.24.460, 71.24.470, 71.24.480, 71.24.490, 71.24.500, 71.24.500, 71.24.515, 71.24.520, 71.24.525, 71.24.530, 71.24.535, 71.24.540, 71.24.540, 71.24.545, 71.24.555, 71.24.565, 71.24.580, 71.24.590, 71.24.590, 71.24.595, 71.24.595, 71.24.605, 71.24.605, 71.24.610, 71.24.615, 71.24.620, 71.24.625, 71.24.625, 71.24.630, 71.24.630.
NEW SECTION. Sec. 1001. The legislature finds that:

(1) Washington state government must be organized to be efficient, cost-effective, and responsive to its residents.
Pursuant to existing legislative direction, Washington state continues to transform how it delivers behavioral health services by integrating the financing and delivery of behavioral and physical health care by 2020. Integration will improve prevention and treatment of behavioral health conditions. Integration, leading to better whole person care, should also enable many individuals to avoid commitment at the state psychiatric hospitals or divert from jails, and support them in leading healthy, productive lives.

The responsibility for oversight, purchasing, and management of Washington state's community behavioral health system is currently split between the department of social and health services, which is the state's behavioral health authority, and the health care authority, which is the single state medicaid agency responsible for state health care purchasing.

The health care authority is the state's primary health care purchaser. Integrating and consolidating the oversight and purchasing of state behavioral health care into a single state agency at the health care authority will align core operations and provide better, coordinated, and more cost-effective services, with the ultimate goal of achieving whole person care.

The legislature therefore intends to consolidate state behavioral health care purchasing and oversight within the health care authority, positioning the state to use its full purchasing power to get the greatest value for its investment. The department of social and health services will continue to operate the state mental health institutions, with the intent of further analyzing the future proper alignment of these services.

Similar to the issues with our disparate purchasing programs, the responsibility for licensing and certification of behavioral health providers and facilities is currently spread across multiple agencies, with the department of social and health services regulating some behavioral health providers and the department of health regulating others.

The department of health is responsible for the majority of licensing and certification of health care providers and facilities. The state will best be able to ensure patient safety and reduce administrative burdens of licensing and certification of behavioral health providers and facilities by consolidating those functions within a single agency at the department of health. This change will streamline processes leading to improved patient safety outcomes.
The legislature therefore intends to integrate and consolidate the behavioral health licensing and certification functions within the department of health.

PART 2

Sec. 2001. RCW 43.20A.025 and 1998 c 296 s 34 are each amended to read as follows:

The ((department of social and health services)) authority shall adopt rules defining "appropriately trained professional person" for the purposes of conducting mental health and ((chemical dependency)) substance use disorder evaluations under RCW ((71.34.052)) 71.34.600(3), ((71.34.054)) 71.34.650(1), 70.96A.245(3), and 70.96A.250(1).

Sec. 2002. RCW 43.20A.025 and 2016 sp.s. c 29 s 415 are each amended to read as follows:

The ((department of social and health services)) authority shall adopt rules defining "appropriately trained professional person" for the purposes of conducting mental health and chemical dependency evaluations under RCW 71.34.600(3) and 71.34.650(1).

Sec. 2003. RCW 43.20A.065 and 2002 c 290 s 6 are each amended to read as follows:

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

Sec. 2004. RCW 43.20A.433 and 2005 c 504 s 802 are each amended to read as follows:

((Beginning July 1, 2007,)) The ((secretary)) director shall require, in the contracts the ((department)) authority negotiates pursuant to chapters 71.24 and 70.96A RCW, that any vendor rate increases provided for mental health and chemical dependency treatment providers or programs who are parties to the contract or subcontractors of any party to the contract shall be prioritized to those providers and programs that maximize the use of evidence-based
and research-based practices((, as those terms are defined in section 603 of this act))) unless otherwise designated by the legislature.

Sec. 2005. RCW 43.20A.890 and 2010 c 171 s 1 are each amended to read as follows:

(1) A program for (a) the prevention and treatment of problem and pathological gambling; and (b) the training of professionals in the identification and treatment of problem and pathological gambling is established within the ((department of social and health services)) authority, to be administered by a qualified person who has training and experience in problem gambling or the organization and administration of treatment services for persons suffering from problem gambling. The department of health may license or certify and the authority may contract with treatment facilities for any services provided under the program. The ((department)) authority shall track program participation and client outcomes.

(2) To receive treatment under subsection (1) of this section, a person must:

(a) Need treatment for problem or pathological gambling, or because of the problem or pathological gambling of a family member, but be unable to afford treatment; and

(b) Be targeted by the ((department of social and health services)) authority as being most amenable to treatment.

(3) Treatment under this section is available only to the extent of the funds appropriated or otherwise made available to the ((department of social and health services)) authority for this purpose. The ((department)) authority may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of money, services, or property from the federal government, any tribal government, the state, or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies or any tribal government in making an application for any grant.

(4) ((The department may adopt rules establishing standards for the review and certification of treatment facilities under this program.

(5))) The ((department of social and health services)) authority shall establish an advisory committee to assist it in designing, managing, and evaluating the effectiveness of the program established in this section. The advisory committee shall give due consideration
in the design and management of the program that persons who hold licenses or contracts issued by the gambling commission, horse racing commission, and lottery commission are not excluded from, or discouraged from, applying to participate in the program. The committee shall include, at a minimum, persons knowledgeable in the field of problem and pathological gambling and persons representing tribal gambling, privately owned nontribal gambling, and the state lottery.

((6)) (5) For purposes of this section, "pathological gambling" is a mental disorder characterized by loss of control over gambling, progression in preoccupation with gambling and in obtaining money to gamble, and continuation of gambling despite adverse consequences. "Problem gambling" is an earlier stage of pathological gambling which compromises, disrupts, or damages family or personal relationships or vocational pursuits.

Sec. 2006. RCW 43.20A.892 and 2005 c 369 s 3 are each amended to read as follows:

The problem gambling account is created in the state treasury. Money in the account may be spent only after appropriation. Expenditures from the account may be used only for the purposes of the program established under RCW 43.20A.890 (as recodified by this act).

Sec. 2007. RCW 43.20A.893 and 2014 c 225 s 2 are each amended to read as follows:

(1) Upon receipt of guidance for the creation of common regional service areas from the adult behavioral health system task force established in section 1, chapter 338, Laws of 2013, the ((department and the health care)) authority shall ((jointly)) establish regional service areas as provided in this section.

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

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

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

(3) The Washington state association of counties must submit their recommendations to the department, the ((health care)) authority, and the task force described in section 1, chapter 225, Laws of 2014 on or before August 1, 2014.

Sec. 2008. RCW 43.20A.894 and 2014 c 225 s 3 are each amended to read as follows:

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

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

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

(c) Accountability for the client outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked to those outcomes;

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

(e) Provisions to require that medically necessary chemical dependency and mental health treatment services be available to clients;

(f) Standards requiring the use of behavioral health service provider reimbursement methods that incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895 and 71.36.025, integration of behavioral health and primary care services at the clinical level, and improved care coordination for individuals with complex care needs;
(g) Standards related to the financial integrity of the responding organization. The ((department)) authority shall adopt rules establishing the solvency requirements and other financial integrity standards for behavioral health organizations. This subsection does not limit the authority of the ((department)) authority to take action under a contract upon finding that a behavioral health organization's financial status jeopardizes the organization's ability to meet its contractual obligations;

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

(i) Provisions to maintain the decision-making independence of designated mental health professionals or designated chemical dependency specialists; and

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

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

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

(b) Demonstrated commitment and experience serving persons who have mental illness, chemical dependency, or co-occurring disorders;

(c) Demonstrated commitment to and experience with partnerships with county and municipal criminal justice systems, housing services, and other critical support services necessary to achieve the outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025;

(d) Recognition that meeting enrollees' physical and behavioral health care needs is a shared responsibility of contracted behavioral health organizations, managed health care systems, service providers, the state, and communities;

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

(f) The ability to meet requirements established by the ((department)) authority.
(3) For purposes of purchasing behavioral health services and medical care services for persons eligible for benefits under medicaid, Title XIX of the social security act and for persons not eligible for medicaid, the ((department and the health care)) authority must use ((common)) regional service areas. The regional service areas must be established by the ((department and the health care)) authority as provided in RCW 43.20A.893 (as recodified by this act).

(4) Consideration must be given to using multiple-biennia contracting periods.

(5) Each behavioral health organization operating pursuant to a contract issued under this section shall enroll clients within its regional service area who meet the ((department's)) authority's eligibility criteria for mental health and chemical dependency services.

Sec. 2009. RCW 43.20A.896 and 2014 c 225 s 4 are each amended to read as follows:

The ((secretary)) director shall require that behavioral health organizations offer contracts to managed health care systems under chapter 74.09 RCW or primary care practice settings to promote access to the services of chemical dependency professionals under chapter 18.205 RCW and mental health professionals, as defined by the department of health in rule, for the purposes of integrating such services into primary care settings for individuals with behavioral health and medical comorbidities.

Sec. 2010. RCW 43.20A.897 and 2014 c 225 s 65 are each amended to read as follows:

(1) By November 30, 2013, the department and the ((health care)) authority must report to the governor and the relevant fiscal and policy committees of the legislature, consistent with RCW 43.01.036, a plan that establishes a tribal-centric behavioral health system incorporating both mental health and chemical dependency services. The plan must assure that child, adult, and older adult American Indians and Alaskan Natives eligible for medicaid have increased access to culturally appropriate mental health and chemical dependency services. The plan must:

(a) Include implementation dates, major milestones, and fiscal estimates as needed;
(b) Emphasize the use of culturally appropriate evidence-based and promising practices;

(c) Address equitable access to crisis services, outpatient care, voluntary and involuntary hospitalization, and behavioral health care coordination;

(d) Identify statutory changes necessary to implement the tribal-centric behavioral health system; and

(e) Be developed with the department's Indian policy advisory committee and the American Indian health commission, in consultation with Washington's federally recognized tribes.

(2) The authority shall enter into agreements with the tribes and urban Indian health programs and modify behavioral health organization contracts as necessary to develop a tribal-centric behavioral health system that better serves the needs of the tribes.

Sec. 2011. RCW 74.04.015 and 2011 1st sp.s. c 15 s 62 are each amended to read as follows:

(1) The secretary of social and health services shall be the responsible state officer for the administration and disbursement of all funds, goods, commodities, and services, which may be received by the state in connection with programs of public assistance or services related directly or indirectly to assistance programs, and all other matters included in the federal social security act as amended, or any other federal act or as the same may be amended except as otherwise provided by law.

(2) The director shall be the responsible state officer for the administration and disbursement of funds that the state receives in connection with the medical services programs established under chapter 74.09 RCW, including the state children's health insurance program, Titles XIX and XXI of the social security act of 1935, as amended, and programs established under chapter 71.05, 71.24, and 71.34 RCW that are under the director's authority.

(3) The department and the authority, as appropriate, shall make such reports and render such accounting as may be required by federal law.
Sec. 3001. RCW 71.05.020 and 2016 c 155 s 1 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

((8)) (9) "Department" means the department of health;

((9)) (10) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;
Designated crisis responder means a mental health professional appointed by the county or the behavioral health organization to perform the duties specified in this chapter;

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;

Detention or detain means the lawful confinement of a person, under the provisions of this chapter;

Developmental disabilities professional means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

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

Director means the director of the authority;

Discharge means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;

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

Gravely disabled means a condition in which a person, as a result of a mental disorder: (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 repeated and
escalating loss of cognitive or volitional control over his or her
actions and is not receiving such care as is essential for his or her
health or safety;

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

((419)) (21) "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 in confinement as a result
of a criminal conviction;

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

((421)) (23) "In need of assisted outpatient mental health
treatment" means that a person, as a result of a mental disorder: (a)
Has been committed by a court to detention for involuntary mental
health treatment at least twice during the preceding thirty-six
months, or, if the person is currently committed for involuntary
mental health treatment, the person has been committed to detention
for involuntary mental health treatment at least once during the
thirty-six months preceding the date of initial detention of the
current commitment cycle; (b) is unlikely to voluntarily participate
in outpatient treatment without an order for less restrictive
alternative treatment, in view of the person's treatment history or
current behavior; (c) is unlikely to survive safely in the community
without supervision; (d) is likely to benefit from less restrictive
alternative treatment; and (e) requires less restrictive alternative
treatment to prevent a relapse, decompensation, or deterioration that
is likely to result in the person presenting a likelihood of serious
harm or the person becoming gravely disabled within a reasonably
short period of time. For purposes of (a) of this subsection, time
spent in a mental health facility or in confinement as a result of a
criminal conviction is excluded from the thirty-six month calculation;

"Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
(b) The conditions and strategies necessary to achieve the purposes of habilitation;
(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
(e) The staff responsible for carrying out the plan;
(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
(g) The type of residence immediately anticipated for the person and possible future types of residences;

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

"Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;

"Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health service providers under RCW 71.05.130;

"Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585;

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

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

(28)) (30) "Medical clearance" means a physician or other
health care provider has determined that a person is medically stable
and ready for referral to the designated mental health professional;

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

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

(31)) (33) "Mental health service provider" means a public or
private agency that provides mental health services to persons with
mental disorders as defined under this section and receives funding
from public sources. This includes, but is not limited to, hospitals
licensed under chapter 70.41 RCW, evaluation and treatment facilities
as defined in this section, community mental health service delivery
systems or community mental health programs as defined in RCW
71.24.025, facilities conducting competency evaluations and
restoration under chapter 10.77 RCW, and correctional facilities
operated by state and local governments;

(32)) (34) "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;

(33)) (35) "Physician assistant" means a person licensed as a
physician assistant under chapter 18.57A or 18.71A RCW;
"Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;

"Professional person" means a mental health professional and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

"Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;

"Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;

"Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;

"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;

"Release" means legal termination of the commitment under the provisions of this chapter;

"Resource management services" has the meaning given in chapter 71.24 RCW;
"Secretary" means the secretary of the department of social and health services, or his or her designee;

"Serious violent offense" has the same meaning as provided in RCW 9.94A.030;

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

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

"Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department of social and health services, the department, the authority, behavioral health organizations and their staffs, and treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department of social and health services, the department, the authority, behavioral health organizations, or a treatment facility if the notes or records are not available to others;

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

"Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.
Sec. 3002. RCW 71.05.020 and 2016 sp.s. c 29 s 204 and 2016 c
155 s 1 are each reenacted and amended to read as follows:
The definitions in this section apply throughout this chapter
unless the context clearly requires otherwise.
(1) "Admission" or "admit" means a decision by a physician,
physician assistant, or psychiatric advanced registered nurse
practitioner that a person should be examined or treated as a patient
in a hospital;
(2) "Alcoholism" means a disease, characterized by a dependency
on alcoholic beverages, loss of control over the amount and
circumstances of use, symptoms of tolerance, physiological or
psychological withdrawal, or both, if use is reduced or discontinued,
and impairment of health or disruption of social or economic
functioning;
(3) "Antipsychotic medications" means that class of drugs
primarily used to treat serious manifestations of mental illness
associated with thought disorders, which includes, but is not limited
to atypical antipsychotic medications;
(4) "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 as meeting standards
adopted under chapter 71.24 RCW;
(5) "Attending staff" means any person on the staff of a public
or private agency having responsibility for the care and treatment of
a patient;
(6) "Authority" means the Washington state health care authority;
(7) "Chemical dependency" means:
(a) Alcoholism;
(b) Drug addiction; or
(c) Dependence on alcohol and one or more psychoactive chemicals,
as the context requires;
((7†)) (8) "Chemical dependency professional" means a person
certified as a chemical dependency professional by the department of
health under chapter 18.205 RCW;
((7†)) (9) "Commitment" means the determination by a court that
a person should be detained for a period of either evaluation or
treatment, or both, in an inpatient or a less restrictive setting;
((7†)) (10) "Conditional release" means a revocable modification
of a commitment, which may be revoked upon violation of any of its
terms;

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

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

"Department" means the department of health;

"Designated crisis responder" means a mental health professional appointed by the behavioral health organization to perform the duties specified in this chapter;

"Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;

"Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

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

"Director" means the director of the authority;

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

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

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

((22)) "Gravely disabled" means a condition in which a person, as a result of a mental disorder, or 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 repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

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

((24)) "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, a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction;

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

((26)) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals.
as a team, for a person with developmental disabilities, which shall state:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
(b) The conditions and strategies necessary to achieve the purposes of habilitation;
(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
(e) The staff responsible for carrying out the plan;
(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
(g) The type of residence immediately anticipated for the person and possible future types of residences;

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

"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;

"In need of assisted outpatient mental health treatment" means that a person, as a result of a mental disorder: (a) Has been committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment cycle; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, in view of the person's treatment history or current behavior; (c) is unlikely to survive safely in the community
without supervision; (d) is likely to benefit from less restrictive alternative treatment; and (e) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time. For purposes of (a) of this subsection, time spent in a mental health facility or in confinement as a result of a criminal conviction is excluded from the thirty-six month calculation;

((29)) (30) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;

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

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

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

((32)) (34) "Likelihood of serious harm" means:

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

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

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

((34)) (36) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
"Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

"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;

"Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW;

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

"Professional person" means a mental health professional or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

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

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

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

((45) "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 or
substance use disorders;

(46)) (47) "Release" means legal termination of the commitment
under the provisions of this chapter;

((47)) (48) "Resource management services" has the meaning
given in chapter 71.24 RCW;

((48)) (49) "Secretary" means the secretary of the department
of ((social and)) health ((services)), or his or her designee;

((49)) (50) "Secure detoxification facility" means a facility
operated by either a public or private agency or by the program of an
agency that:

(a) Provides for intoxicated persons:

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

(ii) Acute or subacute detoxification services; and

(iii) Discharge assistance provided by certified chemical
dependency professionals, including facilitating transitions to
appropriate voluntary or involuntary inpatient services or to less
restrictive alternatives as appropriate for the individual;
(b) Includes security measures sufficient to protect the
patients, staff, and community; and
(c) Is licensed or certified as such by the department of health;
((50)) (51) "Serious violent offense" has the same meaning as
provided in RCW 9.94A.030;
((51)) (52) "Social worker" means a person with a master's or
further advanced degree from a social work educational program
accredited and approved as provided in RCW 18.320.010;
((52)) (53) "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;
((53)) (54) "Therapeutic court personnel" means the staff of a
mental health court or other therapeutic court which has jurisdiction
over defendants who are dually diagnosed with mental disorders,
including court personnel, probation officers, a court monitor,
prosecuting attorney, or defense counsel acting within the scope of
therapeutic court duties;
((54)) (55) "Treatment records" include registration and all
other records concerning persons who are receiving or who at any time
have received services for mental illness, which are maintained by
the department of social and health services, ((55)) the department,
the authority, behavioral health organizations and their staffs, and
by treatment facilities. Treatment records include mental health
information contained in a medical bill including but not limited to
mental health drugs, a mental health diagnosis, provider name, and
dates of service stemming from a medical service. Treatment records
do not include notes or records maintained for personal use by a
person providing treatment services for the department of social and
health services, the department, the authority, behavioral health
organizations, or a treatment facility if the notes or records are
not available to others;
((55)) (56) "Triage facility" means a short-term facility or a
portion of a facility licensed or certified by the department ((of
health and certified by the department of social and health
services)) under RCW 71.24.035, which is designed as a facility to
assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility; "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

Sec. 3003. RCW 71.05.026 and 2014 c 225 s 81 are each amended to read as follows:

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

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

(3) This section applies to counties, behavioral health organizations, and entities which contract to provide behavioral health organization services and their subcontractors, agents, or employees.

Sec. 3004. RCW 71.05.026 and 2016 sp.s. c 29 s 206 are each amended to read as follows:

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

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

(3) This section applies to counties, behavioral health organizations, and entities which contract to provide behavioral health organization services and their subcontractors, agents, or employees.
relief, injunctive relief, judicial review under chapter 34.05 RCW, or civil liability against the state or state agencies for actions or inactions performed pursuant to the administration of this chapter with regard to the following: (a) The allocation or payment of federal or state funds; (b) the use or allocation of state hospital beds; or (c) financial responsibility for the provision of inpatient mental health care or inpatient substance use disorder treatment.

(3) This section applies to counties, behavioral health organizations, and entities which contract to provide behavioral health organization services and their subcontractors, agents, or employees.

Sec. 3005. RCW 71.05.027 and 2014 c 225 s 82 are each amended to 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) 71.24.630 and shall document the numbers of clients with co-occurring mental and substance abuse disorders based on a quadrant system of low and high needs.

(2) Treatment providers and behavioral health organizations who fail to implement the integrated comprehensive screening and assessment process for chemical dependency and mental disorders by July 1, 2007, shall be subject to contractual penalties established under RCW (70.96C.010) 71.24.630.

Sec. 3006. RCW 71.05.040 and 2004 c 166 s 2 are each amended to read as follows:

Persons (who are developmentally disabled) with developmental disabilities, impaired by (chronic alcoholism or drug abuse) substance use disorder, or suffering from dementia shall not be detained for evaluation and treatment or judicially committed solely by reason of that condition unless such condition causes a person to be gravely disabled or as a result of a mental disorder such condition exists that constitutes a likelihood of serious harm((Provided)). However, ((That)) persons (who are developmentally disabled) with developmental disabilities, impaired by (chronic alcoholism or drug abuse) substance use disorder, or suffering from dementia and who otherwise meet the criteria for detention or
judicial commitment are not ineligible for detention or commitment based on this condition alone.

Sec. 3007. RCW 71.05.100 and 1997 c 112 s 6 are each amended to read as follows:

In addition to the responsibility provided for by RCW 43.20B.330, any person, or his or her estate, or his or her spouse, or the parents of a minor person who is involuntarily detained pursuant to this chapter for the purpose of treatment and evaluation outside of a facility maintained and operated by the department of social and health services shall be responsible for the cost of such care and treatment. In the event that an individual is unable to pay for such treatment or in the event payment would result in a substantial hardship upon the individual or his or her family, then the county of residence of such person shall be responsible for such costs. If it is not possible to determine the county of residence of the person, the cost shall be borne by the county where the person was originally detained. The department of social and health services, or the authority, as appropriate, shall, pursuant to chapter 34.05 RCW, adopt standards as to (1) inability to pay in whole or in part, (2) a definition of substantial hardship, and (3) appropriate payment schedules. (Such standards shall be applicable to all county mental health administrative boards.) Financial responsibility with respect to services and facilities of the department of social and health services shall continue to be as provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

Sec. 3008. RCW 71.05.203 and 2015 c 258 s 3 are each amended to read as follows:

(1) The authority and each behavioral health organization or agency employing designated mental health professionals shall publish information in an easily accessible format describing the process for an immediate family member, guardian, or conservator to petition for court review of a detention decision under RCW 71.05.201.

(2) A designated mental health professional or designated mental health professional agency that receives a request for investigation for possible detention under this chapter must inquire whether the request comes from an immediate family member, guardian, or conservator who would be eligible to petition under RCW 71.05.201.
the designated mental health professional decides not to detain the
person for evaluation and treatment under RCW 71.05.150 or 71.05.153
or forty-eight hours have elapsed since the request for investigation
was received and the designated mental health professional has not
taken action to have the person detained, the designated mental
health professional or designated mental health professional agency
must inform the immediate family member, guardian, or conservator who
made the request for investigation about the process to petition for
court review under RCW 71.05.201.

Sec. 3009. RCW 71.05.203 and 2016 sp.s. c 29 s 223 are each
amended to read as follows:

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

(2) A designated crisis responder or designated crisis responder
agency that receives a request for investigation for possible
detention under this chapter must inquire whether the request comes
from an immediate family member, guardian, or conservator who would
be eligible to petition under RCW 71.05.201. If the designated crisis
responder decides not to detain the person for evaluation and
treatment under RCW 71.05.150 or 71.05.153 or forty-eight hours have
elapsed since the request for investigation was received and the
designated crisis responder has not taken action to have the person
detained, the designated crisis responder or designated crisis
responder agency must inform the immediate family member, guardian,
or conservator who made the request for investigation about the
process to petition for court review under RCW 71.05.201.

Sec. 3010. RCW 71.05.214 and 1998 c 297 s 26 are each amended to
read as follows:

The ((department)) authority shall develop statewide protocols to
be utilized by professional persons and ((county)) designated mental
health professionals in administration of this chapter and chapter
10.77 RCW. The protocols shall be updated at least every three years.
The protocols shall provide uniform development and application of
criteria in evaluation and commitment recommendations, of persons who
have, or are alleged to have, mental disorders and are subject to
this chapter.

The initial protocols shall be developed not later than September
1, 1999. The ((department)) authority shall develop and update the
protocols in consultation with representatives of ((county))
designated mental health professionals, the department of social and
health services, local government, law enforcement, county and city
prosecutors, public defenders, and groups concerned with mental
illness. The protocols shall be submitted to the governor and
legislature upon adoption by the ((department)) authority.

Sec. 3011. RCW 71.05.214 and 2016 sp.s. c 29 s 227 are each
amended to read as follows:

The ((department)) authority shall develop statewide protocols to
be utilized by professional persons and designated crisis responders
in administration of this chapter and chapter 10.77 RCW. The
protocols shall be updated at least every three years. The protocols
shall provide uniform development and application of criteria in
evaluation and commitment recommendations, of persons who have, or
are alleged to have, mental disorders or substance use disorders and
are subject to this chapter.

The initial protocols shall be developed not later than September
1, 1999. The ((department)) authority shall develop and update the
protocols in consultation with representatives of designated crisis
responders, the department of social and health services, local
government, law enforcement, county and city prosecutors, public
defenders, and groups concerned with mental illness and substance use
disorders. The protocols shall be submitted to the governor and
legislature upon adoption by the ((department)) authority.

Sec. 3012. RCW 71.05.215 and 2016 c 155 s 3 are each amended to
read as follows:

(1) A person found to be gravely disabled or presents a
likelihood of serious harm as a result of a mental disorder has a
right to refuse antipsychotic medication unless it is determined that
the failure to medicate may result in a likelihood of serious harm or
substantial deterioration or substantially prolong the length of
involuntary commitment and there is no less intrusive course of
treatment than medication in the best interest of that person.
(2) The authority shall adopt rules to carry out the purposes of this chapter. These rules shall include:

(a) An attempt to obtain the informed consent of the person prior to administration of antipsychotic medication.

(b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication by a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority.

(c) For continued treatment beyond thirty days through the hearing on any petition filed under RCW 71.05.217, the right to periodic review of the decision to medicate by the medical director or designee.

(d) Administration of antipsychotic medication in an emergency and review of this decision within twenty-four hours. An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to be successful; and in the opinion of the physician, physician assistant, or psychiatric advanced registered nurse practitioner, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion.

(e) Documentation in the medical record of the attempt by the physician, physician assistant, or psychiatric advanced registered nurse practitioner to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.

Sec. 3013. RCW 71.05.215 and 2016 sp.s. c 29 s 228 and 2016 c 155 s 3 are each reenacted and amended to read as follows:

(1) A person found to be gravely disabled or presents a likelihood of serious harm as a result of a mental disorder or substance use disorder has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.
The authority shall adopt rules to carry out the purposes of this chapter. These rules shall include:

(a) An attempt to obtain the informed consent of the person prior to administration of antipsychotic medication.

(b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication by a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority.

(c) For continued treatment beyond thirty days through the hearing on any petition filed under RCW 71.05.217, the right to periodic review of the decision to medicate by the medical director or designee.

(d) Administration of antipsychotic medication in an emergency and review of this decision within twenty-four hours. An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to be successful; and in the opinion of the physician, physician assistant, or psychiatric advanced registered nurse practitioner, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion.

(e) Documentation in the medical record of the attempt by the physician, physician assistant, or psychiatric advanced registered nurse practitioner to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.

Sec. 3014. RCW 71.05.240 and 2016 sp.s. c 29 s 232 and 2016 c 45 s 2 are each reenacted and amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention or involuntary outpatient evaluation of such person as determined in RCW 71.05.180. If requested by the person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the
conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.

(2) If the petition is for mental health treatment, the court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.

(3)(a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility licensed or certified to provide treatment by the department.

(b) Commitment for up to fourteen days based on a substance use disorder must be to either a secure detoxification facility or an approved substance use disorder treatment program. A court may only enter a commitment order based on a substance use disorder if there is an available secure detoxification facility or approved substance use disorder treatment program with adequate space for the person.

(c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for not to exceed ninety days.

(d) If the court finds by a preponderance of the evidence that such person, as the result of a mental disorder, is in need of assisted outpatient mental health treatment, and that the person does not present a likelihood of serious harm or grave disability, the court shall order an appropriate less restrictive alternative course of treatment not to exceed ninety days, and may not order inpatient treatment.
(e) An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(4) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

Sec. 3015. RCW 71.05.240 and 2016 sp.s. c 29 s 233 are each amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention or involuntary outpatient evaluation of such person as determined in RCW 71.05.180. If requested by the person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.

(2) If the petition is for mental health treatment, the court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.

(3)(a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no
such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility licensed or certified to provide treatment by the department.

(b) Commitment for up to fourteen days based on a substance use disorder must be to either a secure detoxification facility or an approved substance use disorder treatment program.

(c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for not to exceed ninety days.

(d) If the court finds by a preponderance of the evidence that such person, as the result of a mental disorder, is in need of assisted outpatient mental health treatment, and that the person does not present a likelihood of serious harm or grave disability, the court shall order an appropriate less restrictive alternative course of treatment not to exceed ninety days, and may not order inpatient treatment.

(e) An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(4) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

Sec. 3016. RCW 71.05.285 and 2001 c 12 s 1 are each amended to read as follows:
In determining whether an inpatient or less restrictive alternative commitment under the process provided in RCW 71.05.280 and 71.05.320 countered provisions is appropriate, great weight shall be given to evidence of a prior history or pattern of decompensation and discontinuation of treatment resulting in: (1) Repeated hospitalizations; or (2) repeated peace officer interventions resulting in juvenile offenses, criminal charges, diversion programs, or jail admissions. Such evidence may be used to provide a factual basis for concluding that the individual would not receive, if released, such care as is essential for his or her health or safety.

Sec. 3017. RCW 71.05.320 and 2016 c 45 s 4 are each amended to read as follows:

(1) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment to the custody of the department of social and health services or to a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less
restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated mental health professional, files a new petition for involuntary treatment on the grounds that the committed person:

(a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of mental disorder or developmental disability presents a likelihood of serious harm; or

(b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder or developmental disability a likelihood of serious harm; or

(c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior.
behavior. The initial or additional commitment period may include
transfer to a specialized program of intensive support and treatment,
which may be initiated prior to or after discharge from the state
hospital; or
(d) Continues to be gravely disabled; or
(e) Is in need of assisted outpatient mental health treatment.
If the conduct required to be proven in (b) and (c) of this
subsection was found by a judge or jury in a prior trial under this
chapter, it shall not be necessary to prove such conduct again.
If less restrictive alternative treatment is sought, the petition
shall set forth any recommendations for less restrictive alternative
treatment services.
(5) A new petition for involuntary treatment filed under
subsection (4) of this section shall be filed and heard in the
superior court of the county of the facility which is filing the new
petition for involuntary treatment unless good cause is shown for a
change of venue. The cost of the proceedings shall be borne by the
state.
(6)(a) The hearing shall be held as provided in RCW 71.05.310,
and if the court or jury finds that the grounds for additional
confinement as set forth in this section are present, the court may
order the committed person returned for an additional period of
treatment not to exceed one hundred eighty days from the date of
judgment, except as provided in subsection (7) of this section. If
the court's order is based solely on the grounds identified in
subsection (4)(e) of this section, the court may enter an order for
less restrictive alternative treatment not to exceed one hundred
eighty days from the date of judgment, and may not enter an order for
inpatient treatment. An order for less restrictive alternative
treatment must name the mental health service provider responsible
for identifying the services the person will receive in accordance
with RCW 71.05.585, and must include a requirement that the person
cooperate with the services planned by the mental health service
provider.
(b) At the end of the one hundred eighty day period of
commitment, or one-year period of commitment if subsection (7) of
this section applies, the committed person shall be released unless a
petition for an additional one hundred eighty day period of continued
treatment is filed and heard in the same manner as provided in this
section. Successive one hundred eighty day commitments are
permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

(7) An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the person's previous commitment term was for intensive inpatient treatment in a state hospital.

(8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length except as provided in subsection (7) of this section.

Sec. 3018. RCW 71.05.320 and 2016 sp.s. c 29 s 237 and 2016 c 45 s 4 are each reenacted and amended to read as follows:

(1)(a) Subject to (b) of this subsection, if the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment.

(b) If the order for inpatient treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program. The court may only enter an order for commitment based on a substance use disorder if there is an available approved substance use disorder treatment program with adequate space for the person.

(c) If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment (in ) to the custody of the department of social and health services or to a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to
exceed ninety days from the date of judgment. If the order for less restrictive treatment is based on a substance use disorder, treatment must be provided by an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated crisis responder, files a new petition for involuntary treatment on the grounds that the committed person:

(a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of a mental disorder, substance use disorder, or developmental disability presents a likelihood of serious harm; or

(b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder, substance use disorder, or developmental disability a likelihood of serious harm; or

(c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.
In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or

(d) Continues to be gravely disabled; or

(e) Is in need of assisted outpatient mental health treatment.

If the conduct required to be proven in (b) and (c) of this subsection was found by a judge or jury in a prior trial under this chapter, it shall not be necessary to prove such conduct again.

If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment.
An order for less restrictive alternative treatment must name the
mental health service provider responsible for identifying the
services the person will receive in accordance with RCW 71.05.585,
and must include a requirement that the person cooperate with the
services planned by the mental health service provider.

(b) At the end of the one hundred eighty day period of
commitment, or one-year period of commitment if subsection (7) of
this section applies, the committed person shall be released unless a
petition for an additional one hundred eighty day period of continued
treatment is filed and heard in the same manner as provided in this
section. Successive one hundred eighty day commitments are
permissible on the same grounds and pursuant to the same procedures
as the original one hundred eighty day commitment.

(7) An order for less restrictive treatment entered under
subsection (6) of this section may be for up to one year when the
person's previous commitment term was for intensive inpatient
treatment in a state hospital.

(8) No person committed as provided in this section may be
detained unless a valid order of commitment is in effect. No order of
commitment can exceed one hundred eighty days in length except as
provided in subsection (7) of this section.

Sec. 3019. RCW 71.05.320 and 2016 sp.s. c 29 s 238 are each
amended to read as follows:

(1) If the court or jury finds that grounds set forth in RCW
71.05.280 have been proven and that the best interests of the person
or others will not be served by a less restrictive treatment which is
an alternative to detention, the court shall remand him or her to the
custody of the department of social and health services or to a
facility certified for ninety day treatment by the department for a
further period of intensive treatment not to exceed ninety days from
the date of judgment.

If the order for inpatient treatment is based on a substance use
disorder, treatment must take place at an approved substance use
disorder treatment program. If the grounds set forth in RCW
71.05.280(3) are the basis of commitment, then the period of
treatment may be up to but not exceed one hundred eighty days from
the date of judgment to the custody of the department of
social and health services or to a facility certified for one hundred
eighty day treatment by the department.
(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the order for less restrictive treatment is based on a substance use disorder, treatment must be provided by an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated crisis responder, files a new petition for involuntary treatment on the grounds that the committed person:

(a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of a mental disorder, substance use disorder, or developmental disability presents a likelihood of serious harm; or

(b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder,
substance use disorder, or developmental disability a likelihood of serious harm; or

   (c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.

   (ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or

   (d) Continues to be gravely disabled; or
   (e) Is in need of assisted outpatient mental health treatment.

If the conduct required to be proven in (b) and (c) of this subsection was found by a judge or jury in a prior trial under this chapter, it shall not be necessary to prove such conduct again.

If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, the court may order the committed person returned for an additional period of
treatment not to exceed one hundred eighty days from the date of
cjudgment, except as provided in subsection (7) of this section. If
the court's order is based solely on the grounds identified in
subsection (4)(e) of this section, the court may enter an order for
less restrictive alternative treatment not to exceed one hundred
eighty days from the date of judgment, and may not enter an order for
inpatient treatment. An order for less restrictive alternative
treatment must name the mental health service provider responsible
for identifying the services the person will receive in accordance
with RCW 71.05.585, and must include a requirement that the person
cooperate with the services planned by the mental health service
provider.

(b) At the end of the one hundred eighty day period of
commitment, or one-year period of commitment if subsection (7) of
this section applies, the committed person shall be released unless a
petition for an additional one hundred eighty day period of continued
treatment is filed and heard in the same manner as provided in this
section. Successive one hundred eighty day commitments are
permissible on the same grounds and pursuant to the same procedures
as the original one hundred eighty day commitment.

(7) An order for less restrictive treatment entered under
subsection (6) of this section may be for up to one year when the
person's previous commitment term was for intensive inpatient
treatment in a state hospital.

(8) No person committed as provided in this section may be
detained unless a valid order of commitment is in effect. No order of
commitment can exceed one hundred eighty days in length except as
provided in subsection (7) of this section.

Sec. 3020. RCW 71.05.325 and 2000 c 94 s 7 are each amended to
read as follows:

(1) Before a person committed under grounds set forth in RCW
71.05.280(3) is released because a new petition for involuntary
treatment has not been filed under RCW 71.05.320(((42))) (4), the
superintendent, professional person, or designated mental health
professional responsible for the decision whether to file a new
petition shall in writing notify the prosecuting attorney of the
county in which the criminal charges against the committed person
were dismissed, of the decision not to file a new petition for
involuntary treatment. Notice shall be provided at least forty-five days before the period of commitment expires.

(2)(a) Before a person committed under grounds set forth in RCW 71.05.280(3) is permitted temporarily to leave a treatment facility pursuant to RCW 71.05.270 for any period of time without constant accompaniment by facility staff, the superintendent, professional person in charge of a treatment facility, or his or her professional designee shall in writing notify the prosecuting attorney of any county of the person's destination and the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed. The notice shall be provided at least forty-five days before the anticipated leave and shall describe the conditions under which the leave is to occur.

(b) The provisions of RCW 71.05.330(2) apply to proposed leaves, and either or both prosecuting attorneys receiving notice under this subsection may petition the court under RCW 71.05.330(2).

(3) Nothing in this section shall be construed to authorize detention of a person unless a valid order of commitment is in effect.

(4) The existence of the notice requirements in this section will not require any extension of the leave date in the event the leave plan changes after notification.

(5) The notice requirements contained in this section shall not apply to emergency medical transfers.

(6) The notice provisions of this section are in addition to those provided in RCW 71.05.425.

Sec. 3021. RCW 71.05.325 and 2016 sp.s. c 29 s 239 are each amended to read as follows:

(1) Before a person committed under grounds set forth in RCW 71.05.280(3) is released because a new petition for involuntary treatment has not been filed under RCW 71.05.320((4)), the superintendent, professional person, or designated crisis responder responsible for the decision whether to file a new petition shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision not to file a new petition for involuntary treatment. Notice shall be provided at least forty-five days before the period of commitment expires.
(2)(a) Before a person committed under grounds set forth in RCW 71.05.280(3) is permitted temporarily to leave a treatment facility pursuant to RCW 71.05.270 for any period of time without constant accompaniment by facility staff, the superintendent, professional person in charge of a treatment facility, or his or her professional designee shall in writing notify the prosecuting attorney of any county of the person's destination and the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed. The notice shall be provided at least forty-five days before the anticipated leave and shall describe the conditions under which the leave is to occur.

(b) The provisions of RCW 71.05.330(2) apply to proposed leaves, and either or both prosecuting attorneys receiving notice under this subsection may petition the court under RCW 71.05.330(2).

(3) Nothing in this section shall be construed to authorize detention of a person unless a valid order of commitment is in effect.

(4) The existence of the notice requirements in this section will not require any extension of the leave date in the event the leave plan changes after notification.

(5) The notice requirements contained in this section shall not apply to emergency medical transfers.

(6) The notice provisions of this section are in addition to those provided in RCW 71.05.425.

Sec. 3022. RCW 71.05.330 and 1998 c 297 s 20 are each amended to read as follows:

(1) Nothing in this chapter shall prohibit the superintendent or professional person in charge of the hospital or facility in which the person is being involuntarily treated from releasing him or her prior to the expiration of the commitment period when, in the opinion of the superintendent or professional person in charge, the person being involuntarily treated no longer presents a likelihood of serious harm.

Whenever the superintendent or professional person in charge of a hospital or facility providing involuntary treatment pursuant to this chapter releases a person prior to the expiration of the period of commitment, the superintendent or professional person in charge shall in writing notify the court which committed the person for treatment.
(2) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320((4)(c)) is released under this section, the superintendent or professional person in charge shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the release date. Notice shall be provided at least thirty days before the release date. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county in which the person is being involuntarily treated for a hearing to determine whether the person is to be released. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and the guardian or conservator of the committed person. The court shall conduct a hearing on the petition within ten days of filing the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the committed person shall be released or shall be returned for involuntary treatment subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter.

Sec. 3023. RCW 71.05.335 and 1986 c 67 s 7 are each amended to read as follows:

In any proceeding under this chapter to modify a commitment order of a person committed to inpatient treatment under grounds set forth in RCW 71.05.280(3) or 71.05.320((4)(c)) in which the requested relief includes treatment less restrictive than detention, the prosecuting attorney shall be entitled to intervene. The party initiating the motion to modify the commitment order shall serve the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed with written notice and copies of the initiating papers.
Sec. 3024. RCW 71.05.340 and 2015 c 250 s 12 are each amended to read as follows:

(1)(a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the inpatient treatment period, shall not exceed the period of commitment. If the facility or agency designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the terms of conditional release shall be given to the patient, the designated mental health professional in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.

(b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten
days of the filing of the petition. The committed person shall have
the same rights with respect to notice, hearing, and counsel as for
an involuntary treatment proceeding, except as set forth in this
subsection and except that there shall be no right to jury trial. The
issue to be determined at the hearing is whether or not the person
may be conditionally released without substantial danger to other
persons, or substantial likelihood of committing criminal acts
jeopardizing public safety or security. If the court disapproves of
the conditional release, it may do so only on the basis of
substantial evidence. Pursuant to the determination of the court upon
the hearing, the conditional release of the person shall be approved
by the court on the same or modified conditions or the person shall
be returned for involuntary treatment on an inpatient basis subject
to release at the end of the period for which he or she was
committed, or otherwise in accordance with the provisions of this
chapter.

(2) The facility or agency designated to provide outpatient care
or the secretary of the department of social and health services may
modify the conditions for continued release when such modification is
in the best interest of the person. Notification of such changes
shall be sent to all persons receiving a copy of the original
conditions. Enforcement or revocation proceedings related to a
conditional release order may occur as provided under RCW 71.05.590.

Sec. 3025. RCW 71.05.340 and 2016 sp.s. c 29 s 240 are each
amended to read as follows:

(1)(a) When, in the opinion of the superintendent or the
professional person in charge of the hospital or facility providing
involuntary treatment, the committed person can be appropriately
served by outpatient treatment prior to or at the expiration of the
period of commitment, then such outpatient care may be required as a
term of conditional release for a period which, when added to the
inpatient treatment period, shall not exceed the period of
commitment. If the facility or agency designated to provide
outpatient treatment is other than the facility providing involuntary
treatment, the outpatient facility so designated must agree in
writing to assume such responsibility. A copy of the terms of
conditional release shall be given to the patient, the designated
crisis responder in the county in which the patient is to receive
outpatient treatment, and to the court of original commitment.
Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter.
(2) The facility or agency designated to provide outpatient care or the secretary of the department of social and health services may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions. Enforcement or revocation proceedings related to a conditional release order may occur as provided under RCW 71.05.590.

Sec. 3026. RCW 71.05.350 and 1997 c 112 s 29 are each amended to read as follows:

No indigent patient shall be conditionally released or discharged from involuntary treatment without suitable clothing, and the superintendent of a state hospital shall furnish the same, together with such sum of money as he or she deems necessary for the immediate welfare of the patient. Such sum of money shall be the same as the amount required by RCW 72.02.100 to be provided to persons in need being released from correctional institutions. As funds are available, the secretary of the department of social and health services may provide payment to indigent persons conditionally released pursuant to this chapter consistent with the optional provisions of RCW 72.02.100 and 72.02.110, and may adopt rules and regulations to do so.

Sec. 3027. RCW 71.05.380 and 1973 1st ex.s. c 142 s 43 are each amended to read as follows:

All persons voluntarily entering or remaining in any facility, institution, or hospital providing evaluation and treatment for mental disorder shall have no less than all rights secured to involuntarily detained persons by RCW 71.05.360 and (71.05.370) 71.05.217.

Sec. 3028. RCW 71.05.425 and 2013 c 289 s 6 and 2013 c 200 s 30 are each reenacted and amended to read as follows:

(1)(a) Except as provided in subsection (2) of this section, at the earliest possible date, and in no event later than thirty days before conditional release, final release, authorized leave under RCW 71.05.325(2), or transfer to a facility other than a state mental hospital, the superintendent shall send written notice of conditional release, release, authorized leave, or transfer of a person committed under RCW 71.05.280(3) or 71.05.320(4) following dismissal.
of a sex, violent, or felony harassment offense pursuant to RCW 10.77.086(4) to the following:

(i) The chief of police of the city, if any, in which the person will reside;

(ii) The sheriff of the county in which the person will reside; and

(iii) The prosecuting attorney of the county in which the criminal charges against the committed person were dismissed.

(b) The same notice as required by (a) of this subsection shall be sent to the following, if such notice has been requested in writing about a specific person committed under RCW 71.05.280(3) or 71.05.320((3)) (4)(c) following dismissal of a sex, violent, or felony harassment offense pursuant to RCW 10.77.086(4):

(i) The victim of the sex, violent, or felony harassment offense that was dismissed pursuant to RCW 10.77.086(4) preceding commitment under RCW 71.05.280(3) or 71.05.320((3)) (4)(c) or the victim's next of kin if the crime was a homicide;

(ii) Any witnesses who testified against the person in any court proceedings;

(iii) Any person specified in writing by the prosecuting attorney. Information regarding victims, next of kin, or witnesses requesting the notice, information regarding any other person specified in writing by the prosecuting attorney to receive the notice, and the notice are confidential and shall not be available to the person committed under this chapter; and

(iv) The chief of police of the city, if any, and the sheriff of the county, if any, which had jurisdiction of the person on the date of the applicable offense.

(c) The thirty-day notice requirements contained in this subsection shall not apply to emergency medical transfers.

(d) The existence of the notice requirements in this subsection will not require any extension of the release date in the event the release plan changes after notification.

(2) If a person committed under RCW 71.05.280(3) or 71.05.320((3)) (4)(c) following dismissal of a sex, violent, or felony harassment offense pursuant to RCW 10.77.086(4) escapes, the superintendent shall immediately notify, by the most reasonable and expedient means available, the chief of police of the city and the sheriff of the county in which the person escaped and in which the person resided immediately before the person's arrest and the
prosecuting attorney of the county in which the criminal charges
against the committed person were dismissed. If previously requested,
the superintendent shall also notify the witnesses and the victim of
the sex, violent, or felony harassment offense that was dismissed
pursuant to RCW 10.77.086(4) preceding commitment under RCW
71.05.280(3) or 71.05.320(4) or the victim's next of kin if
the crime was a homicide. In addition, the secretary shall also
notify appropriate parties pursuant to RCW 70.02.230(2)(n). If the
person is recaptured, the superintendent shall send notice to the
persons designated in this subsection as soon as possible but in no
event later than two working days after the department of social and
health services learns of such recapture.

(3) If the victim, the victim's next of kin, or any witness is
under the age of sixteen, the notice required by this section shall
be sent to the parent or legal guardian of the child.

(4) The superintendent shall send the notices required by this
chapter to the last address provided to the department of social and
health services by the requesting party. The requesting party shall
furnish the department of social and health services with a current
address.

(5) For purposes of this section the following terms have the
following meanings:

(a) "Violent offense" means a violent offense under RCW
9.94A.030;

(b) "Sex offense" means a sex offense under RCW 9.94A.030;

(c) "Next of kin" means a person's spouse, state registered
domestic partner, parents, siblings, and children;

(d) "Felony harassment offense" means a crime of harassment as
defined in RCW 9A.46.060 that is a felony.

Sec. 3029. RCW 71.05.435 and 2010 c 280 s 4 are each amended to
read as follows:

(1) Whenever a person who is the subject of an involuntary
commitment order under this chapter is discharged from an evaluation
and treatment facility or state hospital, the evaluation and
treatment facility or state hospital shall provide notice of the
person's discharge to the designated mental health professional
office responsible for the initial commitment and the designated
mental health professional office that serves the county in which the
person is expected to reside. The evaluation and treatment facility
or state hospital must also provide these offices with a copy of any less restrictive order or conditional release order entered in conjunction with the discharge of the person, unless the evaluation and treatment facility or state hospital has entered into a memorandum of understanding obligating another entity to provide these documents.

(2) The notice and documents referred to in subsection (1) of this section shall be provided as soon as possible and no later than one business day following the discharge of the person. Notice is not required under this section if the discharge is for the purpose of transferring the person for continued detention and treatment under this chapter at another treatment facility.

(3) The ((department)) authority shall maintain and make available an updated list of contact information for designated mental health professional offices around the state.

Sec. 3030. RCW 71.05.435 and 2016 sp.s. c 29 s 246 are each amended to read as follows:

(1) Whenever a person who is the subject of an involuntary commitment order under this chapter is discharged from an evaluation and treatment facility, state hospital, secure detoxification facility, or approved substance use disorder treatment program providing involuntary treatment services, the entity discharging the person shall provide notice of the person's discharge to the designated crisis responder office responsible for the initial commitment and the designated crisis responder office that serves the county in which the person is expected to reside. The entity discharging the person must also provide these offices with a copy of any less restrictive order or conditional release order entered in conjunction with the discharge of the person, unless the entity discharging the person has entered into a memorandum of understanding obligating another entity to provide these documents.

(2) The notice and documents referred to in subsection (1) of this section shall be provided as soon as possible and no later than one business day following the discharge of the person. Notice is not required under this section if the discharge is for the purpose of transferring the person for continued detention and treatment under this chapter at another treatment facility.

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(3) The authority shall maintain and make available an updated list of contact information for designated crisis responder offices around the state.

Sec. 3031. RCW 71.05.445 and 2014 c 225 s 86 and 2014 c 220 s 14 are each reenacted and amended to read as follows:

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

(b) When a person receiving court-ordered treatment or treatment ordered by the department of corrections discloses to his or her mental health service provider that he or she is subject to supervision by the department of corrections, the mental health service provider shall notify the department of corrections that he or she is treating the offender and shall notify the offender that his or her community corrections officer will be notified of the treatment, provided that if the offender has received relief from disclosure pursuant to RCW 9.94A.562 or 70.96A.155 and the offender has provided the mental health service provider with a copy of the order granting relief from disclosure pursuant to RCW 9.94A.562 or 70.96A.155, the mental health service provider is not required to notify the department of corrections that the mental health service provider is treating the offender. The notification may be written or oral and shall not require the consent of the offender. If an oral notification is made, it must be confirmed by a written notification. For purposes of this section, a written notification includes notification by email or facsimile, so long as the notifying mental health service provider is clearly identified.

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

(3) The authority and the department of corrections, in consultation with behavioral health organizations, mental health service providers as defined in RCW 71.05.020, mental health consumers, and advocates for persons with mental illness, shall adopt rules to implement the provisions of this section related to crisis response.
to the type and scope of information to be released. These rules shall:

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

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

(4) The information received by the department of corrections under this section shall remain confidential and subject to the limitations on disclosure outlined in this chapter ((71.05 RCW)), except as provided in RCW 72.09.585.

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

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

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

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

Sec. 3032. RCW 71.05.510 and 1974 ex.s. c 145 s 30 are each amended to read as follows:
Any individual who knowingly, ((wilfully)) willfully or through gross negligence violates the provisions of this chapter by detaining a person for more than the allowable number of days shall be liable to the person detained in civil damages. It shall not be a prerequisite to an action under this section that the plaintiff shall have suffered or be threatened with special, as contrasted with general damages.

Sec. 3033. RCW 71.05.520 and 1973 1st ex.s. c 142 s 57 are each amended to read as follows:

The ((department of social and health services)) authority as the state's behavioral health authority, the department of social and health services in its operation of the state hospitals, and the department of health in exercising its function of licensing and certification of behavioral health providers and facilities shall have the responsibility to determine whether all rights of individuals recognized and guaranteed by the provisions of this chapter and the Constitutions of the state of Washington and the United States are in fact protected and effectively secured. To this end, ((the department)) each agency shall assign appropriate staff who shall from time to time as may be necessary have authority to examine records, inspect facilities, attend proceedings, and do whatever is necessary to monitor, evaluate, and assure adherence to such rights. Such persons shall also recommend such additional safeguards or procedures as may be appropriate to secure individual rights set forth in this chapter and as guaranteed by the state and federal Constitutions.

Sec. 3034. RCW 71.05.525 and 1997 c 112 s 36 are each amended to read as follows:

When, in the judgment of the department of social and health services, the welfare of any person committed to or confined in any state juvenile correctional institution or facility necessitates that such a person be transferred or moved for observation, diagnosis or treatment to any state institution or facility for the care of ((mentally ill)) juveniles with mental illness the secretary of the department of social and health services, or his or her designee, is authorized to order and effect such move or transfer: PROVIDED, HOWEVER, That the secretary of the department of social and health services shall adopt and implement procedures to assure that persons
so transferred shall, while detained or confined in such institution or facility for the care of (mentally ill) juveniles with mental illness, be provided with substantially similar opportunities for parole or early release evaluation and determination as persons detained or confined in state juvenile correctional institutions or facilities: PROVIDED, FURTHER, That the secretary of the department of social and health services shall notify the original committing court of such transfer.

Sec. 3035. RCW 71.05.560 and 1998 c 297 s 24 are each amended to read as follows:

The department, the department of social and health services, and the authority shall adopt such rules as may be necessary to effectuate the intent and purposes of this chapter, which shall include but not be limited to evaluation of the quality of the program and facilities operating pursuant to this chapter, evaluation of the effectiveness and cost effectiveness of such programs and facilities, and procedures and standards for licensing or certification and other action relevant to evaluation and treatment facilities.

Sec. 3036. RCW 71.05.560 and 2016 sp.s. c 29 s 248 are each amended to read as follows:

The department, the department of social and health services, and the authority shall adopt such rules as may be necessary to effectuate the intent and purposes of this chapter, which shall include but not be limited to evaluation of the quality of the program and facilities operating pursuant to this chapter, evaluation of the effectiveness and cost effectiveness of such programs and facilities, and procedures and standards for licensing or certification and other action relevant to evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment programs.

Sec. 3037. RCW 71.05.590 and 2015 c 250 s 13 are each amended to read as follows:

(1) An agency or facility designated to monitor or provide services under a less restrictive alternative or conditional release order or a designated mental health professional may take action to enforce, modify, or revoke a less restrictive alternative or
conditional release order if the agency, facility, or designated
mental health professional determines that:

(a) The person is failing to adhere to the terms and conditions
of the court order;

(b) Substantial deterioration in the person's functioning has
occurred;

(c) There is evidence of substantial decompensation with a
reasonable probability that the decompensation can be reversed by
further evaluation, intervention, or treatment; or

(d) The person poses a likelihood of serious harm.

(2) Actions taken under this section must include a flexible
range of responses of varying levels of intensity appropriate to the
circumstances and consistent with the interests of the individual and
the public in personal autonomy, safety, recovery, and compliance.
Available actions may include, but are not limited to, any of the
following:

(a) To counsel, advise, or admonish the person as to their rights
and responsibilities under the court order, and to offer appropriate
incentives to motivate compliance;

(b) To increase the intensity of outpatient services provided to
the person by increasing the frequency of contacts with the provider,
referring the person for an assessment for assertive community
services, or by other means;

(c) To request a court hearing for review and modification of the
court order. The request must be made to the court with jurisdiction
over the order and specify the circumstances that give rise to the
request and what modification is being sought. The county prosecutor
shall assist the agency or facility in requesting this hearing and
issuing an appropriate summons to the person. This subsection does
not limit the inherent authority of a treatment provider to alter
conditions of treatment for clinical reasons, and is intended to be
used only when court intervention is necessary or advisable to secure
the person's compliance and prevent decompensation or deterioration;

(d) To cause the person to be transported by a peace officer,
designated mental health professional, or other means to the agency
or facility monitoring or providing services under the court order,
or to a triage facility, crisis stabilization unit, emergency
department, or evaluation and treatment facility for up to twelve
hours for the purpose of an evaluation to determine whether
modification, revocation, or commitment proceedings are necessary and
appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when in the clinical judgment of a designated mental health professional or the professional person in charge of an agency or facility designated to monitor less restrictive alternative services temporary detention is appropriate. This subsection does not limit the ability or obligation to pursue revocation procedures under subsection (4) of this section in appropriate circumstances; and

(e) To initiate revocation procedures under subsection (4) of this section.

(3) The facility or agency designated to provide outpatient treatment shall notify the secretary of the department of social and health services or designated mental health professional when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.

(4)(a) A designated mental health professional or the secretary of the department of social and health services may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this section to be apprehended and taken into custody and temporary detention in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment, or initiate proceedings under this subsection (4) without ordering the apprehension and detention of the person.

(b) A person detained under this subsection (4) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated mental health professional or the secretary of the department of social and health services may modify or rescind the order at any time prior to commencement of the court hearing.

(c) The designated mental health professional or secretary of the department of social and health services shall notify the court that
originally ordered commitment within two judicial days of a person's detention and file a revocation petition and order of apprehension and detention with the court and serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings regarding a petition for modification or revocation must be in the county in which the petition was filed.

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether the court should reinstate or modify the person's less restrictive alternative or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period may be for no longer than the period authorized in the original court order.

(e) Revocation proceedings under this subsection (4) are not allowable if the current commitment is solely based on the person being in need of assisted outpatient mental health treatment. In order to obtain a court order for detention for inpatient treatment under this circumstance, a petition must be filed under RCW 71.05.150 or 71.05.153.

(5) In determining whether or not to take action under this section the designated mental health professional, agency, or facility must consider the factors specified under RCW 71.05.212 and the court must consider the factors specified under RCW 71.05.245 as they apply to the question of whether to enforce, modify, or revoke a court order for involuntary treatment.

Sec. 3038. RCW 71.05.590 and 2016 sp.s. c 29 s 242 are each amended to read as follows:

(1) An agency or facility designated to monitor or provide services under a less restrictive alternative or conditional release
order or a designated crisis responder may take action to enforce, modify, or revoke a less restrictive alternative or conditional release order if the agency, facility, or designated crisis responder determines that:

(a) The person is failing to adhere to the terms and conditions of the court order;

(b) Substantial deterioration in the person's functioning has occurred;

(c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or

(d) The person poses a likelihood of serious harm.

(2) Actions taken under this section must include a flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public in personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:

(a) To counsel, advise, or admonish the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;

(b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;

(c) To request a court hearing for review and modification of the court order. The request must be made to the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This subsection does not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;

(d) To cause the person to be transported by a peace officer, designated crisis responder, or other means to the agency or facility monitoring or providing services under the court order, or to a triage facility, crisis stabilization unit, emergency department, or to an evaluation and treatment facility if the person is committed
for mental health treatment, or to a secure detoxification facility
with available space or an approved substance use disorder treatment
program with available space if the person is committed for substance
use disorder treatment. The person may be detained at the facility
for up to twelve hours for the purpose of an evaluation to determine
whether modification, revocation, or commitment proceedings are
necessary and appropriate to stabilize the person and prevent
decompensation, deterioration, or physical harm. Temporary detention
for evaluation under this subsection is intended to occur only
following a pattern of noncompliance or the failure of reasonable
ttempts at outreach and engagement, and may occur only when in the
clinical judgment of a designated crisis responder or the
professional person in charge of an agency or facility designated to
monitor less restrictive alternative services temporary detention is
appropriate. This subsection does not limit the ability or obligation
to pursue revocation procedures under subsection (4) of this section
in appropriate circumstances; and

(e) To initiate revocation procedures under subsection (4) of
this section.

(3) The facility or agency designated to provide outpatient
treatment shall notify the secretary of the department of social and
health services or designated crisis responder when a person fails to
adhere to terms and conditions of court ordered treatment or
experiences substantial deterioration in his or her condition and, as
a result, presents an increased likelihood of serious harm.

(4)(a) A designated crisis responder or the secretary of the
department of social and health services may upon their own motion or
notification by the facility or agency designated to provide
outpatient care order a person subject to a court order under this
chapter to be apprehended and taken into custody and temporary
detention in an evaluation and treatment facility in or near the
county in which he or she is receiving outpatient treatment if the
person is committed for mental health treatment, or, if the person is
committed for substance use disorder treatment, in a secure
detoxification facility or approved substance use disorder treatment
program if either is available in or near the county in which he or
she is receiving outpatient treatment and has adequate space.
Proceedings under this subsection (4) may be initiated without
ordering the apprehension and detention of the person.
(b) A person detained under this subsection (4) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary of the department of social and health services may modify or rescind the order at any time prior to commencement of the court hearing.

(c) The designated crisis responder or secretary of the department of social and health services shall notify the court that originally ordered commitment within two judicial days of a person's detention and file a revocation petition and order of apprehension and detention with the court and serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings regarding a petition for modification or revocation must be in the county in which the petition was filed.

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether the court should reinstate or modify the person's less restrictive alternative or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period may be for no longer than the period authorized in the original court order. A court may not issue an order to detain a person for inpatient treatment in a secure detoxification facility or approved substance use disorder treatment program under this subsection unless there is a secure detoxification facility or approved substance use disorder treatment program available and with adequate space for the person.
(e) Revocation proceedings under this subsection (4) are not allowable if the current commitment is solely based on the person being in need of assisted outpatient mental health treatment. In order to obtain a court order for detention for inpatient treatment under this circumstance, a petition must be filed under RCW 71.05.150 or 71.05.153.

(5) In determining whether or not to take action under this section the designated crisis responder, agency, or facility must consider the factors specified under RCW 71.05.212 and the court must consider the factors specified under RCW 71.05.245 as they apply to the question of whether to enforce, modify, or revoke a court order for involuntary treatment.

Sec. 3039. RCW 71.05.590 and 2016 sp.s. c 29 s 243 are each amended to read as follows:

(1) An agency or facility designated to monitor or provide services under a less restrictive alternative or conditional release order or a designated crisis responder may take action to enforce, modify, or revoke a less restrictive alternative or conditional release order if the agency, facility, or designated crisis responder determines that:

(a) The person is failing to adhere to the terms and conditions of the court order;
(b) Substantial deterioration in the person's functioning has occurred;
(c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or
(d) The person poses a likelihood of serious harm.

(2) Actions taken under this section must include a flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public in personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:

(a) To counsel, advise, or admonish the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;
(b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider,
referring the person for an assessment for assertive community services, or by other means;

(c) To request a court hearing for review and modification of the court order. The request must be made to the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This subsection does not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;

(d) To cause the person to be transported by a peace officer, designated crisis responder, or other means to the agency or facility monitoring or providing services under the court order, or to a triage facility, crisis stabilization unit, emergency department, or to an evaluation and treatment facility if the person is committed for mental health treatment, or to a secure detoxification facility or an approved substance use disorder treatment program if the person is committed for substance use disorder treatment. The person may be detained at the facility for up to twelve hours for the purpose of an evaluation to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when in the clinical judgment of a designated crisis responder or the professional person in charge of an agency or facility designated to monitor less restrictive alternative services temporary detention is appropriate. This subsection does not limit the ability or obligation to pursue revocation procedures under subsection (4) of this section in appropriate circumstances; and

(e) To initiate revocation procedures under subsection (4) of this section.

(3) The facility or agency designated to provide outpatient treatment shall notify the secretary of the department of social and health services or designated crisis responder when a person fails to adhere to terms and conditions of court ordered treatment or
experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.

(4)(a) A designated crisis responder or the secretary of the department of social and health services may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this chapter to be apprehended and taken into custody and temporary detention in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program if either is available in or near the county in which he or she is receiving outpatient treatment. Proceedings under this subsection (4) may be initiated without ordering the apprehension and detention of the person.

(b) A person detained under this subsection (4) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary of the department of social and health services may modify or rescind the order at any time prior to commencement of the court hearing.

(c) The designated crisis responder or secretary of the department of social and health services shall notify the court that originally ordered commitment within two judicial days of a person's detention and file a revocation petition and order of apprehension and detention with the court and serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings regarding a petition for modification or revocation must be in the county in which the petition was filed.

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a
reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether the court should reinstate or modify the person's less restrictive alternative or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period may be for no longer than the period authorized in the original court order.

(e) Revocation proceedings under this subsection (4) are not allowable if the current commitment is solely based on the person being in need of assisted outpatient mental health treatment. In order to obtain a court order for detention for inpatient treatment under this circumstance, a petition must be filed under RCW 71.05.150 or 71.05.153.

(5) In determining whether or not to take action under this section the designated crisis responder, agency, or facility must consider the factors specified under RCW 71.05.212 and the court must consider the factors specified under RCW 71.05.245 as they apply to the question of whether to enforce, modify, or revoke a court order for involuntary treatment.

Sec. 3040. RCW 71.05.620 and 2015 c 269 s 16 are each amended to read as follows:

(1) The files and records of court proceedings under this chapter and chapters 70.96A, 71.34, and 70.96B RCW shall be closed but shall be accessible to:

(a) The department;

(b) The department of social and health services;

(c) The authority;

(d) The state hospitals as defined in RCW 72.23.010;

(e) Any person who is the subject of a petition;

(f) The person's attorney or guardian;

(g) Resource management services for that person; and

(h) Service providers authorized to receive such information by resource management services.

(2) The authority shall adopt rules to implement this section.
Sec. 3041. RCW 71.05.620 and 2016 sp.s. c 29 s 249 are each amended to read as follows:

(1) The files and records of court proceedings under this chapter and chapter 71.34 RCW shall be closed but shall be accessible to:
   (a) The department;
   (b) The department of social and health services;
   (c) The authority;
   (d) The state hospitals as defined in RCW 72.23.010;
   (e) Any person who is the subject of a petition;
   (f) The attorney or guardian of the person;
   (g) Resource management services for that person; and
   (h) Service providers authorized to receive such information by resource management services.

(2) The authority shall adopt rules to implement this section.

Sec. 3042. RCW 71.05.720 and 2007 c 360 s 6 are each amended to read as follows:

Annually, all community mental health employees who work directly with clients shall be provided with training on safety and violence prevention topics described in RCW 49.19.030. The curriculum for the training shall be developed collaboratively among the department of social and health services authority, the department, contracted mental health providers, and employee organizations that represent community mental health workers.

Sec. 3043. RCW 71.05.732 and 2011 c 343 s 3 are each amended to read as follows:

(1) The joint legislative audit and review committee shall conduct an independent assessment of the direct costs of providing judicial services under this chapter and chapter 71.34 RCW as defined in RCW 71.05.730. The assessment shall include a review and analysis of the reasons for differences in costs among counties. The assessment shall be conducted for any county in which more than twenty civil commitment cases were conducted during the year prior to the study. The assessment must be completed by June 1, 2012.

(2) The administrative office of the courts, the authority, and the department of social and health services shall provide the joint legislative audit and review committee with assistance and data required to complete the assessment.
(3) The joint legislative audit and review committee shall present recommendations as to methods for updating the costs identified in the assessment to reflect changes over time.

Sec. 3044. RCW 71.05.740 and 2014 c 225 s 88 are each amended to read as follows:

(By August 1, 2013) All behavioral health organizations in the state of Washington must forward historical mental health involuntary commitment information retained by the organization including identifying information and dates of commitment to the ((department)) authority. As soon as feasible, the behavioral health organizations must arrange to report new commitment data to the ((department)) authority within twenty-four hours. Commitment information under this section does not need to be resent if it is already in the possession of the ((department)) authority. Behavioral health organizations and the ((department)) authority shall be immune from liability related to the sharing of commitment information under this section.

Sec. 3045. RCW 71.05.745 and 2015 c 269 s 2 are each amended to read as follows:

(1) The ((department)) authority may use a single bed certification process as outlined in rule to provide additional treatment capacity for a person suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate. A designated mental health professional who submits an application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume that the single bed certification will be approved for the purpose of completing the detention process and responding to other emergency calls.

(2) A single bed certification must be specific to the patient receiving treatment.

(3) A designated mental health professional who submits an application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume that the single bed certification will be approved for the purpose of completing the detention process and responding to other emergency calls.

(4) The ((department)) authority may adopt rules implementing this section and continue to enforce rules it has already adopted except where inconsistent with this section.
Sec. 3046. RCW 71.05.745 and 2016 sp.s. c 29 s 252 are each amended to read as follows:

(1) The ((department)) authority may use a single bed certification process as outlined in rule to provide additional treatment capacity for a person suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies.

(2) A single bed certification must be specific to the patient receiving treatment.

(3) A designated crisis responder who submits an application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume that the single bed certification will be approved for the purpose of completing the detention process and responding to other emergency calls.

(4) The ((department)) authority may adopt rules implementing this section and continue to enforce rules it has already adopted except where inconsistent with this section.

Sec. 3047. RCW 71.05.750 and 2015 c 269 s 3 are each amended to read as follows:

(1) A designated mental health professional shall make a report to the ((department)) authority when he or she determines a person meets detention criteria under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are not any beds available at an evaluation and treatment facility, the person has not been provisionally accepted for admission by a facility, and the person cannot be served on a single bed certification or less restrictive alternative. Starting at the time when the designated mental health professional determines a person meets detention criteria and the investigation has been completed, the designated mental health professional has twenty-four hours to submit a completed report to the ((department)) authority.

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

(a) The date and time that the investigation was completed;
(b) The identity of the responsible regional support network or behavioral health organization;

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

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

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

(3) The ((department)) authority shall develop a standardized reporting form or modify the current form used for single bed certifications for the report required under subsection (2) of this section and may require additional reporting elements as it determines are necessary or supportive. The ((department)) authority shall also determine the method for the transmission of the completed report from the designated mental health professional to the ((department)) authority.

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

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

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

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

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

Sec. 3048. RCW 71.05.750 and 2016 sp.s. c 29 s 253 are each amended to read as follows:
(1) A designated crisis responder shall make a report to the "department" authority when he or she determines a person meets detention criteria under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are not any beds available at an evaluation and treatment facility, the person has not been provisionally accepted for admission by a facility, and the person cannot be served on a single bed certification or less restrictive alternative. Starting at the time when the designated crisis responder determines a person meets detention criteria and the investigation has been completed, the designated crisis responder has twenty-four hours to submit a completed report to the "department" authority.

(2) The report required under subsection (1) of this section must contain at a minimum:
   (a) The date and time that the investigation was completed;
   (b) The identity of the responsible behavioral health organization;
   (c) The county in which the person met detention criteria;
   (d) A list of facilities which refused to admit the person; and
   (e) Identifying information for the person, including age or date of birth.

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

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

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

(6) For purposes of this section, the term "single bed
certification" means a situation in which an adult on a seventy-two
hour detention, fourteen-day commitment, ninety-day commitment, or
one hundred eighty-day commitment is detained to a facility that is:
(a) Not licensed or certified as an inpatient evaluation and
treatment facility; or
(b) A licensed or certified inpatient evaluation and treatment
facility that is already at capacity.

Sec. 3049. RCW 71.05.755 and 2015 c 269 s 4 are each amended to
read as follows:
(1) The ((department)) authority shall promptly share reports it
receives under RCW 71.05.750 with the responsible regional support
network or behavioral health organization. The regional support
network or behavioral health organization receiving this notification
must attempt to engage the person in appropriate services for which
the person is eligible and report back within seven days to the
((department)) authority.

(2) The ((department)) authority shall track and analyze reports
submitted under RCW 71.05.750. The ((department)) authority must
initiate corrective action when appropriate to ensure that each
regional support network or behavioral health organization has
implemented an adequate plan to provide evaluation and treatment
services. Corrective actions may include remedies under RCW 71.24.330
and 43.20A.894 (as recodified by this act), including requiring
expenditure of reserve funds. An adequate plan may include
development of less restrictive alternatives to involuntary
commitment such as crisis triage, crisis diversion, voluntary
treatment, or prevention programs reasonably calculated to reduce
demand for evaluation and treatment under this chapter.

Sec. 3050. RCW 71.05.760 and 2016 sp.s. c 29 s 201 are each
amended to read as follows:
(1)(a) By April 1, 2018, the ((department)) authority, by rule,
must combine the functions of a designated mental health professional
and designated chemical dependency specialist by establishing a
designated crisis responder who is authorized to conduct
investigations, detain persons up to seventy-two hours to the proper
facility, and carry out the other functions identified in this chapter and chapter 71.34 RCW. The behavioral health organizations shall provide training to the designated crisis responders as required by the ((department)) authority.

(b)(i) To qualify as a designated crisis responder, a person must have received chemical dependency training as determined by the department and be a:

(A) Psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker;

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

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

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

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

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

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

(c) The ((department)) authority must develop a transition process for any person who has been designated as a designated mental health professional or a designated chemical dependency specialist before April 1, 2018, to be converted to a designated crisis responder. The behavioral health organizations shall provide training, as required by the ((department)) authority, to persons converting to designated crisis responders, which must include both mental health and chemical dependency training applicable to the designated crisis responder role.
(2)(a) The ((department)) authority must ensure that at least one sixteen-bed secure detoxification facility is operational by April 1, 2018, and that at least two sixteen-bed secure detoxification facilities are operational by April 1, 2019.

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

Sec. 3051. RCW 71.05.801 and 2009 c 323 s 3 are each amended to read as follows:

When appropriate and subject to available funds, the treatment and training of a person with a developmental disability who is committed to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department for a further period of intensive treatment under RCW 71.05.320 must be provided in a program specifically reserved for the treatment and training of persons with developmental disabilities. A person so committed shall receive habilitation services pursuant to an individualized service plan specifically developed to treat the behavior which was the subject of the criminal proceedings. The treatment program shall be administered by developmental disabilities professionals and others trained specifically in the needs of persons with developmental disabilities. The department of social and health services may limit admissions to this specialized program in order to ensure that expenditures for services do not exceed amounts appropriated by the legislature and allocated by the department of social and health services for such services. The department of social and health services may establish admission priorities in the event that the number of eligible persons exceeds the limits set by the department of social and health services.

Sec. 3052. RCW 71.05.940 and 1999 c 13 s 13 are each amended to read as follows:

The provisions of chapter 420, Laws of 1989 shall apply equally to persons in the custody of the department of social and health services on May 13, 1989, who were found by a court to be not guilty by reason of insanity or incompetent to stand trial, or who have been
found to have committed acts constituting a felony pursuant to RCW 71.05.280(3) and present a substantial likelihood of repeating similar acts, and the secretary of the department of social and health services shall cause such persons to be evaluated to ascertain if such persons (are developmentally disabled) have a developmental disability for placement in a program specifically reserved for the treatment and training of persons with developmental disabilities.

PART 4

Sec. 4001. RCW 71.24.015 and 2014 c 225 s 6 are each amended to read as follows:

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

(1) Access to mental health services for adults with mental illness and children with mental illness or emotional disturbances who meet access to care standards which services recognize the special needs of underserved populations, including minorities, children, (the elderly [older adults]) older adults, individuals with disabilities, and low-income persons. Access to mental health services shall not be limited by a person's history of confinement in a state, federal, or local correctional facility. It is also the purpose of this chapter to promote the early identification of children with mental illness and to ensure that they receive the mental health care and treatment which is appropriate to their developmental level. This care should improve home, school, and community functioning, maintain children in a safe and nurturing home environment, and should enable treatment decisions to be made in response to clinical needs in accordance with sound professional judgment while also recognizing parents' rights to participate in treatment decisions for their children;

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

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

(4) Minimum service delivery standards;

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

(6) Coordination of services within the department of social and
health services, including those divisions within the department of
social and health services that provide services to children, between
the authority, department of social and health services, and the
office of the superintendent of public instruction, and among state
mental hospitals, county authorities, behavioral health
organizations, community mental health services, and other support
services, which shall to the maximum extent feasible also include the
families of individuals with mental illness, and other service
providers; and

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

It is the policy of the state to encourage the provision of a
full range of treatment and rehabilitation services in the state for
mental disorders including services operated by consumers and
advocates. The legislature intends to encourage the development of
regional mental health services with adequate local flexibility to
assure eligible people in need of care access to the least-
restrictive treatment alternative appropriate to their needs, and the
availability of treatment components to assure continuity of care. To
this end, counties must enter into joint operating agreements with
other counties to form regional systems of care that are consistent
with the regional service areas established under RCW 43.20A.893 (as
Regional systems of care, whether operated by a county, group of counties, or another entity shall integrate planning, administration, and service delivery duties under chapter 71.05 and 71.24 RCW to consolidate administration, reduce administrative layering, and reduce administrative costs. The legislature hereby finds and declares that sound fiscal management requires vigilance to ensure that funds appropriated by the legislature for the provision of needed community mental health programs and services are ultimately expended solely for the purpose for which they were appropriated, and not for any other purpose.

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

Sec. 4002. RCW 71.24.025 and 2016 sp.s. c 29 s 501 and 2016 c 155 s 12 are each reenacted and amended to read as follows:

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:

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

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

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

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

(3) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program licensed or certified by the department. (of social
(4) "Authority" means the Washington state health care authority.
(5) "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.

((5)) (6) "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.

((6)) (7) "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.

((7)) (8) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and substance use disorder treatment services as described in this chapter and chapter 70.96A RCW.

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

((9)) (10) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at 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
(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the (department) authority by rule consistent with Public Law 92-603, as amended.
"Clubhouse" means a community-based program that provides rehabilitation services and is licensed or certified by the department of social and health services.

"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.

"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.

"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.

"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.

"Department" means the department of social and health services.

"Designated chemical dependency specialist" means a person designated by the behavioral health organization or by the county alcoholism and other drug addiction program coordinator designated by the behavioral health organization to perform the...
commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.

(18) "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.

(19) "Director" means the director of the authority.

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

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

"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 (23) of this section.

"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.

"Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

"Licensed or certified service provider" means an entity licensed or certified 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, 18.57A, 18.71,
18.71A, 18.83, or 18.79 RCW, as it applies to registered nurses and
advanced registered nurse practitioners.

((24)) (26) "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.

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

((26)) (28) Mental health "treatment records" include
registration and all other records concerning persons who are
receiving or who at any time have received services for mental
illness, which are maintained by the department of social and health
services or the authority, by behavioral health organizations and
their staffs, and by treatment facilities. "Treatment records" do not
include notes or records maintained for personal use by a person
providing treatment services for the department of social and health
services, behavioral health organizations, or a treatment facility if
the notes or records are not available to others.

((27)) (29) "Mentally ill persons," "persons who are mentally
ill," and "the mentally ill" mean persons and conditions defined in
subsections (1), ((9), (35), and (36)) (10), (37), and (38) of this
section.

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

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

((30)) ((32)) "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 ((21)) (23) of this section but does not meet the full criteria for evidence-based.

((31)) ((33)) "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, residential treatment facilities, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

((34)) "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.

((35)) "Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined solely by a behavioral health organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening...
for children eligible under the federal Title XIX early and periodic
screening, diagnosis, and treatment program. Resource management
services include seven day a week, twenty-four hour a day
availability of information regarding enrollment of adults and
children who are mentally ill in services and their individual
service plan to designated mental health professionals, evaluation
and treatment facilities, and others as determined by the behavioral
health organization.

"Secretary" means the secretary of the department of health.

"Seriously disturbed person" means a person who:
(a) Is gravely disabled or presents a likelihood of serious harm
to himself or herself or others, or to the property of others, as a
result of a mental disorder as defined in chapter 71.05 RCW;
(b) Has been on conditional release status, or under a less
restrictive alternative order, at some time during the preceding two
years from an evaluation and treatment facility or a state mental
health hospital;
(c) Has a mental disorder which causes major impairment in
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.

"Severely emotionally disturbed child" or "child
who is severely emotionally disturbed" means a child who has been
determined by the behavioral health organization to be experiencing a
mental disorder as defined in chapter 71.34 RCW, including those
mental disorders that result in a behavioral or conduct disorder,
that is clearly interfering with the child's functioning in family or
school or with peers and who meets at least one of the following
criteria:
(a) Has undergone inpatient treatment or placement outside of the
home related to a mental disorder within the last two years;
(b) Has undergone involuntary treatment under chapter 71.34 RCW
within the last two years;
(c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;

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

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

(ii) Changes in custodial adult;

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

(iv) Subject to repeated physical abuse or neglect;

(v) Drug or alcohol abuse; or

(vi) Homelessness.

"State minimum standards" means minimum requirements established by rules adopted (by the secretary) and necessary to implement this chapter (for) by:

(a) The authority for:

(i) Delivery of mental health services; and

((b) licensed service providers for the provision of mental health services; (c) residential services; and (d)) (ii) Community support services and resource management services;

(b) The department of health for:

(i) Licensed service providers for the provision of mental health services; and

(ii) Residential services.

"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.

"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 director insofar as these organizations do not have a financial relationship with any behavioral health organization that would present a conflict of interest.
Sec. 4003. RCW 71.24.025 and 2016 sp.s. c 29 s 502 are each reenacted and amended to read as follows:

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:

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

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

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

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

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

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

(5) "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.

(6) "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.

(7) "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.

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

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

((9)) (10) "Chronically mentally ill adult" or "adult who is
 chronically mentally ill" means an adult who has a mental disorder
 and meets at 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

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

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

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

((11)) (12) "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.

((12)) (13) "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.

("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.

"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.

"Department" means the department of health. \(^{(15)}\)"Designated crisis responder" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

"Director" means the director of the authority. \(^{(16)}\)"Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

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

"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 of this section.

"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.

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

(22) "Licensed or certified service provider" means an
entity licensed or certified according to this chapter or chapter
71.05 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, 18.57A, 18.71, 18.71A, 18.83, or 18.79
RCW, as it applies to registered nurses and advanced registered nurse
practitioners.

(23) "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.

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

(25) Mental health "treatment records" include
registration and all other records concerning persons who are
receiving or who at any time have received services for mental
illness, which are maintained by the department of social and health
services or the authority, by behavioral health organizations and
their staffs, and by treatment facilities. "Treatment records" do not
include notes or records maintained for personal use by a person
providing treatment services for the department of social and health
services, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

("(26)")  (28) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (9), (34), and (35)) (10), (36), and (37) of this section.

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

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

("(29)")  (31) "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 (20) of this section but does not meet the full criteria for evidence-based.

("(30)")  (32) "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, residential treatment facilities, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter,
except for children's long-term residential facilities existing prior to January 1, 1991.

"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.

"Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined solely by a behavioral health organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated crisis responders, evaluation and treatment facilities, and others as determined by the behavioral health organization.

"Secretary" means the secretary of the department of health.

"Seriously disturbed person" means a person who:

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

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

(c) Has a mental disorder which causes major impairment in 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.

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"Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health organization to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

(a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;
(b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;
(c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;
(d) Is at risk of escalating maladjustment due to:
   (i) Chronic family dysfunction involving a caretaker who is mentally ill or inadequate;
   (ii) Changes in custodial adult;
   (iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
   (iv) Subject to repeated physical abuse or neglect;
   (v) Drug or alcohol abuse; or
   (vi) Homelessness.

"State minimum standards" means minimum requirements established by rules adopted by the secretary necessary to implement this chapter by:
(a) The authority for:
   (i) Delivery of mental health services; and
   (ii) Community support services and resource management services;
(b) The department of health for:
   (i) Licensed or certified service providers for the provision of mental health services; and
   (ii) Residential services.

"Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an

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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.

((38)) (40) "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)) director insofar as these organizations do not have a
financial relationship with any behavioral health organization that
would present a conflict of interest.

Sec. 4004. RCW 71.24.030 and 2005 c 503 s 3 are each amended to
read as follows:
The ((secretary)) director is authorized to make grants and/or
purchase services from counties, combinations of counties, or other
entities, to establish and operate community mental health programs.

Sec. 4005. RCW 71.24.035 and 2016 sp.s. c 29 s 503 are each
amended to read as follows:
(1) The ((department)) authority is designated as the state
behavioral health authority which includes recognition as the single
state authority for substance use disorders and state mental health
authority.
(2) The ((secretary)) director shall provide for public, client,
tribal, and licensed or certified service provider participation in
developing the state behavioral health program, developing contracts
with behavioral health organizations, and any waiver request to the
federal government under medicaid.
(3) The ((secretary)) director shall provide for participation in
developing the state behavioral health program for children and other
underserved populations, by including representatives on any
committee established to provide oversight to the state behavioral
health program.
(4) The ((secretary)) director 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)) director shall:
(a) Develop a biennial state behavioral health program that incorporates regional biennial needs assessments and regional mental health service plans and state services for adults and children with mental disorders or substance use disorders or both;

(b) Assure that any behavioral health organization or county community behavioral 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)) authority;

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

(i) Licensed or certified service providers. These rules shall permit a county-operated behavioral health program to be licensed as a service provider subject to compliance with applicable statutes and rules. ((The secretary shall provide for deeming of compliance with state minimum standards for those entities accredited by recognized behavioral health accrediting bodies recognized and having a current agreement with the department,))

(ii) Inpatient services, an adequate network of evaluation and treatment services and facilities under chapter 71.05 RCW to ensure access to treatment, 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 or certified 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;

(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 authority and behavioral health organizations to identify behavioral health clients' participation in any behavioral 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;

(i) ((License service providers who meet state minimum standards;)) Periodically monitor the compliance of behavioral health organizations and their network of licensed or certified service providers for compliance with the contract between the authority, the behavioral health organization, and federal and state rules at reasonable times and in a reasonable manner;

((k) Fix fees to be paid by evaluation and treatment centers to the secretary for the required inspections;

(l)) ((j)) Monitor and audit behavioral health organizations (and licensed service providers) as needed to assure compliance with contractual agreements authorized by this chapter;

((m)) (k) Adopt such rules as are necessary to implement the authority's responsibilities under this chapter;

((n)) (l) License or certify crisis stabilization units that meet state minimum standards;

(o) License or certify clubhouses that meet state minimum standards;

(p) License or certify triage facilities that meet state minimum standards;

((q)) (l) Administer or supervise the administration of the provisions relating to persons with substance use disorders and intoxicated persons of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation.
(6) The director shall use available resources only for behavioral health organizations, except:

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

(b) To incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895, 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 or certified service provider shall file with the secretary of the department of health or the director, on request, such data, statistics, schedules, and information as the secretary of the department of health or the director reasonably requires. A behavioral health organization or licensed or certified 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 (as recodified by this act) or may have its service provider certification or license revoked or suspended.

(8) The secretary may suspend, revoke, limit, or restrict a certification or license, or refuse to grant a certification or license for failure to conform to: (a) The law; (b) applicable rules and regulations; (c) applicable standards; or (d) state minimum standards.

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

(10) Upon petition by the secretary of the department of health or the director, 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 of the department of health or the director authorizing him or her to enter at reasonable times, and examine the records, books, and accounts of any behavioral health
organization or service provider refusing to consent to inspection or 
examination by the authority.

((10)) Notwithstanding the existence or pursuit of any 
other remedy, the secretary of the department of health or the 
director 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.

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

((12)) The director 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 director'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 behavioral health program including 
at least those required by this chapter, the medicaid program, and 
P.L. 99-660. Nothing in these plans shall be inconsistent with the 
intent and requirements of this chapter.

((13)) The director shall:

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

(b) Enter into biennial contracts with behavioral health 
orizations. 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.

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(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)) authority. Behavioral health organizations disputing the decision of the ((secretary)) director to withhold funding allocations are limited to the remedies provided in the ((department's)) authority's contracts with the behavioral health organizations.

((14)) (14) The ((department)) authority, 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)) authority shall periodically report its efforts to the appropriate committees of the senate and the house of representatives.

((15)) (15) The ((department)) authority may:

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

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

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

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

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

Sec. 4006.  RCW 71.24.037 and 2016 sp.s. c 29 s 505 are each amended to read as follows:
(1) The secretary shall by rule establish state minimum standards for licensed or certified behavioral health service providers and services, whether those service providers and services are licensed or certified to provide solely mental health services, substance use disorder treatment services, or services to persons with co-occurring disorders.

(2) Minimum standards for licensed or certified behavioral health service providers shall, at a minimum, establish: Qualifications for staff providing services directly to persons with mental disorders, substance use disorders, or both, the intended result of each service, and the rights and responsibilities of persons receiving behavioral health services pursuant to this chapter. The secretary shall provide for deeming of licensed or certified behavioral health service providers as meeting state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department.

(3) Minimum standards for community support services and resource management services shall include at least qualifications for resource management services, client tracking systems, and the transfer of patient information between behavioral health 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)) 43.70.115 governs notice of a license or certification denial, revocation, suspension, or modification and provides the right to an adjudicative proceeding.

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

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

(8) Licensed or certified behavioral health service providers may not provide types of services for which the licensed or certified behavioral health service provider has not been certified. Licensed or certified 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.

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

(10) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any licensed or certified 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.

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

(12) Each licensed or certified behavioral health service provider shall file with the department or the authority upon request, data, statistics, schedules, and information the department or the authority reasonably requires. A licensed or certified 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 or certification revoked or suspended.

(13) The ((department)) authority shall use the data provided in subsection (12) 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)) authority 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. 4007. RCW 71.24.045 and 2014 c 225 s 13 are each amended to read as follows:

The behavioral health organization shall:

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

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

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

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

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

(6) Maintain patient tracking information in a central location as required for resource management services and the ((department's)) authority's information system;
(7) Collaborate to ensure that policies do not result in an adverse shift of persons with mental illness into state and local correctional facilities;

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

(9) Work closely with the ((county)) designated mental health professional or ((county)) designated crisis responder to maximize appropriate placement of persons into community services; and

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

Sec. 4008. RCW 71.24.045 and 2016 sp.s. c 29 s 421 are each amended to read as follows:

The behavioral health organization shall:

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

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

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

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

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

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

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

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

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

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

Sec. 4009. RCW 71.24.061 and 2014 c 225 s 35 are each amended to read as follows:

(1) The (department) authority shall provide flexibility in provider contracting to behavioral health organizations for children's mental health services. (Beginning with 2007-2009 biennium contracts,) Behavioral health organization contracts shall authorize behavioral health organizations to allow and encourage licensed or certified community mental health centers to subcontract with individual licensed mental health professionals when necessary to meet the need for an adequate, culturally competent, and qualified children's mental health provider network.

(2) To the extent that funds are specifically appropriated for this purpose or that nonstate funds are available, a children's mental health evidence-based practice institute shall be established.

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at the University of Washington division of public behavioral health and justice policy. The institute shall closely collaborate with entities currently engaged in evaluating and promoting the use of evidence-based, research-based, promising, or consensus-based practices in children's mental health treatment, including but not limited to the University of Washington department of psychiatry and behavioral sciences, children's hospital and regional medical center, the University of Washington school of nursing, the University of Washington school of social work, and the Washington state institute for public policy. To ensure that funds appropriated are used to the greatest extent possible for their intended purpose, the University of Washington's indirect costs of administration shall not exceed ten percent of appropriated funding. The institute shall:

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

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

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

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

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

(3) To the extent that funds are specifically appropriated for this purpose, the ((department)) authority in collaboration with the evidence-based practice institute shall implement a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders and track outcomes of this program. The program shall be designed to promote more accurate diagnoses and treatment through timely case consultation between primary care providers and child psychiatric specialists, and focused educational learning collaboratives with primary care providers.

Sec. 4010. RCW 71.24.100 and 2014 c 225 s 14 are each amended to read as follows:

A county authority or a group of county authorities may enter into a joint operating agreement to respond to a request for a detailed plan and contract with the state to operate a behavioral health organization whose boundaries are consistent with the regional service areas established under RCW 43.20A.893 (as recodified by this act). Any agreement between two or more county authorities shall provide:

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

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

Sec. 4011. RCW 71.24.155 and 2014 c 225 s 36 are each amended to read as follows:

Grants shall be made by the ((department)) authority to behavioral health organizations for community mental health programs totaling not less than ninety-five percent of available resources. The ((department)) authority may use up to forty percent of the remaining five percent to provide community demonstration projects,
including early intervention or primary prevention programs for
children, and the remainder shall be for emergency needs and
technical assistance under this chapter.

Sec. 4012. RCW 71.24.160 and 2014 c 225 s 37 are each amended to
read as follows:

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

Sec. 4013. RCW 71.24.215 and 1982 c 204 s 11 are each amended to
read as follows:

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

Sec. 4014. RCW 71.24.220 and 1999 c 10 s 8 are each amended to
read as follows:

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

Sec. 4015. RCW 71.24.240 and 2014 c 225 s 49 are each amended to
read as follows:

In order to establish eligibility for funding under this chapter,
any behavioral health organization seeking to obtain federal funds
for the support of any aspect of a community mental health program as
defined in this chapter shall submit program plans to the
((secretary)) director for prior review and approval before such
plans are submitted to any federal agency.
Sec. 4016. RCW 71.24.300 and 2016 sp.s. c 29 s 522 are each amended to read as follows:

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

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

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

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

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

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

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

(b) Administer and provide for the availability of an adequate network of evaluation and treatment services to ensure access to treatment, all investigation, transportation, court-related, and

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other services provided by the state or counties pursuant to chapter
71.05 RCW.

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

(i) Contracts with neighboring or contiguous regions; or
(ii) Individuals detained or committed for periods up to
seventeen days at the state hospitals at the discretion of the
((secretary)) director.

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

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

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

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

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

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

Sec. 4017. RCW 71.24.310 and 2014 c 225 s 40 are each amended to read as follows:

The legislature finds that administration of chapter 71.05 RCW and this chapter can be most efficiently and effectively implemented as part of the behavioral health organization defined in RCW 71.24.025. For this reason, the legislature intends that the ((department)) authority and the behavioral health organizations shall work together to implement chapter 71.05 RCW as follows:

(1) ((By June 1, 2006,)) Behavioral health organizations shall recommend to the ((department)) authority the number of state hospital beds that should be allocated for use by each behavioral health organization. The statewide total allocation shall not exceed the number of state hospital beds offering long-term inpatient care, as defined in this chapter, for which funding is provided in the biennial appropriations act.

(2) If there is consensus among the behavioral health organizations regarding the number of state hospital beds that should be allocated for use by each behavioral health organization, the
authority shall contract with each behavioral health organization accordingly.

(3) If there is not consensus among the behavioral health organizations regarding the number of beds that should be allocated for use by each behavioral health organization, the authority shall establish by emergency rule the number of state hospital beds that are available for use by each behavioral health organization. (The emergency rule shall be effective September 1, 2006.) The primary factor used in the allocation shall be the estimated number of adults with acute and chronic mental illness in each behavioral health organization area, based upon population-adjusted incidence and utilization.

(4) The allocation formula shall be updated at least every three years to reflect demographic changes, and new evidence regarding the incidence of acute and chronic mental illness and the need for long-term inpatient care. In the updates, the statewide total allocation shall include (a) all state hospital beds offering long-term inpatient care for which funding is provided in the biennial appropriations act; plus (b) the estimated equivalent number of beds or comparable diversion services contracted in accordance with subsection (5) of this section.

(5) The authority is encouraged to enter performance-based contracts with behavioral health organizations to provide some or all of the behavioral health organization's allocated long-term inpatient treatment capacity in the community, rather than in the state hospital. The performance contracts shall specify the number of patient days of care available for use by the behavioral health organization in the state hospital.

(6) If a behavioral health organization uses more state hospital patient days of care than it has been allocated under subsection (3) or (4) of this section, or than it has contracted to use under subsection (5) of this section, whichever is less, it shall reimburse the authority for that care, except during the period of July 1, 2012, through December 31, 2013, where reimbursements may be temporarily altered per section 204, chapter 4, Laws of 2013 2nd sp. sess.). The reimbursement rate per day shall be the hospital's total annual budget for long-term inpatient care, divided by the total patient days of care assumed in development of that budget.
(7) One-half of any reimbursements received pursuant to subsection (6) of this section shall be used to support the cost of operating the state hospital ([and, during the 2007-2009 fiscal biennium, implementing new services that will enable a behavioral health organization to reduce its utilization of the state hospital]). The ((department)) authority shall distribute the remaining half of such reimbursements among behavioral health organizations that have used less than their allocated or contracted patient days of care at that hospital, proportional to the number of patient days of care not used.

Sec. 4018. RCW 71.24.320 and 2014 c 225 s 50 are each amended to read as follows:

(1) If an existing behavioral health organization chooses not to respond to a request for a detailed plan, or is unable to substantially meet the requirements of a request for a detailed plan, or notifies the ((department of social and health services)) authority it will no longer serve as a behavioral health organization, the ((department)) authority shall utilize a procurement process in which other entities recognized by the ((secretary)) director may bid to serve as the behavioral health organization.

(a) The request for proposal shall include a scoring factor for proposals that include additional financial resources beyond that provided by state appropriation or allocation.

(b) The ((department)) authority shall provide detailed briefings to all bidders in accordance with ((department)) authority and state procurement policies.

(c) The request for proposal shall also include a scoring factor for proposals submitted by nonprofit entities that include a component to maximize the utilization of state provided resources and the leverage of other funds for the support of mental health services to persons with mental illness.

(2) A behavioral health organization that voluntarily terminates, refuses to renew, or refuses to sign a mandatory amendment to its contract to act as a behavioral health organization is prohibited from responding to a procurement under this section or serving as a behavioral health organization for five years from the date that the department of social and health services, or the authority, as
applicable, signs a contract with the entity that will serve as the behavioral health organization.

Sec. 4019. RCW 71.24.330 and 2015 c 250 s 19 are each amended to read as follows:

(1)(a) Contracts between a behavioral health organization and the ((department)) authority shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and reprocurement of the contract.

(b) The ((department)) authority shall incorporate the criteria to measure the performance of service coordination organizations into contracts with behavioral health organizations as provided in chapter 70.320 RCW.

(2) The behavioral health organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a behavioral health organization selected through the procurement process is not required to contract for services with any county-owned or operated facility. The behavioral health organization procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(3) In addition to the requirements of RCW 71.24.035, contracts shall:

(a) Define administrative costs and ensure that the behavioral health organization does not exceed an administrative cost of ten percent of available funds;

(b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;

(c) Require substantial implementation of ((department)) authority adopted integrated screening and assessment process and matrix of best practices;
(d) Maintain the decision-making independence of designated mental health professionals;

(e) Except at the discretion of the secretary of the department of social and health services in consultation with the director or as specified in the biennial budget, require behavioral health organizations to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;

(f) Include a negotiated alternative dispute resolution clause;

(g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a behavioral health organization. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a behavioral health organization they shall provide ninety days' advance notice in writing to the other party;

(h) Require behavioral health organizations to provide services as identified in RCW 71.05.585 to individuals committed for involuntary commitment under less restrictive alternative court orders when:

(i) The individual is enrolled in the medicaid program and meets behavioral health organization access to care standards; or

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

(i) Establish caseload guidelines for care coordinators who supervise less restrictive alternative orders and guidelines for response times during and immediately following periods of hospitalization or incarceration.

Sec. 4020. RCW 71.24.330 and 2016 sp.s. c 29 s 422 are each amended to read as follows:

(1)(a) Contracts between a behavioral health organization and the authority shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including,
but not limited to, financial penalties, termination of the contract, and reprocurement of the contract.

(b) The authority shall incorporate the criteria to measure the performance of service coordination organizations into contracts with behavioral health organizations as provided in chapter 70.320 RCW.

(2) The behavioral health organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a behavioral health organization selected through the procurement process is not required to contract for services with any county-owned or operated facility. The behavioral health organization procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(3) In addition to the requirements of RCW 71.24.035, contracts shall:

(a) Define administrative costs and ensure that the behavioral health organization does not exceed an administrative cost of ten percent of available funds;

(b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;

(c) Require substantial implementation of authority adopted integrated screening and assessment process and matrix of best practices;

(d) Maintain the decision-making independence of designated crisis responders;

(e) Except at the discretion of the secretary of the department of social and health services in consultation with the director or as specified in the biennial budget, require behavioral health organizations to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;

(f) Include a negotiated alternative dispute resolution clause;
Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a behavioral health organization. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a behavioral health organization they shall provide ninety days' advance notice in writing to the other party;

Require behavioral health organizations to provide services as identified in RCW 71.05.585 to individuals committed for involuntary commitment under less restrictive alternative court orders when:

(i) The individual is enrolled in the medicaid program and meets behavioral health organization access to care standards; or

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

(i) Establish caseload guidelines for care coordinators who supervise less restrictive alternative orders and guidelines for response times during and immediately following periods of hospitalization or incarceration.

Sec. 4021. RCW 71.24.340 and 2014 c 225 s 16 are each amended to read as follows:

The ((secretary)) director shall require the behavioral health organizations to develop agreements with city and county jails to accept referrals for enrollment on behalf of a confined person, prior to the person's release.

Sec. 4022. RCW 71.24.350 and 2016 sp.s. c 29 s 523 are each amended to read as follows:

The ((department)) authority shall require each behavioral health organization to provide for a separately funded behavioral health ombuds office in each behavioral health organization that is independent of the behavioral health organization. The ombuds office shall maximize the use of consumer advocates.

Sec. 4023. RCW 71.24.360 and 2014 c 225 s 52 are each amended to read as follows:
The authority may establish new behavioral health organization boundaries in any part of the state:

(a) Where more than one organization chooses not to respond to, or is unable to substantially meet the requirements of, the request for a detailed plan under RCW 71.24.320;

(b) Where a behavioral health organization is subject to reprocurement under RCW 71.24.330; or

(c) Where two or more behavioral health organizations propose to reconfigure themselves to achieve consolidation, in which case the procurement process described in RCW 71.24.320 and 71.24.330(2) does not apply.

The authority may establish no fewer than six and no more than fourteen behavioral health organizations under this chapter. No entity shall be responsible for more than three behavioral health organizations.

Sec. 4024. RCW 71.24.370 and 2014 c 225 s 42 are each amended to read as follows:

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

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

(3) This section applies to counties, behavioral health organizations, and entities which contract to provide behavioral health organization services and their subcontractors, agents, or employees.

Sec. 4025. RCW 71.24.380 and 2014 c 225 s 5 are each amended to read as follows:
(1) The ((secretary)) director shall purchase mental health and chemical dependency treatment services primarily through managed care contracting, but may continue to purchase behavioral health services directly from tribal clinics and other tribal providers.

(2)(a) The ((secretary)) director shall request a detailed plan from the entities identified in (b) of this subsection that demonstrates compliance with the contractual elements of RCW 43.20A.894 (as recodified by this act) and federal regulations related to medicaid managed care contracting((r)) including, but not limited to: Having a sufficient network of providers to provide adequate access to mental health and chemical dependency services for residents of the regional service area that meet eligibility criteria for services, ability to maintain and manage adequate reserves, and maintenance of quality assurance processes. Any responding entity that submits a detailed plan that demonstrates that it can meet the requirements of this section must be awarded the contract to serve as the behavioral health organization.

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

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

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

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

(ii) In the event that a regional service area is comprised of multiple counties including one that has made a decision prior to January 1, 2014, not to contract as a regional support network the counties shall adopt an interlocal agreement and may respond to the request for a detailed plan under (a) of this subsection and the private entity may also respond to the request for a detailed plan. If both responding entities meet the requirements of this section, the responding entities shall follow the ((department's)) authority's procurement process established in subsection (3) of this section.
(3) If an entity that has received a request under this section to submit a detailed plan does not respond to the request, a responding entity under subsection (1) of this section is unable to substantially meet the requirements of the request for a detailed plan, or more than one responding entity substantially meets the requirements for the request for a detailed plan, the ((department)) authority shall use a procurement process in which other entities recognized by the ((secretary)) director may bid to serve as the behavioral health organization in that regional service area.

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

(5) Upon request of all of the county authorities in a regional service area, the ((department and the health care)) authority may ((jointly)) purchase behavioral health services through an integrated medical and behavioral health services contract with a behavioral health organization or a managed health care system as defined in RCW 74.09.522, pursuant to standards to be developed ((jointly)) by the ((secretary and the health care)) authority. Any contract for such a purchase must comply with all federal medicaid and state law requirements related to managed health care contracting.

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

Sec. 4026. RCW 71.24.385 and 2016 sp.s. c 29 s 510 are each amended to read as follows:
Within funds appropriated by the legislature for this purpose, behavioral health organizations shall develop the means to serve the needs of people:

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

(i) Crisis diversion services;
(ii) Evaluation and treatment and community hospital beds;
(iii) Residential treatment;
(iv) Programs for intensive community treatment;
(v) Outpatient services;
(vi) Peer support services;
(vii) Community support services;
(viii) Resource management services; and
(ix) Supported housing and supported employment services.
(b) With substance use disorders and their families, people incapacitated by alcohol or other psychoactive chemicals, and intoxicated people.

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

(A) Withdrawal management;
(B) Residential treatment; and
(C) Outpatient treatment.

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

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

(2) The behavioral health organization shall have the flexibility, within the funds appropriated by the legislature for this purpose and the terms of their contract, to design the mix of services that will be most effective within their service area of meeting the needs of people with behavioral health disorders and avoiding placement of such individuals at the state mental hospital. Behavioral health organizations are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.
(3)(a) Treatment provided under this chapter must be purchased primarily through managed care contracts.

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

Sec. 4027. RCW 71.24.400 and 2001 c 323 s 18 are each amended to read as follows:

The legislature finds that the current complex set of federal, state, and local rules and regulations, audited and administered at multiple levels, which affect the community mental health service delivery system, focus primarily on the process of providing mental health services and do not sufficiently address consumer and system outcomes. The legislature finds that the authority and the community mental health service delivery system must make ongoing efforts to achieve the purposes set forth in RCW 71.24.015 related to reduced administrative layering, duplication, elimination of process measures not specifically required by the federal government for the receipt of federal funds, and reduced administrative costs.

Sec. 4028. RCW 71.24.405 and 2014 c 225 s 53 are each amended to read as follows:

The authority shall establish a comprehensive and collaborative effort within behavioral health organizations and with local mental health service providers aimed at creating innovative and streamlined community mental health service delivery systems, in order to carry out the purposes set forth in RCW 71.24.400 and to capture the diversity of the community mental health service delivery system.

The authority must accomplish the following:

1. Identification, review, and cataloging of all rules, regulations, duplicative administrative and monitoring functions, and other requirements that currently lead to inefficiencies in the community mental health service delivery system and, if possible, eliminate the requirements;

2. The systematic and incremental development of a single system of accountability for all federal, state, and local funds provided to the community mental health service delivery system. Systematic efforts should be made to include federal and local funds into the single system of accountability;
(3) The elimination of process regulations and related contract and reporting requirements. In place of the regulations and requirements, a set of outcomes for mental health adult and children clients according to this chapter (71.24 RCW) must be used to measure the performance of mental health service providers and behavioral health organizations. Such outcomes shall focus on stabilizing out-of-home and hospital care, increasing stable community living, increasing age-appropriate activities, achieving family and consumer satisfaction with services, and system efficiencies;

(4) Evaluation of the feasibility of contractual agreements between the department of social and health services authority and behavioral health organizations and mental health service providers that link financial incentives to the success or failure of mental health service providers and behavioral health organizations to meet outcomes established for mental health service clients;

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

(6) An independent evaluation component to measure the success of the department authority in fully implementing the provisions of RCW 71.24.400 and this section.

Sec. 4029. RCW 71.24.415 and 1999 c 10 s 12 are each amended to read as follows:

To carry out the purposes specified in RCW 71.24.400, the department authority is encouraged to utilize its authority to eliminate any unnecessary rules, regulations, standards, or contracts, to immediately eliminate duplication of audits or any other unnecessarily duplicated functions, and to seek any waivers of federal or state rules or regulations necessary to achieve the purpose of streamlining the community mental health service delivery system and infusing it with incentives that reward efficiency, positive outcomes for clients, and quality services.

Sec. 4030. RCW 71.24.420 and 2014 c 225 s 17 are each amended to read as follows:
The ((department)) authority shall operate the community mental health service delivery system authorized under this chapter within the following constraints:

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

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

(3) The ((department)) authority shall implement strategies that accomplish the outcome measures established in RCW 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked to those outcomes.

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

Sec. 4031. RCW 71.24.430 and 2014 c 225 s 54 are each amended to read as follows:

(1) The ((department)) authority shall ensure the coordination of allied services for mental health clients. The ((department)) authority shall implement strategies for resolving organizational, regulatory, and funding issues at all levels of the system, including the state, the behavioral health organizations, and local service providers.

(2) The ((department)) authority shall propose, in operating budget requests, transfers of funding among programs to support collaborative service delivery to persons who require services from multiple department of social and health services and authority programs. The ((department)) authority shall report annually to the appropriate committees of the senate and house of representatives on actions and projects it has taken to promote collaborative service delivery.

Sec. 4032. RCW 71.24.455 and 2014 c 225 s 43 are each amended to read as follows:
(1) The (secretary) director shall select and contract with a behavioral health organization or private provider to provide specialized access and services to offenders with mental illness upon release from total confinement within the department of corrections who have been identified by the department of corrections and selected by the behavioral health organization or private provider as high-priority clients for services and who meet service program entrance criteria. The program shall enroll no more than twenty-five offenders at any one time, or a number of offenders that can be accommodated within the appropriated funding level, and shall seek to fill any vacancies that occur.

(2) Criteria shall include a determination by department of corrections staff that:
   (a) The offender suffers from a major mental illness and needs continued mental health treatment;
   (b) The offender's previous crime or crimes have been determined by either the court or department of corrections staff to have been substantially influenced by the offender's mental illness;
   (c) It is believed the offender will be less likely to commit further criminal acts if provided ongoing mental health care;
   (d) The offender is unable or unlikely to obtain housing and/or treatment from other sources for any reason; and
   (e) The offender has at least one year remaining before his or her sentence expires but is within six months of release to community housing and is currently housed within a work release facility or any department of corrections' division of prisons facility.

(3) The behavioral health organization or private provider shall provide specialized access and services to the selected offenders. The services shall be aimed at lowering the risk of recidivism. An oversight committee composed of a representative of the ((department)) authority, a representative of the selected behavioral health organization or private provider, and a representative of the department of corrections shall develop policies to guide the pilot program, provide dispute resolution including making determinations as to when entrance criteria or required services may be waived in individual cases, advise the department of corrections and the behavioral health organization or private provider on the selection of eligible offenders, and set minimum requirements for service contracts. The selected behavioral health organization or private

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provider shall implement the policies and service contracts. The following services shall be provided:

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

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

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

(d) Medications including the full range of psychotropic medications including atypical antipsychotic medications may be required as a condition of the program. Medication prescription, medication monitoring, and counseling to support offender understanding, acceptance, and compliance with prescribed medication regimens must be included.

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

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

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

(h) The offender shall be provided access to daily activities such as drop-in centers, prevocational and vocational training and jobs, and volunteer activities.
Once an offender has been selected into the pilot program, the offender shall remain in the program until the end of his or her sentence or unless the offender is released from the pilot program earlier by the department of corrections.

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

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

Sec. 4033. RCW 71.24.460 and 1999 c 10 s 13 are each amended to read as follows:

The ((department)) authority, in collaboration with the department of corrections and the oversight committee created in RCW 71.24.455, shall track outcomes and submit to the legislature annual reports regarding services and outcomes. The reports shall include the following: (1) A statistical analysis regarding the reoffense and reinstitutionalization rate by the enrollees in the program set forth in RCW 71.24.455; (2) a quantitative description of the services provided in the program set forth in RCW 71.24.455; and (3) recommendations for any needed modifications in the services and funding levels to increase the effectiveness of the program set forth in RCW 71.24.455. By December 1, 2003, the department shall certify the reoffense rate for enrollees in the program authorized by RCW 71.24.455 to the office of financial management and the appropriate legislative committees. If the reoffense rate exceeds fifteen percent, the authorization for the department to conduct the program under RCW 71.24.455 is terminated on January 1, 2004.

Sec. 4034. RCW 71.24.470 and 2014 c 225 s 44 are each amended to read as follows:

(1) The ((secretary)) director shall contract, to the extent that funds are appropriated for this purpose, for case management services and such other services as the ((secretary)) director deems necessary to assist offenders identified under RCW 72.09.370 for participation in the offender reentry community safety program. The contracts may be with behavioral health organizations or any other qualified and appropriate entities.
The case manager has the authority to assist these offenders in obtaining the services, as set forth in the plan created under RCW 72.09.370(2), for up to five years. The services may include coordination of mental health services, assistance with unfunded medical expenses, obtaining chemical dependency treatment, housing, employment services, educational or vocational training, independent living skills, parenting education, anger management services, and such other services as the case manager deems necessary.

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

The offender reentry community safety program was formerly known as the community integration assistance program.

Sec. 4035. RCW 71.24.480 and 2014 c 225 s 45 are each amended to read as follows:

(1) A licensed or certified service provider or behavioral health organization, acting in the course of the provider's or organization's duties under this chapter, is not liable for civil damages resulting from the injury or death of another caused by a participant in the offender reentry community safety program who is a client of the provider or organization, unless the act or omission of the provider or organization constitutes:

(a) Gross negligence;
(b) Willful or wanton misconduct; or
(c) A breach of the duty to warn of and protect from a client's threatened violent behavior if the client has communicated a serious threat of physical violence against a reasonably ascertainable victim or victims.

(2) In addition to any other requirements to report violations, the licensed or certified service provider and behavioral health organization shall report an offender's expressions of intent to harm or other predatory behavior, regardless of whether there is an ascertainable victim, in progress reports and other established

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processes that enable courts and supervising entities to assess and address the progress and appropriateness of treatment.  

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

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

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

Sec. 4036. RCW 71.24.490 and 2015 c 269 s 11 are each amended to read as follows:  
The authority must collaborate with regional support networks or behavioral health organizations and the Washington state institute for public policy to estimate the capacity needs for evaluation and treatment services within each regional service area. Estimated capacity needs shall include consideration of the average occupancy rates needed to provide an adequate network of evaluation and treatment services to ensure access to treatment. A regional service network or behavioral health organization must develop and maintain an adequate plan to provide for evaluation and treatment needs.  

Sec. 4037. RCW 71.24.500 and 2016 c 154 s 3 are each amended to read as follows:  
The department of social and health services and the authority shall publish written guidance and provide trainings to behavioral health organizations, managed care organizations, and behavioral health providers related to how these organizations may provide outreach, assistance, transition planning, and rehabilitation case management reimbursable under federal law to persons who are incarcerated, involuntarily hospitalized, or in the
process of transitioning out of one of these services. The guidance and trainings may also highlight preventive activities not reimbursable under federal law which may be cost-effective in a managed care environment. The purpose of this written guidance and trainings is to champion best clinical practices including, where appropriate, use of care coordination and long-acting injectable psychotropic medication, and to assist the health community to leverage federal funds and standardize payment and reporting procedures. The authority and the department of social and health services shall construe governing laws liberally to effectuate the broad remedial purposes of chapter 154, Laws of 2016, and provide a status update to the legislature by December 31, 2016.

**Sec. 4038.** RCW 71.24.515 and 2016 sp.s. c 29 s 514 are each amended to 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 substance use disorder screening and assessment, facilitating progress reports to department of social and health services employees, in-service training of department of social and health services employees and staff on substance use disorder issues, referring clients from the department of social and health services to treatment providers, and providing consultation on cases to department of social and health services employees.

(3) The department of social and health services shall provide training in and ensure that each case-carrying employee is trained in uniform screening for mental health and substance use disorder.

**Sec. 4039.** RCW 71.24.520 and 2014 c 225 s 22 are each amended to read as follows:

The authority, in the operation of the chemical dependency program may:

(1) Plan, establish, and maintain prevention and treatment programs as necessary or desirable;
(2) 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 services rendered or furnished to persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, or intoxicated persons;

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

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

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

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

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

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

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

(10) Acquire, hold, or dispose of real property or any interest therein, and construct, lease, or otherwise provide treatment programs.
Sec. 4040. RCW 71.24.525 and 1989 c 270 s 7 are each amended to read as follows:

Pursuant to the Interlocal Cooperation Act, chapter 39.34 RCW, the ((department)) authority may enter into agreements to accomplish the purposes of this chapter.

Sec. 4041. RCW 71.24.530 and 2016 sp.s. c 29 s 515 are each amended to read as follows:

Except as provided in this chapter, the ((secretary)) director shall not approve any substance use disorder facility, plan, or program for financial assistance under RCW 71.24.520 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 substance use disorder facility, plan, or program, the ((secretary)) director may require the substance use disorder 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)) director shall determine the value of the gifts, contributions, and volunteer services.

Sec. 4042. RCW 71.24.535 and 2016 sp.s. c 29 s 504 are each amended to read as follows:

The ((department)) authority 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 substance use disorder services consistent with the state's medicaid plan or federal waiver.

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authorities, and nonmedicaid services consistent with priorities established by the (department) authority;

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

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

(5) Cooperate with the superintendent of public instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of 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 substance use disorder 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 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 substance use disorders;

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

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

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

(13) Assist in the development of, and cooperate with, programs for alcohol and other psychoactive chemical education and treatment for employees of state and local governments and businesses and industries in the state;

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

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

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

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

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

Sec. 4043. RCW 71.24.540 and 2016 sp.s. c 29 s 516 are each amended to read as follows:
The department authority shall contract with counties operating drug courts and counties in the process of implementing new drug courts for the provision of substance use disorder treatment services.

Sec. 4044. RCW 71.24.545 and 2014 c 225 s 25 are each amended to read as follows:

(1) (In coordination with the health care) The department shall establish by appropriate means a comprehensive and coordinated program for the treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

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

(i) Withdrawal management;
(ii) Residential treatment; and
(iii) Outpatient treatment.

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

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

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

(5) By April 1, 2016, treatment provided under this chapter must be purchased primarily through managed care contracts. Consistent with RCW 70.96A.350, services and funding provided through the criminal justice treatment account are intended to be exempted from managed care contracting.

Sec. 4045. RCW 71.24.555 and 2016 sp.s. c 29 s 517 are each amended to 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 substance use disorder program approved by the behavioral health organization and
the ((secretary)) director, and licensed or certified by the department of health.

Sec. 4046. RCW 71.24.565 and 2014 c 225 s 27 are each amended to read as follows:

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

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

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

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

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

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

Sec. 4047. RCW 71.24.580 and 2016 sp.s. c 29 s 511 are each 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 use disorder treatment and treatment support services for offenders with 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 substance use disorder 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. During the 2015-2017 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 and the excess fund balance of the account. 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 use

disorder treatment program, but does not include the following

services: Housing other than that provided as part of an inpatient

substance 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 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 department for the purposes of

subsection (5) of this section.

(5) Moneys appropriated to the ((department)) authority from the

criminal justice treatment account shall be distributed as specified

in this subsection. The ((department)) authority 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 ((department))

authority from the account shall be distributed to counties pursuant

to the distribution formula adopted under this section. The

((division of alcohol and substance abuse)) authority, 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 use disorder
treatment providers, and any other person deemed by the department authority 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 department authority from the account shall be distributed as grants for purposes of treating offenders against whom charges are filed by a county prosecuting attorney. The department authority 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, and substance use disorder treatment providers. 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 71.24.560, treatment support services, and for the administrative and overhead costs associated with the operation of a drug court.

(a) No more than ten percent of the total moneys received under subsections (4) and (5) of this section by a county or group of counties participating in a regional agreement shall be spent on the administrative and overhead costs associated with the operation of a drug court.
(b) No more than ten percent of the total moneys received under subsections (4) and (5) of this section by a county or group of counties participating in a regional agreement shall be spent for treatment support services.

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

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

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

(10) The authority under this section to use funds from the criminal justice treatment account for the administrative and overhead costs associated with the operation of a drug court expires June 30, 2015.

Sec. 4048. RCW 71.24.590 and 2001 c 242 s 2 are each amended to read as follows:

(1) For purposes of this section, "area" means the county in which an applicant proposes to locate a licensed or certified program and counties adjacent, or near to, the county in which the program is proposed to be located.

When making a decision on an application for licensing or certification of a program, the department shall:

(a) Consult with the county legislative authorities in the area in which an applicant proposes to locate a program and the city legislative authority in any city in which an applicant proposes to locate a program;

(b) License or certify only programs that will be sited in accordance with the appropriate county or city land use ordinances. Counties and cities may require conditional or special use permits with reasonable conditions for the siting of programs. Pursuant to RCW 36.70A.200, no local comprehensive plan or development regulation may preclude the siting of essential public facilities;

(c) Not discriminate in its licensing or certification decision on the basis of the corporate structure of the applicant;

(d) Consider the size of the population in need of treatment in the area in which the program would be located and license or certify
only applicants whose programs meet the necessary treatment needs of that population;

(e) Demonstrate a need in the community for opiate substitution treatment and not certify more program slots than justified by the need in that community. No program shall exceed three hundred fifty participants unless specifically authorized by the county in which the program is certified;

(f) Consider the availability of other licensed or certified programs near the area in which the applicant proposes to locate the program;

(g) Consider the transportation systems that would provide service to the program and whether the systems will provide reasonable opportunities to access the program for persons in need of treatment;

(h) Consider whether the applicant has, or has demonstrated in the past, the capability to provide the appropriate services to assist the persons who utilize the program in meeting goals established by the legislature, including abstinence from opiates and opiate substitutes, obtaining mental health treatment, improving economic independence, and reducing adverse consequences associated with illegal use of controlled substances. The department shall prioritize licensing or certification to applicants who have demonstrated such capability;

(i) Hold at least one public hearing in the county in which the facility is proposed to be located and one hearing in the area in which the facility is proposed to be located. The hearing shall be held at a time and location that are most likely to permit the largest number of interested persons to attend and present testimony. The department shall notify all appropriate media outlets of the time, date, and location of the hearing at least three weeks in advance of the hearing.

(2) A program applying for licensing or certification from the department and a program applying for a contract from a state agency that has been denied the licensing or certification or contract shall be provided with a written notice specifying the rationale and reasons for the denial.

(3) For the purpose of this chapter, opiate substitution treatment means:
(a) Dispensing an opiate substitution drug approved by the federal drug administration for the treatment of opiate addiction; and

(b) Providing a comprehensive range of medical and rehabilitative services.

Sec. 4049. RCW 71.24.595 and 2003 c 207 s 6 are each amended to read as follows:

(1) The department, in consultation with opiate substitution treatment service providers and counties and cities, shall establish statewide treatment standards for licensed or certified opiate substitution treatment programs. The department shall enforce these treatment standards. The treatment standards shall include, but not be limited to, reasonable provisions for all appropriate and necessary medical procedures, counseling requirements, urinalysis, and other suitable tests as needed to ensure compliance with this chapter.

(2) The department, in consultation with opiate substitution treatment programs and counties, shall establish statewide operating standards for certified opiate substitution treatment programs. The department shall enforce these operating standards. The operating standards shall include, but not be limited to, reasonable provisions necessary to enable the department and counties to monitor certified or licensed opiate substitution treatment programs for compliance with this chapter and the treatment standards authorized by this chapter and to minimize the impact of the opiate substitution treatment programs upon the business and residential neighborhoods in which the program is located.

(3) The department shall establish criteria for evaluating the compliance of opiate substitution treatment programs with the goals and standards established under this chapter. As a condition of licensing or certification, opiate substitution programs shall submit an annual report to the department and county legislative authority, including data as specified by the department necessary for outcome analysis. The department shall analyze and evaluate the data submitted by each treatment program and take corrective action where necessary to ensure compliance with the goals and standards enumerated under this chapter.
Sec. 4050. RCW 71.24.600 and 1989 c 271 s 308 are each reenacted and amended to read as follows:

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

The ((department)) authority may limit admissions of such applicants or modify its programs in order to ensure that expenditures for services or programs do not exceed amounts appropriated by the legislature and are allocated by the ((department)) authority for such services or programs. The ((department)) authority may establish admission priorities in the event that the number of eligible applicants exceeds the limits set by the ((department)) authority.

Sec. 4051. RCW 71.24.605 and 1998 c 245 s 136 are each amended to read as follows:

The ((department)) authority shall contract with the University of Washington fetal alcohol syndrome clinic to provide fetal alcohol exposure screening and assessment services. The University indirect charges shall not exceed ten percent of the total contract amount. The contract shall require the University of Washington fetal alcohol syndrome clinic to provide the following services:

1) Training for health care staff in community-based fetal alcohol exposure clinics to ensure the accurate diagnosis of individuals with fetal alcohol exposure and the development and implementation of appropriate service referral plans;
2) Development of written or visual educational materials for the individuals diagnosed with fetal alcohol exposure and their families or caregivers;
3) Systematic information retrieval from each community clinic to (a) maintain diagnostic accuracy and reliability across all community clinics, (b) facilitate the development of effective and efficient screening tools for population-based identification of individuals with fetal alcohol exposure, (c) facilitate identification of the most clinically efficacious and cost-effective educational, social, vocational, and health service interventions for individuals with fetal alcohol exposure;
(4) Based on available funds, establishment of a network of community-based fetal alcohol exposure clinics across the state to meet the demand for fetal alcohol exposure diagnostic and referral services; and

(5) Preparation of an annual report for submission to the authority, the department of health, the department of social and health services, the department of corrections, and the office of the superintendent of public instruction which includes the information retrieved under subsection (3) of this section.

Sec. 4052. RCW 71.24.610 and 1995 c 54 s 3 are each amended to read as follows:

The authority, the department of social and health services, the department of health, the department of corrections, and the office of the superintendent of public instruction shall execute an interagency agreement to ensure the coordination of identification, prevention, and intervention programs for children who have fetal alcohol exposure, and for women who are at high risk of having children with fetal alcohol exposure.

The interagency agreement shall provide a process for community advocacy groups to participate in the review and development of identification, prevention, and intervention programs administered or contracted for by the agencies executing this agreement.

Sec. 4053. RCW 71.24.615 and 2003 c 207 s 7 are each amended to read as follows:

The ((department)) authority shall prioritize expenditures for treatment provided under RCW 13.40.165. The ((department)) authority shall provide funds for inpatient and outpatient treatment providers that are the most successful, using the standards developed by the University of Washington under section 27, chapter 338, Laws of 1997. The ((department)) authority may consider variations between the nature of the programs provided and clients served but must provide funds first for those programs that demonstrate the greatest success in treatment within categories of treatment and the nature of the persons receiving treatment.

Sec. 4054. RCW 71.24.620 and 2016 sp.s. c 29 s 520 are each amended to read as follows:
(1) Subject to funds appropriated for this specific purpose, the director shall select and contract with behavioral health organizations to provide intensive case management for persons with substance use disorders and histories of high utilization of crisis services at two sites. In selecting the two sites, the director 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 substance use disorder diagnosis or dual primary substance use disorder and mental health diagnoses, through the employment of substance use disorder case managers. The substance use disorder case managers shall:

(a) Be trained in and use the integrated, comprehensive screening and assessment process adopted under RCW 71.24.630;
(b) Reduce the use of crisis medical, 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;
(c) Reduce the use of emergency first responder services 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;
(e) Where appropriate and available, work with therapeutic courts including drug courts and mental health courts to maximize the outcomes for the individual and reduce the likelihood of reoffense;
(f) Coordinate with local offices of the economic services administration to assist the person in accessing and remaining enrolled in those programs to which the person may be entitled;
(g) Where appropriate and available, coordinate with primary care and other programs operated through the federal government including federally qualified health centers, Indian health programs, and...
veterans' health programs for which the person is eligible to reduce duplication of services and conflicts in case approach;

(h) Where appropriate, advocate for the client's needs to assist the person in achieving and maintaining stability and progress toward recovery;

(i) Document the numbers of persons with co-occurring mental and substance 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.

(3) The pilot programs established by this section shall begin providing services by March 1, 2006.

Sec. 4055. RCW 71.24.625 and 2016 sp.s. c 29 s 521 are each amended to read as follows:

   The ((department)) authority shall ensure that the provisions of this chapter are applied by the behavioral health organizations in a consistent and uniform manner. The ((department)) authority shall also ensure that, to the extent possible within available funds, the behavioral health organization-designated chemical dependency specialists are specifically trained in adolescent chemical dependency issues, the chemical dependency commitment laws, and the criteria for commitment, as specified in this chapter and chapter 70.96A RCW.

Sec. 4056. RCW 71.24.630 and 2016 sp.s. c 29 s 513 are each amended to read as follows:

   (1) The ((department of social and health services)) authority shall maintain an integrated and comprehensive screening and assessment process for substance use and mental disorders and co-occurring 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;
(iv) Identification of triggers after or outside the screening 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 [authority] 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 substance use disorder and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders.

(2) The [authority] 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.

(3) The [authority] 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.

Sec. 4057. RCW 71.24.640 and 2016 sp.s. c 29 s 507 are each amended to read as follows:

The secretary shall license or certify evaluation and treatment facilities that meet state minimum standards. The standards for certification or licensure of evaluation and treatment facilities by the department 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.

Sec. 4058. RCW 71.24.645 and 2016 sp.s. c 29 s 508 are each amended to read as follows:
The secretary shall license or certify crisis stabilization units that meet state minimum standards. The standards for certification or licensure of crisis stabilization units by the department must include standards that:

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

(2) Require administration of the unit by mental health professionals who direct the stabilization and rehabilitation efforts; and

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

**Sec. 4059.** RCW 71.24.650 and 2016 sp.s. c 29 s 509 are each amended to read as follows:

The secretary shall license or certify clubhouses that meet state minimum standards. The standards for certification or licensure of a clubhouse by the department must at a minimum include:

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

(2) Members and employees must work together;

(3) 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;

(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;

(7) Clubhouse programs must focus on strengths, talents, and abilities of its members;
(8) The work-ordered day may not include medication clinics, day
treatment, or other therapy programs within the clubhouse.

Sec. 4060. RCW 71.24.805 and 2001 c 334 s 1 are each amended to
read as follows:

The legislature affirms its support for those recommendations of
the performance audit of the public mental health system conducted by
the joint legislative audit and review committee relating to:
Improving the coordination of services for clients with multiple
needs; improving the consistency of client, service, and fiscal data
collected by the ((mental health division)) authority; replacing
process-oriented accountability activities with a uniform statewide
outcome measurement system; and using outcome information to identify
and provide incentives for best practices in the provision of public
mental health services.

Sec. 4061. RCW 71.24.810 and 2001 c 334 s 2 are each amended to
read as follows:

The legislature supports recommendations 1 through 10 and 12
through 14 of the mental health system performance audit conducted by
the joint legislative audit and review committee. The legislature
expects the ((department of social and health services)) authority to
work diligently within available funds to implement these
recommendations.

Sec. 4062. RCW 71.24.850 and 2014 c 225 s 8 are each amended to
read as follows:

(1) By December 1, 2018, the department of social and health
services and the ((health care)) authority shall report to the
governor and the legislature regarding the preparedness of each
regional service area to provide mental health services, chemical
dependency services, and medical care services to medicaid clients
under a fully integrated managed care health system.

(2) By January 1, 2020, the community behavioral health program
must be fully integrated in a managed care health system that
provides mental health services, chemical dependency services, and
medical care services to medicaid clients.

Sec. 4063. RCW 71.24.860 and 2016 sp.s. c 29 s 533 are each
amended to read as follows:
(1) The department of social and health services and the Washington state health care authority shall convene a task force including participation by a representative cross-section of behavioral health organizations and behavioral health providers to align regulations between behavioral health and primary health care settings and simplify regulations for behavioral health providers. The alignment must support clinical integration from the standpoint of standardizing practices and culture in a manner that to the extent practicable reduces barriers to access, including reducing the paperwork burden for patients and providers. Brief integrated behavioral health services must not, in general, take longer to document than to provide. Regulations should emphasize the desired outcome rather than how they should be achieved. The task force may also make recommendations to the department of social and health services concerning subsections (2) and (3) of this section.

(2) The department of social and health services shall collaborate with the department of health, the Washington state health care authority, and other appropriate government partners to reduce unneeded costs and burdens to health plans and providers associated with excessive audits, the licensing process, and contracting. In pursuit of this goal, the department of social and health services shall consider steps such as cooperating across divisions and agencies to combine audit functions when multiple audits of an agency or site are scheduled, sharing audit information across divisions and agencies to reduce redundancy of audits, and treating organizations with multiple sites and programs as single entities instead of as multiple agencies.

(3) The department of social and health services shall review its practices under RCW 71.24.035(5)(c)(i) to determine whether its practices comply with the statutory mandate to deem accreditation by recognized behavioral health accrediting bodies as equivalent to meeting licensure requirements, comport with standard practices used by other state divisions or agencies, and properly incentivize voluntary accreditation to the highest industry standards.

(4) The task force described in subsection (1) of this section must consider means to provide notice to parents when a minor requests chemical dependency treatment, which are consistent with federal privacy laws and consistent with the best interests of the minor and the minor's family. The department of social and health services...
services must provide a report to the relevant committees of the legislature by December 1, 2016.

Sec. 4064. RCW 71.24.902 and 1986 c 274 s 7 are each amended to read as follows:

Nothing in this chapter shall be construed as prohibiting the secretary of the department of social and health services from consolidating ((within the department)) children's mental health services with other ((departmental)) services related to children.

PART 5

Sec. 5001. RCW 71.34.010 and 1998 c 296 s 7 are each amended to read as follows:

It is the purpose of this chapter to assure that minors in need of mental health care and treatment receive an appropriate continuum of culturally relevant care and treatment, including prevention and early intervention, self-directed care, parent-directed care, and involuntary treatment. To facilitate the continuum of care and treatment to minors in out-of-home placements, all divisions of the authority and the department that provide mental health services to minors shall jointly plan and deliver those services.

It is also the purpose of this chapter to protect the rights of minors against needless hospitalization and deprivations of liberty and to enable treatment decisions to be made in response to clinical needs in accordance with sound professional judgment. The mental health care and treatment providers shall encourage the use of voluntary services and, whenever clinically appropriate, the providers shall offer less restrictive alternatives to inpatient treatment. Additionally, all mental health care and treatment providers shall assure that minors' parents are given an opportunity to participate in the treatment decisions for their minor children. The mental health care and treatment providers shall, to the extent possible, offer services that involve minors' parents or family.

It is also the purpose of this chapter to assure the ability of parents to exercise reasonable, compassionate care and control of their minor children when there is a medical necessity for treatment and without the requirement of filing a petition under this chapter.
Sec. 5002. RCW 71.34.020 and 2016 c 155 s 17 are each reenacted and amended to read as follows:

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

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

(2) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

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

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

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

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

(5) "Department" means the department of social and health services.

(6) "Designated mental health professional" means a mental health professional designated by one or more counties to perform the functions of a designated mental health professional described in this chapter.

(7) "Director" means the director of the authority.

(8) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately-operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
"Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

"Gravely disabled minor" means a minor who, as a result of a mental disorder, 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 manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

"Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, or residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors.

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

"Likelihood of serious harm" means either: (a) A substantial risk that 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 oneself; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

"Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder; or (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

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

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

((15)) (17) "Minor" means any person under the age of eighteen years.

((16)) (18) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed or certified services providers as identified by RCW 71.24.025.

((17)) (19) "Parent" means:
(a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or
(b) A person or agency judicially appointed as legal guardian or custodian of the child.

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

((19)) (21) "Professional person in charge" or "professional person" means a physician or other mental health professional empowered by an evaluation and treatment facility with authority to make admission and discharge decisions on behalf of that facility.

((20)) (22) "Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

((21)) (23) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
"Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.
"Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.
"Secretary" means the secretary of the department or secretary's designee.
"Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.
"Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

Sec. 5003. RCW 71.34.020 and 2016 sp.s. c 29 s 254 and 2016 c 155 s 17 are each reenacted and amended to read as follows:

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

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

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

(4) "Chemical dependency" means:

(a) Alcoholism;

(b) Drug addiction; or

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

(5) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.
(6) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

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

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

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

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

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

(10) "Designated crisis responder" means a person designated by a behavioral health organization to perform the duties specified in this chapter.

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

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

(13) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately-operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
"Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

"Gravely disabled minor" means a minor who, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals, 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 manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

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

"Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

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

"Likelihood of serious harm" means either: (a) A substantial risk that 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 oneself; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

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

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

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

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

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

((23)) (25) "Parent" means:
(a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or
(b) A person or agency judicially appointed as legal guardian or custodian of the child.

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

((25)) (27) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW.
"Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.

"Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

"Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

"Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

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

"Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.

"Secretary" means the secretary of the department or secretary's designee.

"Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that:

(a) Provides for intoxicated minors:

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

(ii) Acute or subacute detoxification services; and
(iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the minor;

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

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

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

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

((36)) (38) "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.

Sec. 5004. RCW 71.34.300 and 2011 c 343 s 7 are each amended to read as follows:

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

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

Sec. 5005. RCW 71.34.365 and 1985 c 354 s 17 are each amended to read as follows:
(1) If a minor is not accepted for admission or is released by an inpatient evaluation and treatment facility, the facility shall release the minor to the custody of the minor's parent or other responsible person. If not otherwise available, the facility shall furnish transportation for the minor to the minor's residence or other appropriate place.
(2) If the minor is released to someone other than the minor's parent, the facility shall make every effort to notify the minor's parent of the release as soon as possible.
(3) No indigent minor may be released to less restrictive alternative treatment or setting or discharged from inpatient treatment without suitable clothing, and the ((department)) authority shall furnish this clothing. As funds are available, the ((secretary)) director may provide necessary funds for the immediate welfare of indigent minors upon discharge or release to less restrictive alternative treatment.

Sec. 5006. RCW 71.34.375 and 2011 c 302 s 1 are each amended to read as follows:
(1) If a parent or guardian, for the purpose of mental health treatment or evaluation, brings his or her minor child to an evaluation and treatment facility, a hospital emergency room, an inpatient facility licensed under chapter 72.23 RCW, or an inpatient facility licensed under chapter 70.41 or 71.12 RCW operating inpatient psychiatric beds for minors, the facility is required to promptly provide written and verbal notice of all statutorily available treatment options contained in this chapter. The notice need not be given more than once if written and verbal notice has already been provided and documented by the facility.
(2) The provision of notice must be documented by the facilities required to give notice under subsection (1) of this section and must be accompanied by a signed acknowledgment of receipt by the parent or guardian. The notice must contain the following information:
(a) All current statutorily available treatment options including but not limited to those provided in this chapter; and
(b) The procedures to be followed to utilize the treatment options described in this chapter.

(3) The department of health shall produce, and make available, the written notification that must include, at a minimum, the information contained in subsection (2) of this section. The department of health must revise the written notification as necessary to reflect changes in the law.

Sec. 5007. RCW 71.34.375 and 2016 sp.s. c 29 s 256 are each amended to read as follows:

(1) If a parent or guardian, for the purpose of mental health treatment, substance use disorder treatment, or evaluation, brings his or her minor child to an evaluation and treatment facility, a hospital emergency room, an inpatient facility licensed under chapter 72.23 RCW, an inpatient facility licensed under chapter 70.41 or 71.12 RCW operating inpatient psychiatric beds for minors, a secure detoxification facility, or an approved substance use disorder treatment program, the facility is required to promptly provide written and verbal notice of all statutorily available treatment options contained in this chapter. The notice need not be given more than once if written and verbal notice has already been provided and documented by the facility.

(2) The provision of notice must be documented by the facilities required to give notice under subsection (1) of this section and must be accompanied by a signed acknowledgment of receipt by the parent or guardian. The notice must contain the following information:

(a) All current statutorily available treatment options including but not limited to those provided in this chapter; and

(b) The procedures to be followed to utilize the treatment options described in this chapter.

(3) The department of health shall produce, and make available, the written notification that must include, at a minimum, the information contained in subsection (2) of this section. The department of health must revise the written notification as necessary to reflect changes in the law.

Sec. 5008. RCW 71.34.380 and 1985 c 354 s 25 are each amended to read as follows:

(1) The department, department of health, and the authority shall adopt such rules pursuant to chapter 34.05 RCW as may be necessary to
effectuate the intent and purposes of this chapter, which shall include but not be limited to evaluation of.

(2) The authority shall evaluate the quality, effectiveness, efficiency, and use of services (and facilities operating under this chapter), procedures and standards for commitment, and (other action relevant to) establish criteria and procedures for placement and transfer of committed minors.

(3) The department of health shall regulate the evaluation and treatment facilities (and establishment of criteria and procedures for placement and transfer of committed minors) and programs.

(4) The department shall operate and maintain the child study and treatment center.

Sec. 5009. RCW 71.34.385 and 1992 c 205 s 304 are each amended to read as follows:

The ((department)) authority shall ensure that the provisions of this chapter are applied by the counties in a consistent and uniform manner. The ((department)) authority shall also ensure that, to the extent possible within available funds, the ((county-))designated mental health professionals are specifically trained in adolescent mental health issues, the mental health civil commitment laws, and the criteria for civil commitment.

Sec. 5010. RCW 71.34.385 and 2016 sp.s. c 29 s 257 are each amended to read as follows:

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

Sec. 5011. RCW 71.34.390 and 1992 c 205 s 303 are each amended to read as follows:

For the purpose of encouraging the expansion of existing evaluation and treatment facilities and the creation of new facilities, the ((department)) authority shall endeavor to redirect federal Title XIX funds which are expended on out-of-state placements to fund placements within the state.
Sec. 5012. RCW 71.34.395 and 1998 c 296 s 21 are each amended to read as follows:

The ability of a parent to bring his or her minor child to a licensed or certified evaluation and treatment program for evaluation and treatment does not create a right to obtain or benefit from any funds or resources of the state. The state may provide services for indigent minors to the extent that funds are available.

Sec. 5013. RCW 71.34.400 and 1998 c 296 s 11 are each amended to read as follows:

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

Sec. 5014. RCW 71.34.400 and 2016 sp.s. c 29 s 258 are each amended to read as follows:

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

Sec. 5015. RCW 71.34.405 and 1985 c 354 s 13 are each amended to read as follows:
(1) A minor receiving treatment under the provisions of this chapter and responsible others shall be liable for the costs of treatment, care, and transportation to the extent of available resources and ability to pay.

(2) The secretary or director, as appropriate, shall establish rules to implement this section and to define income, resources, and exemptions to determine the responsible person's or persons' ability to pay.

Sec. 5016. RCW 71.34.420 and 2015 c 269 s 12 are each amended to read as follows:

(1) The authority may use a single bed certification process as outlined in rule to provide additional treatment capacity for a minor suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies.

(2) A single bed certification must be specific to the minor receiving treatment.

(3) A designated mental health professional who submits an application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume that the single bed certification will be approved for the purpose of completing the detention process and responding to other emergency calls.

(4) The authority may adopt rules implementing this section and continue to enforce rules it has already adopted except where inconsistent with this section.

Sec. 5017. RCW 71.34.420 and 2016 sp.s. c 29 s 260 are each amended to read as follows:

(1) The authority may use a single bed certification process as outlined in rule to provide additional treatment capacity for a minor suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely
and appropriate treatment either directly or by arrangement with
other public or private agencies.

(2) A single bed certification must be specific to the minor receiving treatment.

(3) A designated crisis responder who submits an application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume that the single bed certification will be approved for the purpose of completing the detention process and responding to other emergency calls.

(4) The ((department)) authority may adopt rules implementing this section and continue to enforce rules it has already adopted except where inconsistent with this section.

Sec. 5018. RCW 71.34.600 and 2007 c 375 s 11 are each amended to read as follows:

(1) A parent may bring, or authorize the bringing of, his or her minor child to an evaluation and treatment facility or an inpatient facility licensed under chapter 70.41, 71.12, or 72.23 RCW and request that the professional person examine the minor to determine whether the minor has a mental disorder and is 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 facility.

(3) An appropriately trained professional person may evaluate whether the minor has a mental disorder. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the facility, 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 been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify
the ((department)) authority if the child is held for treatment and of the date of admission.

(4) No provider is obligated to provide treatment to a minor under the provisions of this section except that no provider may refuse to treat a minor under the provisions of this section solely on the basis that the minor has not consented to the treatment. No provider may admit a minor to treatment under this section unless it is medically necessary.

(5) No minor receiving inpatient treatment under this section may be discharged from the facility based solely on his or her request.

(6) Prior to the review conducted under RCW 71.34.610, the professional person shall notify the minor of his or her right to petition superior court for release from the facility.

(7) For the purposes of this section "professional person" means "professional person" as defined in RCW 71.05.020.

Sec. 5019. RCW 71.34.600 and 2016 sp.s. c 29 s 263 are each amended to read as follows:

(1) A parent may bring, or authorize the bringing of, his or her minor child to:

(a) An evaluation and treatment facility or an inpatient facility licensed under chapter 70.41, 71.12, or 72.23 RCW and request that the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment; or

(b) A secure detoxification facility or approved substance use disorder treatment program and request that a substance use disorder assessment be conducted by a professional person to determine whether the minor has a substance use disorder and is 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 facility.

(3) An appropriately trained professional person may evaluate whether the minor has a mental disorder or has a substance use disorder. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the facility, 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
been completed. Within twenty-four hours of completion of the
evaluation, the professional person shall notify the ((department))
authority if the child is held for treatment and of the date of
admission.

(4) No provider is obligated to provide treatment to a minor
under the provisions of this section except that no provider may
refuse to treat a minor under the provisions of this section solely
on the basis that the minor has not consented to the treatment. No
provider may admit a minor to treatment under this section unless it
is medically necessary.

(5) No minor receiving inpatient treatment under this section may
be discharged from the facility based solely on his or her request.

(6) Prior to the review conducted under RCW 71.34.610, the
professional person shall notify the minor of his or her right to
petition superior court for release from the facility.

(7) For the purposes of this section "professional person" means
"professional person" as defined in RCW 71.05.020.

Sec. 5020. RCW 71.34.610 and 1998 c 296 s 9 are each amended to
read as follows:

(1) The ((department)) authority shall assure that, for any minor
admitted to inpatient treatment under RCW 71.34.600, a review is
conducted by a physician or other mental health professional who is
employed by the ((department)) authority, or an agency under contract
with the ((department)) authority, and who neither has a financial
interest in continued inpatient treatment of the minor nor is
affiliated with the facility providing the treatment. The physician
or other mental health professional shall conduct the review not less
than seven nor more than fourteen days following the date the minor
was brought to the facility under RCW 71.34.600 to determine whether
it is a medical necessity to continue the minor's treatment on an
inpatient basis.

(2) In making a determination under subsection (1) of this
section, the ((department)) authority shall consider the opinion of
the treatment provider, the safety of the minor, and the likelihood
the minor's mental health will deteriorate if released from inpatient
treatment. The (department) authority shall consult with the parent in advance of making its determination.

(3) If, after any review conducted by the (department) authority under this section, the (department) authority determines it is no longer a medical necessity for a minor to receive inpatient treatment, the (department) authority shall immediately notify the parents and the facility. The facility 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) authority's determination in order to allow the parent time to file an at-risk youth petition under chapter 13.32A RCW. If the (department) authority 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) If the evaluation conducted under RCW 71.34.600 is done by the (department) authority, the reviews required by subsection (1) of this section shall be done by contract with an independent agency.

(5) The (department) authority may, subject to available funds, contract with other governmental agencies to conduct the reviews under this section. The (department) authority may seek reimbursement from the parents, their insurance, or medicaid for the expense of any review conducted by an agency under contract.

(6) In addition to the review required under this section, the (department) authority may periodically determine and redetermine the medical necessity of treatment for purposes of payment with public funds.

Sec. 5021. RCW 71.34.630 and 1998 c 296 s 20 are each amended to read as follows:

If the minor is not released as a result of the petition filed under RCW 71.34.620, he or she shall be released not later than thirty days following the later of: (1) The date of the (department's) authority's determination under RCW 71.34.610(2); or (2) the filing of a petition for judicial review under RCW 71.34.620, unless a professional person or the (county) designated mental health professional initiates proceedings under this chapter.
Sec. 5022. RCW 71.34.630 and 2016 sp.s. c 29 s 264 are each amended to read as follows:

If the minor is not released as a result of the petition filed under RCW 71.34.620, he or she shall be released not later than thirty days following the later of: (1) The date of the department's authority's determination under RCW 71.34.610(2); or (2) the filing of a petition for judicial review under RCW 71.34.620, unless a professional person or the designated crisis responder initiates proceedings under this chapter.

Sec. 5023. RCW 71.34.640 and 1996 c 133 s 36 are each amended to read as follows:

The department's authority shall randomly select and review the information on children who are admitted to inpatient treatment on application of the child's parent regardless of the source of payment, if any. The review shall determine whether the children reviewed were appropriately admitted into treatment based on an objective evaluation of the child's condition and the outcome of the child's treatment.

Sec. 5024. RCW 71.34.720 and 2016 c 155 s 19 are each amended to read as follows:

(1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(2) If, after examination and evaluation, the children's mental health specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor would be better served by placement in a chemical dependency treatment facility, then the minor shall be referred to an approved substance use disorder treatment program defined under RCW 70.96A.020.

(3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.
During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

(5) If the evaluation and treatment facility admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours from the time of provisional acceptance. The computation of such seventy-two hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed seventy-two hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

(6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter.

Sec. 5025. RCW 71.34.720 and 2016 sp.s. c 29 s 271 and 2016 c 155 s 19 are each reenacted and amended to read as follows:

(1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a chemical dependency professional, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment program or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement; however a
minor may only be referred to a secure detoxification facility or approved substance use disorder treatment program if there is a secure detoxification facility or approved substance use disorder treatment program available and that has adequate space for the minor.

(3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.

(4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

(5) If the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours from the time of provisional acceptance. The computation of such seventy-two hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed seventy-two hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

(6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter.

Sec. 5026. RCW 71.34.720 and 2016 sp.s. c 29 s 272 are each amended to read as follows:

(1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a chemical dependency professional, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the
physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment (facility) program or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement.

(3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.

(4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

(5) If the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours from the time of provisional acceptance. The computation of such seventy-two hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed seventy-two hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

(6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter.

Sec. 5027. RCW 71.34.760 and 1985 c 354 s 10 are each amended to read as follows:

(1) If a minor is committed for one hundred eighty-day inpatient treatment and is to be placed in a state-supported program, the (secretary) director shall accept immediately and place the minor in a state-funded long-term evaluation and treatment facility.

(2) The (secretary's) director's placement authority shall be exercised through a designated placement committee appointed by the (secretary) director and composed of children's mental health specialists, including at least one child psychiatrist who represents
the state-funded, long-term, evaluation and treatment facility for minors. The responsibility of the placement committee will be to:

(a) Make the long-term placement of the minor in the most appropriate, available state-funded evaluation and treatment facility, having carefully considered factors including the treatment needs of the minor, the most appropriate facility able to respond to the minor's identified treatment needs, the geographic proximity of the facility to the minor's family, the immediate availability of bed space, and the probable impact of the placement on other residents of the facility;

(b) Approve or deny requests from treatment facilities for transfer of a minor to another facility;

(c) Receive and monitor reports required under this section;

(d) Receive and monitor reports of all discharges.

(3) The director may authorize transfer of minors among treatment facilities if the transfer is in the best interests of the minor or due to treatment priorities.

(4) The responsible state-funded evaluation and treatment facility shall submit a report to the department's authority's designated placement committee within ninety days of admission and no less than every one hundred eighty days thereafter, setting forth such facts as the department requires, including the minor's individual treatment plan and progress, recommendations for future treatment, and possible less restrictive treatment.

Sec. 5028. RCW 71.34.760 and 2016 sp.s. c 29 s 278 are each amended to read as follows:

(1) If a minor is committed for one hundred eighty-day inpatient treatment and is to be placed in a state-supported program, the director shall accept immediately and place the minor in a state-funded long-term evaluation and treatment facility or state-funded approved substance use disorder treatment program.

(2) The director's placement authority shall be exercised through a designated placement committee appointed by the director and composed of children's mental health specialists and chemical dependency professionals, including at least one child psychiatrist who represents the state-funded, long-term, evaluation and treatment facility for minors and one chemical dependency professional who represents the state-funded approved

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substance use disorder treatment program. The responsibility of the placement committee will be to:

(a) Make the long-term placement of the minor in the most appropriate, available state-funded evaluation and treatment facility or approved substance use disorder treatment program, having carefully considered factors including the treatment needs of the minor, the most appropriate facility able to respond to the minor's identified treatment needs, the geographic proximity of the facility to the minor's family, the immediate availability of bed space, and the probable impact of the placement on other residents of the facility;

(b) Approve or deny requests from treatment facilities for transfer of a minor to another facility;

(c) Receive and monitor reports required under this section;

(d) Receive and monitor reports of all discharges.

(3) The director may authorize transfer of minors among treatment facilities if the transfer is in the best interests of the minor or due to treatment priorities.

(4) The responsible state-funded evaluation and treatment facility or approved substance use disorder treatment program shall submit a report to the department's designated placement committee within ninety days of admission and no less than every one hundred eighty days thereafter, setting forth such facts as the department requires, including the minor's individual treatment plan and progress, recommendations for future treatment, and possible less restrictive treatment.

Sec. 5029.  RCW 71.34.780 and 1985 c 354 s 11 are each amended to read as follows:

(1) If the professional person in charge of an outpatient treatment program, a (county-)designated mental health professional, or the director or secretary, as appropriate, determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the (county-)designated mental health professional, or the director or secretary, as appropriate, may order that the minor be taken into custody and transported to an inpatient evaluation and treatment facility.
(2) The (county-)designated mental health professional or the director or secretary, as appropriate, shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The (county-)designated mental health professional or the director or secretary, as appropriate, may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the (county-)designated mental health professional or the director or secretary, as appropriate, with the court in the county ordering the less restrictive alternative treatment. The court shall conduct the hearing in that county. A petition for revocation of conditional release may be filed with the court in the county ordering inpatient treatment or the county where the minor on conditional release is residing. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. Upon motion for good cause, the hearing may be transferred to the county of the minor's residence or to the county in which the alleged violations occurred. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW 71.34.760 regarding the (secretary's) director's placement responsibility shall apply. The hearing may be waived by the minor and the minor returned to inpatient treatment or to less restrictive alternative treatment or conditional release on the same or modified conditions.
Sec. 5030. RCW 71.34.780 and 2016 sp.s. c 29 s 279 are each amended to read as follows:

(1) If the professional person in charge of an outpatient treatment program, a designated crisis responder, or the director or secretary, as appropriate, determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the designated crisis responder, or the director or secretary, as appropriate, may order that the minor, if committed for mental health treatment, be taken into custody and transported to an inpatient evaluation and treatment facility or, if committed for substance use disorder treatment, be taken into custody and transported to a secure detoxification facility or approved substance use disorder treatment program if there is an available secure detoxification facility or approved substance use disorder treatment program that has adequate space for the minor.

(2) The designated crisis responder or the director or secretary, as appropriate, shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The designated crisis responder or the director or secretary, as appropriate, may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the designated crisis responder or the director or secretary, as appropriate, with the court in the county ordering the less restrictive alternative treatment. The court shall conduct the hearing in that county. A petition for revocation of conditional release may be filed with the court in the county ordering inpatient treatment or the county where the minor on conditional release is residing. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. Upon motion for good cause, the hearing may be transferred to the county of the minor's residence or to the county in which the alleged violations occurred. The hearing shall be held within seven days of the minor's return. The issues to be determined

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are whether the minor did or did not adhere to the conditions of the
less restrictive alternative treatment or conditional release, or
whether the minor's routine functioning has substantially
deteriorated, and, if so, whether the conditions of less restrictive
alternative treatment or conditional release should be modified or,
subject to subsection (4) of this section, whether the minor should
be returned to inpatient treatment. Pursuant to the determination of
the court, the minor shall be returned to less restrictive
alternative treatment or conditional release on the same or modified
conditions or shall be returned to inpatient treatment. If the minor
is returned to inpatient treatment, RCW 71.34.760 regarding the
((secretary's)) director's placement responsibility shall apply. The
hearing may be waived by the minor and the minor returned to
inpatient treatment or to less restrictive alternative treatment or
conditional release on the same or modified conditions.

(4) A court may not order the return of a minor to inpatient
treatment in a secure detoxification facility or approved substance
use disorder treatment program unless there is a secure
detoxification facility or approved substance use disorder treatment
program available with adequate space for the minor.

Sec. 5031. RCW 71.34.780 and 2016 sp.s. c 29 s 280 are each
amended to read as follows:

(1) If the professional person in charge of an outpatient
treatment program, a designated crisis responder, or the director or
secretary, as appropriate, determines that a minor is failing to
adhere to the conditions of the court order for less restrictive
alternative treatment or the conditions for the conditional release,
or that substantial deterioration in the minor's functioning has
occurred, the designated crisis responder, or the director or
secretary, as appropriate, may order that the minor, if committed for
mental health treatment, be taken into custody and transported to an
inpatient evaluation and treatment facility or, if committed for
substance use disorder treatment, be taken into custody and
transported to a secure detoxification facility or approved substance
use disorder treatment program.

(2) The designated crisis responder or the director or secretary,
as appropriate, shall file the order of apprehension and detention
and serve it upon the minor and notify the minor's parent and the
minor's attorney, if any, of the detention within two days of return.

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At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The designated crisis responder or the director or secretary, as appropriate, may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the designated crisis responder or the director or secretary, as appropriate, with the court in the county ordering the less restrictive alternative treatment. The court shall conduct the hearing in that county. A petition for revocation of conditional release may be filed with the court in the county ordering inpatient treatment or the county where the minor on conditional release is residing. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. Upon motion for good cause, the hearing may be transferred to the county of the minor's residence or to the county in which the alleged violations occurred. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW 71.34.760 regarding the director's placement responsibility shall apply. The hearing may be waived by the minor and the minor returned to inpatient treatment or to less restrictive alternative treatment or conditional release on the same or modified conditions.

Sec. 5032. RCW 71.34.790 and 1985 c 354 s 15 are each amended to read as follows:

Necessary transportation for minors committed to the director under this chapter for one hundred eighty-day
treatment shall be provided by the ((department)) authority in the
most appropriate and cost-effective means.

Sec. 5033. RCW 71.36.010 and 2014 c 225 s 91 are each reenacted
and amended to read as follows:
Unless the context clearly requires otherwise, the definitions in
this section apply throughout this chapter.
(1) "Agency" means a state, tribal, or local governmental entity
or a private not-for-profit organization.
(2) "Behavioral health organization" means a county authority or
group of county authorities or other nonprofit entity that has
entered into contracts with the ((secretary)) health care authority
pursuant to chapter 71.24 RCW.
(3) "Child" means a person under eighteen years of age, except as
expressly provided otherwise in state or federal law.
(4) "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.
(5) "County authority" means the board of county commissioners or
county executive.
(6) (("Department" means the department of social and health
services.
)) (7) "Early periodic screening, diagnosis, and treatment" means
the component of the federal medicaid program established pursuant to
42 U.S.C. Sec. 1396d(r), as amended.
((8)) (7) "Evidence-based" means a program or practice that has
had multiple site random controlled trials across heterogeneous
populations demonstrating that the program or practice is effective
for the population.
((9)) (8) "Family" means a child's biological parents, adoptive
parents, foster parents, guardian, legal custodian authorized
pursuant to Title 26 RCW, a relative with whom a child has been
placed by the department of social and health services, or a tribe.
((10)) (9) "Promising practice" or "emerging best practice"
means a practice that presents, based upon preliminary information,
potential for becoming a research-based or consensus-based practice.
"Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices. "Secretary" means the secretary of social and health services. "Wraparound process" means a family driven planning process designed to address the needs of children and youth by the formation of a team that empowers families to make key decisions regarding the care of the child or youth in partnership with professionals and the family's natural community supports. The team produces a community-based and culturally competent intervention plan which identifies the strengths and needs of the child or youth and family and defines goals that the team collaborates on achieving with respect for the unique cultural values of the family. The "wraparound process" shall emphasize principles of persistence and outcome-based measurements of success.

Sec. 5034. RCW 71.36.025 and 2014 c 225 s 92 are each amended to read as follows:
(1) It is the goal of the legislature that, by 2012, the children's mental health system in Washington state include the following elements:
(a) A continuum of services from early identification, intervention, and prevention through crisis intervention and inpatient treatment, including peer support and parent mentoring services;
(b) Equity in access to services for similarly situated children, including children with co-occurring disorders;
(c) Developmentally appropriate, high quality, and culturally competent services available statewide;
(d) Treatment of each child in the context of his or her family and other persons that are a source of support and stability in his or her life;
(e) A sufficient supply of qualified and culturally competent children's mental health providers;
(f) Use of developmentally appropriate evidence-based and research-based practices;
(g) Integrated and flexible services to meet the needs of children who, due to mental illness or emotional or behavioral
disturbance, are at risk of out-of-home placement or involved with multiple child-serving systems.

(2) The effectiveness of the children's mental health system shall be determined through the use of outcome-based performance measures. The health care authority and the evidence-based practice institute established in RCW 71.24.061, in consultation with parents, caregivers, youth, behavioral health organizations, mental health services providers, health plans, primary care providers, tribes, and others, shall develop outcome-based performance measures such as:

(a) Decreased emergency room utilization;
(b) Decreased psychiatric hospitalization;
(c) Lessening of symptoms, as measured by commonly used assessment tools;
(d) Decreased out-of-home placement, including residential, group, and foster care, and increased stability of such placements, when necessary;
(e) Decreased runaways from home or residential placements;
(f) Decreased rates of chemical dependency;
(g) Decreased involvement with the juvenile justice system;
(h) Improved school attendance and performance;
(i) Reductions in school or child care suspensions or expulsions;
(j) Reductions in use of prescribed medication where cognitive behavioral therapies are indicated;
(k) Improved rates of high school graduation and employment; and
(l) Decreased use of mental health services upon reaching adulthood for mental disorders other than those that require ongoing treatment to maintain stability.

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

Sec. 5035. RCW 71.36.040 and 2014 c 225 s 93 are each amended to read as follows:

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

(2) The health care authority shall, within available funds:
(a) Identify internal business operation issues that limit the
category's ability to meet legislative intent to coordinate existing
categorical children's mental health programs and funding;
(b) Collect reliable mental health cost, service, and outcome
data specific to children. This information must be used to identify
best practices and methods of improving fiscal management;
(c) Revise the early periodic screening diagnosis and treatment
plan to reflect the mental health system structure in place on July
27, 2003, and thereafter revise the plan as necessary to conform to
subsequent changes in the structure.
(3) The ((department)) health care authority and the office of
the superintendent of public instruction shall jointly identify
school districts where mental health and education systems coordinate
services and resources to provide public mental health care for
children. The ((department)) health care authority and the office of
the superintendent of public instruction shall work together to share
information about these approaches with other school districts,
behavioral health organizations, and state agencies.

Sec. 5036. RCW 71.36.060 and 2007 c 359 s 6 are each amended to
read as follows:
The ((department)) health care authority shall explore the
feasibility of obtaining a medicaid state plan amendment to allow the
state to receive medicaid matching funds for health services provided
to medicaid enrolled youth who are temporarily placed in a juvenile
detention facility. Temporary placement shall be defined as until
adjudication or up to sixty continuous days, whichever occurs first.

PART 6

Sec. 6001. RCW 70.96A.011 and 2014 c 225 s 19 are each amended
to read as follows:
The legislature finds that the use of alcohol and other drugs has
become a serious threat to the health of the citizens of the state of
Washington. The use of psychoactive chemicals has been found to be a
prime factor in the current AIDS epidemic. Therefore, a comprehensive
statute to deal with alcoholism and other drug addiction is
necessary.
The legislature agrees with the 1987 resolution of the American
Medical Association that endorses the proposition that all chemical
dependencies, including alcoholism, are diseases. It is the intent of
the legislature to recognize that chemical dependency is a disease,
and to insure that prevention and treatment services are available
and of high quality. It is the purpose of this chapter to provide
the financial assistance necessary to enable the ((department of
social and health services)) health care authority to provide a
program of alcoholism and other drug addiction services.

Sec. 6002. RCW 70.96A.020 and 2016 sp.s. c 29 s 101 are each
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:
(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 substance use disorder treatment program" means a
program for persons with a substance use disorder provided by a
treatment program licensed or certified by the department of ((social
and health services)) health as meeting standards adopted under this
chapter.
(3) "Authority" means the health care authority.
(4) "Behavioral health organization" means a county authority or
group of county authorities or other entity recognized by the
((secretary)) director in contract in a defined regional service
area.
((4)) (5) "Behavioral health program" has the same meaning as
in RCW 71.24.025.
((5)) (6) "Behavioral health services" means mental health
services as described in chapters 71.24 and 71.36 RCW and chemical
dependency treatment services as described in this chapter.
((6)) (7) "Chemical dependency" means: (a) Alcoholism; (b) drug
addiction; or (c) dependence on alcohol and one or more other
psychoactive chemicals, as the context requires.
((7)) (8) "Commitment" means the determination by a court that
a person should be detained for a period of either evaluation or
treatment, or both, in an inpatient or a less restrictive setting.
"Department" means the department of social and health services.

"Designated chemical dependency specialist" or "specialist" means a person designated by the behavioral health organization or by the county substance use disorder treatment program coordinator designated by the behavioral health organization to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the authority.

"Director" means the director of the authority.

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

"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.

"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.

"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.

"Incompetent person" means a person who has been adjudged incompetent by the superior court.

"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.
"Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

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

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

"Medical necessity" for inpatient care of a minor means a requested licensed or certified inpatient service that is reasonably calculated to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the progression of substance use disorders that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

"Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of health pursuant to the provisions of chapter 71.05 RCW.

"Minor" means a person less than eighteen years of age.

"Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or guardian.

"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.

"Person" means an individual, including a minor.
"Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW.

"Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined in rule by the department of health, who is empowered by a licensed or certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the licensed or certified program.

"Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing.

"Secretary" means the secretary of the department of social and health services.

"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.

"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 disorders.

"Treatment" means the broad range of emergency, withdrawal management, residential, and outpatient services and care, including diagnostic evaluation, substance use disorder education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be extended to persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

"Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

Sec. 6003. RCW 70.96A.095 and 1998 c 296 s 23 are each amended to 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 treatment program licensed or certified by the department of health. Parental authorization is required for any treatment of a minor under the age of thirteen.

Section 6004. RCW 70.96A.097 and 1998 c 296 s 28 are each amended to read as follows:

1. The authority shall ensure that, for any minor admitted to inpatient treatment under RCW 70.96A.245, a review is conducted by a physician or chemical dependency counselor, as defined in rule by the department of health, who is employed by the authority or an agency under contract with the authority and who neither has a financial interest in continued inpatient treatment of the minor nor is affiliated with the program providing the treatment. The physician or chemical dependency counselor shall conduct the review not less than seven nor more than fourteen days following the date the minor was brought to the facility under RCW 70.96A.245(1) to determine whether it is a medical necessity to continue the minor's treatment on an inpatient 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 authority shall consider the opinion of the treatment provider, the safety of the minor, the likelihood the minor's chemical dependency recovery will deteriorate if released from inpatient treatment, and the wishes of the parent.

3. If, after any review conducted by the authority under this section, the authority determines it is no longer a medical necessity for a minor to receive inpatient treatment, the authority 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 authority's determination in order to allow the parent time to file an at-risk youth petition under chapter 13.32A RCW. If the authority 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)) authority 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.

(5) In addition to the review required under this section, the
((department)) authority may periodically determine and redetermine
the medical necessity of treatment for purposes of payment with
public funds.

Sec. 6005. RCW 70.96A.110 and 2014 c 225 s 28 are each amended
to read as follows:

(1) An individual with a substance use disorder may apply for
voluntary treatment directly to an approved treatment program. If the
proposed patient is a minor or an incompetent person, he or she, a
parent, a legal guardian, or other legal representative may make the
application.

(2) Subject to rules adopted by the ((secretary)) director, the
administrator in charge of an approved treatment program may
determine who shall be admitted for treatment. If a person is refused
admission to an approved treatment program, the administrator,
subject to rules adopted by the ((secretary)) director, shall refer
the person to another approved treatment program for treatment if
possible and appropriate.

(3) If a patient receiving inpatient care leaves an approved
treatment program, he or she shall be encouraged to consent to
appropriate outpatient treatment. If it appears to the administrator
in charge of the treatment program that the patient is an individual
with a substance use disorder who requires help, the ((department))
authority may arrange for assistance in obtaining supportive services
and residential programs.

(4) If a patient leaves an approved public treatment program,
with or against the advice of the administrator in charge of the
program, the ((department)) authority may make reasonable provisions
for his or her transportation to another program or to his or her
home. If the patient has no home he or she should be assisted in
obtaining shelter. If the patient is less than fourteen years of age
or an incompetent person the request for discharge from an inpatient
program shall be made by a parent, legal guardian, or other legal
representative or by the minor or incompetent if he or she was the
original applicant.

Sec. 6006.  RCW 70.96A.120 and 1991 c 290 s 6 are each amended to
read as follows:

(1) An intoxicated person may come voluntarily to an approved
treatment program for treatment. A person who appears to be
intoxicated in a public place and to be in need of help, if he or she
consents to the proffered help, may be assisted to his or her home,
an approved treatment program or other health facility.

(2) Except for a person who may be apprehended for possible
violation of laws not relating to alcoholism, drug addiction, or
intoxication and except for a person who may be apprehended for
possible violation of laws relating to driving or being in physical
control of a vehicle while under the influence of intoxicating liquor
or any drug and except for a person who may wish to avail himself or
herself of the provisions of RCW 46.20.308, a person who appears to
be incapacitated or gravely disabled by alcohol or other drugs and
who is in a public place or who has threatened, attempted, or
inflicted physical harm on himself, herself, or another, shall be
taken into protective custody by a peace officer or staff designated
by the county or behavioral health organization and as soon as
practicable, but in no event beyond eight hours brought to an
approved treatment program for treatment. If no approved treatment
program is readily available he or she shall be taken to an emergency
medical service customarily used for incapacitated persons. The peace
officer or staff designated by the county or behavioral health
organization, in detaining the person and in taking him or her to an
approved treatment program, is taking him or her into protective
custody and shall make every reasonable effort to protect his or her
health and safety. In taking the person into protective custody, the
detaining peace officer or staff designated by the county or
behavioral health organization may take reasonable steps including
reasonable force if necessary to protect himself or herself or effect
the custody. A taking into protective custody under this section is
not an arrest. No entry or other record shall be made to indicate
that the person has been arrested or charged with a crime.

(3) A person who comes voluntarily or is brought to an approved
treatment program shall be examined by a qualified person. He or she
may then be admitted as a patient or referred to another health facility, which provides emergency medical treatment, where it appears that such treatment may be necessary. The referring approved treatment program shall arrange for his or her transportation.

(4) A person who is found to be incapacitated or gravely disabled by alcohol or other drugs at the time of his or her admission or to have become incapacitated or gravely disabled at any time after his or her admission, may not be detained at the program for more than seventy-two hours after admission as a patient, unless a petition is filed under RCW 70.96A.140, as now or hereafter amended: PROVIDED, That the treatment personnel at an approved treatment program are authorized to use such reasonable physical restraint as may be necessary to retain an incapacitated or gravely disabled person for up to seventy-two hours from the time of admission. The seventy-two hour periods specified in this section shall be computed by excluding Saturdays, Sundays, and holidays. A person may consent to remain in the program as long as the physician in charge believes appropriate.

(5) A person who is not admitted to an approved treatment program, is not referred to another health facility, and has no funds, may be taken to his or her home, if any. If he or she has no home, the approved treatment program shall provide him or her with information and assistance to access available community shelter resources.

(6) If a patient is admitted to an approved treatment program, his or her family or next of kin shall be notified as promptly as possible by the treatment program. If an adult patient who is not incapacitated requests that there be no notification, his or her request shall be respected.

(7) The peace officer, staff designated by the county or behavioral health organization, or treatment facility personnel, who act in compliance with this chapter and are performing in the course of their official duty are not criminally or civilly liable therefor.

(8) If the person in charge of the approved treatment program determines that appropriate treatment is available, the patient shall be encouraged to agree to further diagnosis and appropriate voluntary treatment.

Sec. 6007. RCW 70.96A.140 and 2016 sp.s. c 29 s 102 are each amended to read as follows:
(1)(a) When a designated chemical dependency specialist receives information alleging that a person presents a likelihood of serious harm or is gravely disabled as a result of chemical dependency, the designated chemical dependency specialist, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the information, may file a petition for commitment of such person with the superior court, district court, or in another court permitted by court rule.

If a petition for commitment is not filed in the case of a minor, the parent, guardian, or custodian who has custody of the minor may seek review of that decision made by the designated chemical dependency specialist in superior or district court. The parent, guardian, or custodian shall file notice with the court and provide a copy of the designated chemical dependency specialist's report.

If the designated chemical dependency specialist finds that the initial needs of such person would be better served by placement within the mental health system, the person shall be referred to either a designated mental health professional or an evaluation and treatment facility as defined in RCW 71.05.020 or 71.34.020.

(b) If placement in a chemical dependency program is available and deemed appropriate, the petition shall allege that: The person is chemically dependent and presents a likelihood of serious harm or is gravely disabled by alcohol or drug addiction, or that the person has twice before in the preceding twelve months been admitted for withdrawal management, sobering services, or chemical dependency treatment pursuant to RCW 70.96A.110 or 70.96A.120, and is in need of a more sustained treatment program, or that the person is chemically dependent and has threatened, attempted, or inflicted physical harm on another and is likely to inflict physical harm on another unless committed. A refusal to undergo treatment, by itself, does not constitute evidence of lack of judgment as to the need for treatment.

(c) If involuntary detention is sought, the petition must state facts that support a finding of the grounds identified in (b) of this subsection and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition must state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition must state facts that support a
finding of the grounds for commitment identified in (b) of this subsection and set forth the proposed less restrictive alternative.

(d)(i) The petition must be signed by:

(A) Two physicians;
(B) One physician and a mental health professional;
(C) One physician assistant and a mental health professional; or
(D) One psychiatric advanced registered nurse practitioner and a mental health professional.

(ii) The persons signing the petition must have examined the person.

(2) Upon filing the petition, the court shall fix a date for a hearing no less than two and no more than seven days after the date the petition was filed unless the person petitioned against is presently being detained in a program, pursuant to RCW 70.96A.120, 71.05.210, or 71.34.710, in which case the hearing shall be held within seventy-two hours of the filing of the petition: PROVIDED, HOWEVER, That the above specified seventy-two hours shall be computed by excluding Saturdays, Sundays, and holidays: PROVIDED FURTHER, That, the court may, upon motion of the person whose commitment is sought, or upon motion of petitioner with written permission of the person whose commitment is sought, or his or her counsel and, upon good cause shown, extend the date for the hearing. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served by the designated chemical dependency specialist on the person whose commitment is sought, his or her next of kin, a parent or his or her legal guardian if he or she is a minor, and any other person the court believes advisable. A copy of the petition and certificate shall be delivered to each person notified.

(3) At the hearing the court shall hear all relevant testimony including, if possible, the testimony, which may be telephonic, of at least one licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, or mental health professional who has examined the person whose commitment is sought. Communications otherwise deemed privileged under the laws of this state are deemed to be waived in proceedings under this chapter when a court of competent jurisdiction in its discretion determines that the waiver is necessary to protect either the detained person or the public. The waiver of a privilege under this section is limited to records or testimony relevant to evaluation of the detained person for purposes
of a proceeding under this chapter. Upon motion by the detained
person, or on its own motion, the court shall examine a record or
testimony sought by a petitioner to determine whether it is within
the scope of the waiver.

The record maker shall not be required to testify in order to
introduce medical, nursing, or psychological records of detained
persons so long as the requirements of RCW 5.45.020 are met, except
that portions of the record that contain opinions as to whether the
detained person is chemically dependent shall be deleted from the
records unless the person offering the opinions is available for
cross-examination. The person shall be present unless the court
believes that his or her presence is likely to be injurious to him or
her; in this event the court may deem it appropriate to appoint a
guardian ad litem to represent him or her throughout the proceeding.
If deemed advisable, the court may examine the person out of
courtroom. If the person has refused to be examined by a licensed
physician, psychiatric advanced registered nurse practitioner,
physician assistant, or mental health professional, he or she shall
be given an opportunity to be examined by a court appointed licensed
physician, psychiatric advanced registered nurse practitioner,
physician assistant, or other professional person qualified to
provide such services. If he or she refuses and there is sufficient
evidence to believe that the allegations of the petition are true, or
if the court believes that more medical evidence is necessary, the
court may make a temporary order committing him or her to the
((department)) authority for a period of not more than five days for
purposes of a diagnostic examination.

(4)(a) If, after hearing all relevant evidence, including the
results of any diagnostic examination, the court finds that grounds
for involuntary commitment have been established by a preponderance
of the evidence and, after considering less restrictive alternatives
to involuntary detention and treatment, finds that no such
alternatives are in the best interest of the person or others, it
shall make an order of commitment to an approved substance use
disorder treatment program. It shall not order commitment of a person
unless it determines that an approved substance use disorder
treatment program is available and able to provide adequate and
appropriate treatment for him or her.

(b) If the court finds that the grounds for commitment have been
established by a preponderance of the evidence, but that treatment in
a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive course of treatment. The less restrictive order may impose treatment conditions and other conditions that are in the best interest of the respondent and others. A copy of the less restrictive order must be given to the respondent, the designated chemical dependency specialist, and any program designated to provide less restrictive treatment. If the program designated to provide the less restrictive treatment is other than the program providing the initial involuntary treatment, the program so designated must agree in writing to assume such responsibility. The court may not order commitment of a person to a less restrictive course of treatment unless it determines that an approved substance use disorder treatment program is available and able to provide adequate and appropriate treatment for him or her.

(5) A person committed to inpatient treatment under this section shall remain in the program for treatment for a period of fourteen days unless sooner discharged. A person committed to a less restrictive course of treatment under this section shall remain in the program of treatment for a period of ninety days unless sooner discharged. At the end of the fourteen-day period, or ninety-day period in the case of a less restrictive alternative to inpatient treatment, he or she shall be discharged automatically unless the program or the designated chemical dependency specialist, before expiration of the period, files a petition for his or her recommitment upon the grounds set forth in subsection (1) of this section for a further period of ninety days of inpatient treatment or ninety days of less restrictive alternative treatment unless sooner discharged. The petition for ninety-day inpatient or less restrictive alternative treatment must be filed with the clerk of the court at least three days before expiration of the fourteen-day period of intensive treatment.

If a petition for recommitment is not filed in the case of a minor, the parent, guardian, or custodian who has custody of the minor may seek review of that decision made by the designated chemical dependency specialist in superior or district court. The parent, guardian, or custodian shall file notice with the court and provide a copy of the treatment progress report.

If a person has been committed because he or she is chemically dependent and likely to inflict physical harm on another, the program
or designated chemical dependency specialist shall apply for recommitment if after examination it is determined that the likelihood still exists.

(6) Upon the filing of a petition for recommitment under subsection (5) of this section, the court shall fix a date for hearing no less than two and no more than seven days after the date the petition was filed: PROVIDED, That, the court may, upon motion of the person whose commitment is sought and upon good cause shown, extend the date for the hearing. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served by the treatment program on the person whose commitment is sought, his or her next of kin, the original petitioner under subsection (1) of this section if different from the petitioner for recommitment, one of his or her parents or his or her legal guardian if he or she is a minor, and his or her attorney and any other person the court believes advisable. At the hearing the court shall proceed as provided in subsections (3) and (4) of this section, except that the burden of proof upon a hearing for recommitment must be proof by clear, cogent, and convincing evidence.

(7) The approved substance use disorder treatment program shall provide for adequate and appropriate treatment of a person committed to its custody on an inpatient or outpatient basis. A person committed under this section may be transferred from one approved public treatment program to another if transfer is medically advisable.

(8) A person committed to a program for treatment shall be discharged at any time before the end of the period for which he or she has been committed and he or she shall be discharged by order of the court if either of the following conditions are met:

(a) In case of a chemically dependent person committed on the grounds of likelihood of infliction of physical harm upon himself, herself, or another, the likelihood no longer exists; or further treatment will not be likely to bring about significant improvement in the person's condition, or treatment is no longer adequate or appropriate.

(b) In case of a chemically dependent person committed on the grounds of the need of treatment and incapacity, that the incapacity no longer exists.

(9) The court shall inform the person whose commitment or recommitment is sought of his or her right to contest the
application, be represented by counsel at every stage of any proceedings relating to his or her commitment and recommitment, and have counsel appointed by the court or provided by the court, if he or she wants the assistance of counsel and is unable to obtain counsel. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him or her regardless of his or her wishes. The person shall, if he or she is financially able, bear the costs of such legal service; otherwise such legal service shall be at public expense. The person whose commitment or recommitment is sought shall be informed of his or her right to be examined by a licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, or other professional person of his or her choice who is qualified to provide such services. If the person is unable to obtain a qualified person and requests an examination, the court shall employ a licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, or other professional person to conduct an examination and testify on behalf of the person.

(10) A person committed under this chapter may at any time seek to be discharged from commitment by writ of habeas corpus in a court of competent jurisdiction.

(11) The venue for proceedings under this section is the county in which person to be committed resides or is present.

(12) When in the opinion of the professional person in charge of the program providing involuntary inpatient treatment under this chapter, the committed patient can be appropriately served by less restrictive treatment before expiration of the period of commitment, then the less restrictive care may be required as a condition for early release for a period which, when added to the initial treatment period, does not exceed the period of commitment. If the program designated to provide the less restrictive treatment is other than the program providing the initial involuntary treatment, the program so designated must agree in writing to assume such responsibility. A copy of the conditions for early release shall be given to the patient, the designated chemical dependency specialist of original commitment, and the court of original commitment. The program designated to provide less restrictive care may modify the conditions for continued release when the modifications are in the best interests of the patient. If the program providing less restrictive care and the designated chemical dependency specialist determine that
a conditionally released patient is failing to adhere to the terms
and conditions of his or her release, or that substantial
deterioration in the patient's functioning has occurred, then the
designated chemical dependency specialist shall notify the court of
original commitment and request a hearing to be held no less than two
and no more than seven days after the date of the request to
determine whether or not the person should be returned to more
restrictive care. The designated chemical dependency specialist shall
file a petition with the court stating the facts substantiating the
need for the hearing along with the treatment recommendations. The
patient shall have the same rights with respect to notice, hearing,
and counsel as for the original involuntary treatment proceedings.
The issues to be determined at the hearing are whether the
conditionally released patient did or did not adhere to the terms and
conditions of his or her release to less restrictive care or that
substantial deterioration of the patient's functioning has occurred
and whether the conditions of release should be modified or the
person should be returned to a more restrictive program. The hearing
may be waived by the patient and his or her counsel and his or her
guardian or conservator, if any, but may not be waived unless all
such persons agree to the waiver. Upon waiver, the person may be
returned for involuntary treatment or continued on conditional
release on the same or modified conditions. The grounds and
procedures for revocation of less restrictive alternative treatment
ordered by the court must be the same as those set forth in this
section for less restrictive care arranged by an approved substance
use disorder treatment program as a condition for early release.

Sec. 6008. RCW 70.96A.148 and 2001 c 13 s 4 are each amended to
read as follows:
The county alcoholism and other drug addiction program
coordinator or behavioral health organization may designate the
((county)) designated mental health professional to perform the
detention and commitment duties described in RCW 70.96A.120 and
70.96A.140.

Sec. 6009. RCW 70.96A.160 and 1989 c 270 s 29 are each amended
to read as follows:
(1) Subject to reasonable rules regarding hours of visitation
which the secretary of health may adopt, patients in any approved
(2) Neither mail nor other communication to or from a patient in any approved treatment program may be intercepted, read, or censored. The secretary of health may adopt reasonable rules regarding the use of telephone by patients in approved treatment programs.

**Sec. 6010.** RCW 70.96A.180 and 2012 c 117 s 413 are each amended to read as follows:

(1) If treatment is provided by an approved treatment program and the patient has not paid or is unable to pay the charge therefor, the program is entitled to any payment (a) received by the patient or to which he or she may be entitled because of the services rendered, and (b) from any public or private source available to the program because of the treatment provided to the patient.

(2) A patient in a program, or the estate of the patient, or a person obligated to provide for the cost of treatment and having sufficient financial ability, is liable to the program for cost of maintenance and treatment of the patient therein in accordance with rates established.

(3) The (secretary) director shall adopt rules governing financial ability that take into consideration the income, savings, and other personal and real property of the person required to pay, and any support being furnished by him or her to any person he or she is required by law to support.

**Sec. 6011.** 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 treatment of a minor, unless the child meets the definition of a child in need of services in RCW 13.32A.030((4)(c)) (5)(c) as determined by the department: PROVIDED, That parental consent is required for any treatment of a minor under the age of thirteen.

This section does not apply to petitions filed under this chapter.

**Sec. 6012.** RCW 70.96A.240 and 1998 c 296 s 26 are each amended to read as follows:
(1) The parent of a minor is not liable for payment of inpatient or outpatient chemical dependency treatment unless the parent has joined in the consent to the treatment.

(2) The ability of a parent to apply to a licensed or certified treatment program for the admission of his or her minor child does not create a right to obtain or benefit from any funds or resources of the state. However, the state may provide services for indigent minors to the extent that funds are available therefor.

Sec. 6013. 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 licensed or certified treatment program and request that a chemical dependency assessment be conducted by a professional person to determine whether the minor is chemically dependent 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. 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 been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the ((department)) authority if the child is held for treatment and of the date of admission.

(4) No provider is obligated to provide treatment to a minor under the provisions of this section. No provider may admit a minor to treatment under this section unless it is medically necessary.

(5) No minor receiving inpatient treatment under this section may be discharged from the program based solely on his or her request.
Sec. 6014. RCW 70.96A.260 and 1998 c 296 s 31 are each amended to read as follows:

If the minor is not released as a result of the petition filed under RCW 70.96A.255, he or she shall be released not later than thirty days following the later of: (1) The date of the ((department's)) authority's determination under RCW 70.96A.097(2); or (2) the filing of a petition for judicial review under RCW 70.96A.255, unless a professional person or the designated chemical dependency specialist initiates proceedings under this chapter.

Sec. 6015. 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 74.09 RCW, minors in inpatient chemical dependency treatment shall be considered to be part of their parent's or legal guardian's household, unless the minor has been assessed by the ((department)) authority or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the parents are found to not be exercising responsibility for care and control of the minor. Payment for such care by the ((department)) authority shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department.

Sec. 6016. RCW 70.96A.915 and 1989 c 271 s 309 are each amended to read as follows:

The ((department)) authority is authorized to allocate appropriated funds in the manner that it determines best meets the purposes of this chapter. Nothing in this chapter shall be construed to entitle any individual to services authorized in this chapter, or to require the ((department)) authority or its contractors to reallocate funds in order to ensure that services are available to any eligible person upon demand.

Sec. 6017. RCW 70.96B.010 and 2014 c 225 s 74 are each amended to read as follows:

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

(1) "Admission" or "admit" means a decision by a physician that a person should be examined or treated as a patient in a hospital, an
evaluation and treatment facility, or other inpatient facility, or a
decision by a professional person in charge or his or her designee
that a person should be detained as a patient for evaluation and
treatment in a secure detoxification facility or other licensed or
certified chemical dependency provider.

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

(3) "Approved treatment program" means a discrete program of
chemical dependency treatment provided by a treatment program
licensed or certified by the department of health as meeting
standards adopted under chapter 70.96A RCW.

(4) "Attending staff" means any person on the staff of a public
or private agency having responsibility for the care and treatment of
a patient.

(5) "Authority" means the health care authority.

(6) "Chemical dependency" means:
(a) Alcoholism;
(b) Drug addiction; or
(c) Dependence on alcohol and one or more other psychoactive
chemicals, as the context requires.

(7) "Chemical dependency professional" means a person
certified as a chemical dependency professional by the department of
health under chapter 18.205 RCW.

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

(9) "Conditional release" means a revocable modification
of a commitment that may be revoked upon violation of any of its
terms.

(10) "Custody" means involuntary detention under either
chapter 71.05 or 70.96A RCW or this chapter, uninterrupted by any
period of unconditional release from commitment from a facility
providing involuntary care and treatment.

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

(12) "Designated chemical dependency specialist" or
"specialist" means a person designated by the county alcoholism and
other drug addiction program coordinator designated under RCW
70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and this chapter, and qualified to do so by meeting standards adopted by the (department) authority.

((12)) (13) "Designated crisis responder" means a person designated by the county or behavioral health organization to perform the duties specified in this chapter.

((13)) (14) "Designated mental health professional" means a mental health professional designated by the county or (other authority authorized in rule) behavioral health organization to perform the duties specified in this chapter.

((14)) (15) "Detention" or "detain" means the lawful confinement of a person under this chapter, or chapter 70.96A or 71.05 RCW.

((15)) (16) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with individuals with developmental disabilities and is a psychiatrist, psychologist, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of health.

((16)) (17) "Developmental disability" means that condition defined in RCW 71A.10.020.

((17)) (18) "Director" means the director of the health care authority.

(19) "Discharge" means the termination of facility authority. The commitment may remain in place, be terminated, or be amended by court order.

((18)) (20) "Evaluation and treatment facility" means any facility that can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and that is licensed or certified as such by the department of health. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility that is part of, or operated by, the department or any federal agency does not require certification. No correctional institution or facility, or jail, may be an evaluation and treatment facility within the meaning of this chapter.

((19)) (21) "Facility" means either an evaluation and treatment facility or a secure detoxification facility.
"Gravely disabled" means a condition in which a person, as a result of a mental disorder, or 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 repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

"History of one or more violent acts" refers to the period of time ten years before the filing of a petition under this chapter, or chapter 70.96A or 71.05 RCW, 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 as a result of a criminal conviction.

"Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.

"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.

"Judicial commitment" means a commitment by a court under this chapter.

"Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

"Likelihood of serious harm" means:

(a) A substantial risk that:

(i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;

(ii) Physical harm will be inflicted by a person upon another, as evidenced by behavior that has caused such harm or that places another person or persons in reasonable fear of sustaining such harm; or

(iii) Physical harm will be inflicted by a person upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or
(b) The person has threatened the physical safety of another and has a history of one or more violent acts.

((27)) (29) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on a person's cognitive or volitional functions.

((28)) (30) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of health under the authority of chapter 71.05 RCW.

((29)) (31) "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.

((30)) (32) "Person in charge" means a physician or chemical dependency counselor as defined in rule by the department of health, who is empowered by a licensed or certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the licensed or certified program.

((31)) (33) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved treatment program, that is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill and/or chemically dependent.

((32)) (34) "Professional person" means a mental health professional or chemical dependency professional and shall also mean a physician, registered nurse, and such others as may be defined by rules adopted by the secretary of health pursuant to the provisions of this chapter.

((33)) (35) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology.

((34)) (36) "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.

((35)) (37) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved treatment program
that is conducted for, or includes a department or ward conducted
for, the care and treatment of persons who are mentally ill and/or
chemically dependent, if the agency is operated directly by federal,
state, county, or municipal government, or a combination of such
governments.

("(36+)") (38) "Registration records" means all the records of the
department, the authority, behavioral health organizations, treatment
facilities, and other persons providing services to the department,
the authority, county departments, or facilities which identify
persons who are receiving or who at any time have received services
for mental illness.

("(37+)") (39) "Release" means legal termination of the commitment
under chapter 70.96A or 71.05 RCW or this chapter.

("(38+)") (40) "Secretary" means the secretary of the department
or the secretary's designee.

("(39+)") (41) "Secure detoxification facility" means a facility
operated by either a public or private agency or by the program of an
agency that serves the purpose of providing evaluation and
assessment, and acute and/or subacute detoxification services for
intoxicated persons and includes security measures sufficient to
protect the patients, staff, and community.

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

("(41+)") (43) "Treatment records" means registration records and
all other records concerning persons who are receiving or who at any
time have received services for mental illness or chemical
dependency, which are maintained by the department, by the authority,
by behavioral health organizations and their staffs, and by treatment
facilities. Treatment records do not include notes or records
maintained for personal use by a person providing treatment services
for the department, the authority, behavioral health organizations,
or a treatment facility if the notes or records are not available to
others.

("(42+)") (44) "Violent act" means behavior that resulted in
homicide, attempted suicide, nonfatal injuries, or substantial damage
to property.

Sec. 6018. RCW 70.96B.020 and 2014 c 225 s 75 are each amended
to read as follows:

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(1) The director, after consulting with the Washington state association of counties, shall select and contract with behavioral health organizations or counties to provide two integrated crisis response and involuntary treatment pilot programs for adults and shall allocate resources for both integrated services and secure detoxification services in the pilot areas. In selecting the two behavioral health organizations or counties, the director shall endeavor to site one in an urban and one in a rural behavioral health organization or county; and to site them in counties other than those selected pursuant to RCW 70.96A.800, 71.24.620, to the extent necessary to facilitate evaluation of pilot project results.

(2) The behavioral health organizations or counties shall implement the pilot programs by providing integrated crisis response and involuntary treatment to persons with a chemical dependency, a mental disorder, or both, consistent with this chapter. The pilot programs shall:

(a) Combine the crisis responder functions of a designated mental health professional under chapter 71.05 RCW and a designated chemical dependency specialist under chapter 70.96A RCW by establishing a new designated crisis responder who is authorized to conduct investigations and detain persons up to seventy-two hours to the proper facility;

(b) Provide training to the crisis responders as required by the authority;

(c) Provide sufficient staff and resources to ensure availability of an adequate number of crisis responders twenty-four hours a day, seven days a week;

(d) Provide the administrative and court-related staff, resources, and processes necessary to facilitate the legal requirements of the initial detention and the commitment hearings for persons with a chemical dependency;

(e) Participate in the evaluation and report to assess the outcomes of the pilot programs including providing data and information as requested;

(f) Provide the other services necessary to the implementation of the pilot programs, consistent with this chapter as determined by the director in contract; and
Collaborate with the department of corrections where persons detained or committed are also subject to supervision by the department of corrections.

(3) The pilot programs established by this section shall begin providing services by March 1, 2006.

Sec. 6019. RCW 70.96B.030 and 2014 c 225 s 76 are each amended to read as follows:

To qualify as a designated crisis responder, a person must have received chemical dependency training as determined by the ((department)) authority and be a:

(1) Psychiatrist, psychologist, psychiatric nurse, or social worker;
(2) Person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university and who have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the direction of a mental health professional;
(3) Person who meets the waiver criteria of RCW 71.24.260, which waiver was granted before 1986;
(4) Person who had an approved waiver to perform the duties of a mental health professional that was requested by the behavioral health organization and granted by the department before July 1, 2001; or
(5) Person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the department of health consistent with rules adopted by the secretary of health.

Sec. 6020. RCW 70.96B.045 and 2007 c 120 s 2 are each amended to read as follows:

(1) If a designated crisis responder receives information alleging that a person, as the result of:
(a) A mental disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take the person, or cause by oral or written order the person to be taken into
emergency custody in an evaluation and treatment facility for not more than seventy-two hours as described in this chapter; or

(b) Chemical dependency, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take the person, or cause by oral or written order the person to be taken into emergency custody in a secure detoxification facility for not more than seventy-two hours as described in this chapter.

(2) The evaluation and treatment facility, the secure detoxification facility, or other licensed or certified chemical dependency provider shall then evaluate the person's condition and admit, detain, transfer, or discharge such person in accordance with this chapter. The facility shall notify in writing the court and the designated crisis responder of the date and time of the initial detention of each person involuntarily detained so that a probable cause hearing will be held no later than seventy-two hours after detention.

(3) A peace officer may take or cause the person to be taken into custody and immediately delivered to an evaluation and treatment facility, secure detoxification facility, or other licensed or certified chemical dependency treatment provider: (a) Pursuant to this section; or (b) when he or she has reasonable cause to believe that such person, as a result of a mental disorder or chemical dependency, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled. An individual brought to a facility by a peace officer may be held for up to twelve hours: PROVIDED, That the individual is examined by a designated crisis responder within three hours of arrival. Within twelve hours of arrival the designated crisis responder must determine whether the individual meets detention criteria. If the individual is detained, the designated mental health professional shall file a petition for detention or supplemental petition as appropriate and commence service on the designated attorney for the detained person.

(4) Nothing in this chapter limits the power of a peace officer to take a person into custody and immediately deliver the person to the emergency department of a local hospital or to a detoxification facility.
Sec. 6021. RCW 70.96B.050 and 2008 c 320 s 5 are each amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as a result of a mental disorder, chemical dependency disorder, or both, presents a likelihood of serious harm or is gravely disabled, the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at either an evaluation and treatment facility, a detoxification facility, or other licensed or certified chemical dependency provider.

(2)(a) An order to detain to an evaluation and treatment facility, a detoxification facility, or other licensed or certified chemical dependency provider for not more than a seventy-two hour evaluation and treatment period may be issued by a judge upon request of a designated crisis responder: (i) Whenever it appears to the satisfaction of a judge of the superior court, district court, or other court permitted by court rule, that there is probable cause to support the petition, and (ii) that the person has refused or failed to accept appropriate evaluation and treatment voluntarily.

(b) The petition for initial detention, signed under penalty of perjury or sworn telephonic testimony, may be considered by the court in determining whether there are sufficient grounds for issuing the order.

(c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.

(3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order to appear, together with a notice of rights and a petition for initial detention. After service on the person, the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the
evaluation and treatment facility or secure detoxification facility and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or other licensed or certified chemical dependency provider. If requested by the detained person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may be continued subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours. The person may be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other person accompanying the person may be present during the admission evaluation. The facility may exclude the person if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

(4) The designated crisis responder may notify a peace officer to take the person or cause the person to be taken into custody and placed in an evaluation and treatment facility, a secure detoxification facility, or other licensed or certified chemical dependency provider. At the time the person is taken into custody there shall commence to be served on the person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of detention, a notice of rights, and a petition for initial detention.

Sec. 6022. RCW 70.96B.070 and 2005 c 504 s 208 are each amended to read as follows:

If the evaluation and treatment facility, secure detoxification facility, or other licensed or certified chemical dependency provider admits the person, it may detain the person for evaluation and treatment for a period not to exceed seventy-two hours from the time of acceptance. The computation of the seventy-two hour period excludes Saturdays, Sundays, and holidays.

Sec. 6023. RCW 70.96B.090 and 2005 c 504 s 210 are each amended to read as follows:
(1) A person detained for seventy-two hour evaluation and treatment under RCW 70.96B.050 or 70.96A.120 may be detained for not more than fourteen additional days of involuntary chemical dependency treatment if there are beds available at the secure detoxification facility and the following conditions are met:

(a) The professional person in charge of the agency or facility or the person's designee providing evaluation and treatment services in a secure detoxification facility has assessed the person's condition and finds that the condition is caused by chemical dependency and either results in a likelihood of serious harm or in the detained person being gravely disabled, and the professional person or his or her designee is prepared to testify those conditions are met;

(b) The person has been advised of the need for voluntary treatment and the professional person in charge of the agency or facility or his or her designee has evidence that he or she has not in good faith volunteered for treatment; and

(c) The professional person in charge of the agency or facility or the person's designee has filed a petition for fourteen-day involuntary detention with the superior court, district court, or other court permitted by court rule. The petition must be signed by the chemical dependency professional who has examined the person.

(2) The petition under subsection (1)(c) of this section shall be accompanied by a certificate of a licensed physician who has examined the person, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall set forth the licensed physician's findings in support of the allegations of the petition. A physician employed by the petitioning program or the authority is eligible to be the certifying physician.

(3) The petition shall state facts that support the finding that the person, as a result of chemical dependency, presents a likelihood of serious harm or is gravely disabled, and that there are no less restrictive alternatives to detention in the best interest of the person or others. The petition shall state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate.

(4) A copy of the petition shall be served on the detained person, his or her attorney, and his or her guardian or conservator, if any, before the probable cause hearing.
(5)(a) The court shall inform the person whose commitment is sought of his or her right to contest the petition, be represented by counsel at every stage of any proceedings relating to his or her commitment, and have counsel appointed by the court or provided by the court, if he or she wants the assistance of counsel and is unable to obtain counsel. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him or her regardless of his or her wishes. The person shall, if he or she is financially able, bear the costs of such legal service; otherwise such legal service shall be at public expense. The person whose commitment is sought shall be informed of his or her right to be examined by a licensed physician of his or her choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall appoint a reasonably available licensed physician designated by the person.

(b) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that the person, as the result of chemical dependency, presents a likelihood of serious harm or is gravely disabled and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interest of such person or others, the court shall order that the person be detained for involuntary chemical dependency treatment not to exceed fourteen days in a secure detoxification facility.

Sec. 6024. RCW 70.96B.140 and 2005 c 504 s 215 are each amended to read as follows:

The ((secretary)) director may adopt rules to implement this chapter.

PART 7

Sec. 7001. RCW 41.05.015 and 2011 1st sp.s. c 15 s 55 are each amended to read as follows:

The director shall designate a medical director who is licensed under chapter 18.57 or 18.71 RCW. The director shall also appoint such professional personnel and other assistants and employees, including professional medical screeners, as may be reasonably necessary to carry out the provisions of this chapter and chapter 74.09 RCW and other applicable law. The medical screeners must be
supervised by one or more physicians whom the director or the
director's designee shall appoint.

Sec. 7002. RCW 41.05.021 and 2012 c 87 s 23 are each amended to
read as follows:

(1) The Washington state health care authority is created within
the executive branch. The authority shall have a director appointed
by the governor, with the consent of the senate. The director shall
serve at the pleasure of the governor. The director may employ a
deputy director, and such assistant directors and special assistants
as may be needed to administer the authority, who shall be exempt
from chapter 41.06 RCW, and any additional staff members as are
necessary to administer this chapter. The director may delegate any
power or duty vested in him or her by law, including authority to
make final decisions and enter final orders in hearings conducted
under chapter 34.05 RCW. The primary duties of the authority shall be
to: Administer state employees' insurance benefits and retired or
disabled school employees' insurance benefits; administer the basic
health plan pursuant to chapter 70.47 RCW; administer the children's
health program pursuant to chapter 74.09 RCW; study state purchased
health care programs in order to maximize cost containment in these
programs while ensuring access to quality health care; implement
state initiatives, joint purchasing strategies, and techniques for
efficient administration that have potential application to all
state-purchased health services; and administer grants that further
the mission and goals of the authority. The authority's duties
include, but are not limited to, the following:

(a) To administer health care benefit programs for employees and
retired or disabled school employees as specifically authorized in
RCW 41.05.065 and in accordance with the methods described in RCW
41.05.075, 41.05.140, and other provisions of this chapter;

(b) To analyze state purchased health care programs and to
explore options for cost containment and delivery alternatives for
those programs that are consistent with the purposes of those
programs, including, but not limited to:

(i) Creation of economic incentives for the persons for whom the
state purchases health care to appropriately utilize and purchase
health care services, including the development of flexible benefit
plans to offset increases in individual financial responsibility;
(ii) Utilization of provider arrangements that encourage cost containment, including but not limited to prepaid delivery systems, utilization review, and prospective payment methods, and that ensure access to quality care, including assuring reasonable access to local providers, especially for employees residing in rural areas;

(iii) Coordination of state agency efforts to purchase drugs effectively as provided in RCW 70.14.050;

(iv) Development of recommendations and methods for purchasing medical equipment and supporting services on a volume discount basis;

(v) Development of data systems to obtain utilization data from state purchased health care programs in order to identify cost centers, utilization patterns, provider and hospital practice patterns, and procedure costs, utilizing the information obtained pursuant to RCW 41.05.031; and

(vi) In collaboration with other state agencies that administer state purchased health care programs, private health care purchasers, health care facilities, providers, and carriers:

(A) Use evidence-based medicine principles to develop common performance measures and implement financial incentives in contracts with insuring entities, health care facilities, and providers that:

(I) Reward improvements in health outcomes for individuals with chronic diseases, increased utilization of appropriate preventive health services, and reductions in medical errors; and

(II) Increase, through appropriate incentives to insuring entities, health care facilities, and providers, the adoption and use of information technology that contributes to improved health outcomes, better coordination of care, and decreased medical errors;

(B) Through state health purchasing, reimbursement, or pilot strategies, promote and increase the adoption of health information technology systems, including electronic medical records, by hospitals as defined in RCW 70.41.020((4)) (7), integrated delivery systems, and providers that:

(I) Facilitate diagnosis or treatment;

(II) Reduce unnecessary duplication of medical tests;

(III) Promote efficient electronic physician order entry;

(IV) Increase access to health information for consumers and their providers; and

(V) Improve health outcomes;
(C) Coordinate a strategy for the adoption of health information technology systems using the final health information technology report and recommendations developed under chapter 261, Laws of 2005;

(c) To analyze areas of public and private health care interaction;

(d) To provide information and technical and administrative assistance to the board;

(e) To review and approve or deny applications from counties, municipalities, and other political subdivisions of the state to provide state-sponsored insurance or self-insurance programs to their employees in accordance with the provisions of RCW 41.04.205 and (g) of this subsection, setting the premium contribution for approved groups as outlined in RCW 41.05.050;

(f) To review and approve or deny the application when the governing body of a tribal government applies to transfer their employees to an insurance or self-insurance program administered under this chapter. In the event of an employee transfer pursuant to this subsection (1)(f), members of the governing body are eligible to be included in such a transfer if the members are authorized by the tribal government to participate in the insurance program being transferred from and subject to payment by the members of all costs of insurance for the members. The authority shall: (i) Establish the conditions for participation; (ii) have the sole right to reject the application; and (iii) set the premium contribution for approved groups as outlined in RCW 41.05.050. Approval of the application by the authority transfers the employees and dependents involved to the insurance, self-insurance, or health care program approved by the authority;

(g) To ensure the continued status of the employee insurance or self-insurance programs administered under this chapter as a governmental plan under section 3(32) of the employee retirement income security act of 1974, as amended, the authority shall limit the participation of employees of a county, municipal, school district, educational service district, or other political subdivision, the Washington health benefit exchange, or a tribal government, including providing for the participation of those employees whose services are substantially all in the performance of essential governmental functions, but not in the performance of commercial activities;
(h) To establish billing procedures and collect funds from school districts in a way that minimizes the administrative burden on districts;

(i) To publish and distribute to nonparticipating school districts and educational service districts by October 1st of each year a description of health care benefit plans available through the authority and the estimated cost if school districts and educational service district employees were enrolled;

(j) To apply for, receive, and accept grants, gifts, and other payments, including property and service, from any governmental or other public or private entity or person, and make arrangements as to the use of these receipts to implement initiatives and strategies developed under this section;

(k) To issue, distribute, and administer grants that further the mission and goals of the authority;

(l) To adopt rules consistent with this chapter as described in RCW 41.05.160 including, but not limited to:

(i) Setting forth the criteria established by the board under RCW 41.05.065 for determining whether an employee is eligible for benefits;

(ii) Establishing an appeal process in accordance with chapter 34.05 RCW by which an employee may appeal an eligibility determination;

(iii) Establishing a process to assure that the eligibility determinations of an employing agency comply with the criteria under this chapter, including the imposition of penalties as may be authorized by the board;

(m)(i) To administer the medical services programs established under chapter 74.09 RCW as the designated single state agency for purposes of Title XIX of the federal social security act;

(ii) To administer the state children's health insurance program under chapter 74.09 RCW for purposes of Title XXI of the federal social security act;

(iii) To enter into agreements with the department of social and health services for administration of medical care services programs under Titles XIX and XXI of the social security act and programs under chapters 71.05, 71.24, and 71.34 RCW. The agreements shall establish the division of responsibilities between the authority and the department with respect to mental health, chemical dependency, and long-term care services, including services for persons with

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developmental disabilities. The agreements shall be revised as necessary, to comply with the final implementation plan adopted under section 116, chapter 15, Laws of 2011 1st sp. sess.;

(iv) To adopt rules to carry out the purposes of chapter 74.09 RCW;

(v) To appoint such advisory committees or councils as may be required by any federal statute or regulation as a condition to the receipt of federal funds by the authority. The director may appoint statewide committees or councils in the following subject areas: (A) Health facilities; (B) children and youth services; (C) blind services; (D) medical and health care; (E) drug abuse and alcoholism; (F) rehabilitative services; and (G) such other subject matters as are or come within the authority's responsibilities. The statewide councils shall have representation from both major political parties and shall have substantial consumer representation. Such committees or councils shall be constituted as required by federal law or as the director in his or her discretion may determine. The members of the committees or councils shall hold office for three years except in the case of a vacancy, in which event appointment shall be only for the remainder of the unexpired term for which the vacancy occurs. No member shall serve more than two consecutive terms. Members of such state advisory committees or councils may be paid their travel expenses in accordance with RCW 43.03.050 and 43.03.060 as now existing or hereafter amended;

(n) To review and approve or deny the application from the governing board of the Washington health benefit exchange to provide state-sponsored insurance or self-insurance programs to employees of the exchange. The authority shall (i) establish the conditions for participation; (ii) have the sole right to reject an application; and (iii) set the premium contribution for approved groups as outlined in RCW 41.05.050.

(2) On and after January 1, 1996, the public employees' benefits board may implement strategies to promote managed competition among employee health benefit plans. Strategies may include but are not limited to:

(a) Standardizing the benefit package;

(b) Soliciting competitive bids for the benefit package;

(c) Limiting the state's contribution to a percent of the lowest priced qualified plan within a geographical area;
(d) Monitoring the impact of the approach under this subsection with regards to: Efficiencies in health service delivery, cost shifts to subscribers, access to and choice of managed care plans statewide, and quality of health services. The health care authority shall also advise on the value of administering a benchmark employer-managed plan to promote competition among managed care plans.

Sec. 7003. RCW 41.05A.005 and 2011 1st sp.s. c 15 s 88 are each amended to read as follows:

The purpose of this chapter is to provide the health care authority with the powers, duties, and authority with respect to the collection of overpayments and the coordination of benefits that are currently provided to the department of social and health services in chapter 43.20B RCW. Providing the health care authority with these powers is necessary for the authority to administer medical services programs established under chapter 74.09 RCW currently administered by the department of social and health services programs but transferred to the authority under chapter 15, Laws of 2011 1st sp. sess., and programs transferred to the authority under chapter . . ., Laws of 2017 (this act). The authority is authorized to collaborate with other state agencies in carrying out its duties under this chapter and, to the extent appropriate, may enter into agreements with such other agencies. Nothing in this chapter may be construed as diminishing the powers, duties, and authority granted to the department of social and health services in chapter 43.20B RCW with respect to the programs that will remain under its jurisdiction following enactment of chapter 15, Laws of 2011 1st sp. sess. and chapter . . ., Laws of 2017 (this act).

Sec. 7004. RCW 74.09.050 and 2011 1st sp.s. c 15 s 5 are each amended to read as follows:

(1) The director shall appoint such professional personnel and other assistants and employees, including professional medical screeners, as may be reasonably necessary to carry out the provisions of this chapter or other applicable law. The medical screeners shall be supervised by one or more physicians who shall be appointed by the director or his or her designee. The director shall appoint a medical director who is licensed under chapter 18.57 or 18.71 RCW.

(2) Whenever the director's authority is not specifically limited by law, he or she has complete charge and supervisory powers over the
authority. The director is authorized to create such administrative 
structures as deemed appropriate, except as otherwise specified by 
law. The director has the power to employ such assistants and 
personnel as may be necessary for the general administration of the 
authority. Except as elsewhere specified, such employment must be in 
accordance with the rules of the state civil service law, chapter 
41.06 RCW.

Sec. 7005. RCW 74.09.055 and 2011 1st sp.s. c 15 s 6 are each 
amended to read as follows:
The authority is authorized to establish copayment, deductible, 
or coinsurance, or other cost-sharing requirements for recipients of 
any medical programs defined in RCW 74.09.010 or other applicable 
law, except that premiums shall not be imposed on children in 
households at or below two hundred percent of the federal poverty 
level.

Sec. 7006. RCW 74.09.080 and 2011 1st sp.s. c 15 s 8 are each 
amended to read as follows:
In carrying out the administrative responsibility of this chapter 
or other applicable law, the department or authority, as appropriate: 
(1) May contract with an individual or a group, may utilize 
existing local state public assistance offices, or establish separate 
welfare medical care offices on a county or multicounty unit basis as 
found necessary; and
(2) Shall determine both financial and functional eligibility for 
persons applying for long-term care services under chapter 74.39 or 
74.39A RCW as a unified process in a single long-term care 
organizational unit.

Sec. 7007. RCW 74.09.120 and 2012 c 10 s 60 are each amended to 
read as follows:
(1) The department shall purchase nursing home care by contract 
and payment for the care shall be in accordance with the provisions 
of chapter 74.46 RCW and rules adopted by the department. No payment 
shall be made to a nursing home which does not permit inspection by 
the authority and the department of every part of its premises and an 
examination of all records, including financial records, methods of 
administration, general and special dietary programs, the 
disbursement of drugs and methods of supply, and any other records

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the authority or the department deems relevant to the regulation of
nursing home operations, enforcement of standards for resident care,
and payment for nursing home services.

(2) The department may purchase nursing home care by contract in
veterans' homes operated by the state department of veterans affairs
and payment for the care shall be in accordance with the provisions
of chapter 74.46 RCW and rules adopted by the department under the
authority of RCW 74.46.800.

(3) The department may purchase care in institutions for persons
with intellectual disabilities, also known as intermediate care
facilities for persons with intellectual disabilities. The department
shall establish rules for reasonable accounting and reimbursement
systems for such care. Institutions for persons with intellectual
disabilities include licensed nursing homes, public institutions,
licensed assisted living facilities with fifteen beds or less, and
hospital facilities certified as intermediate care facilities for
persons with intellectual disabilities under the federal medicaid
program to provide health, habilitative, or rehabilitative services
and twenty-four hour supervision for persons with intellectual
disabilities or related conditions and includes in the program
"active treatment" as federally defined.

(4) The department may purchase care in institutions for mental
diseases by contract. The department shall establish rules for
reasonable accounting and reimbursement systems for such care.
Institutions for mental diseases are certified under the federal
medicaid program and primarily engaged in providing diagnosis,
treatment, or care to persons with mental diseases, including medical
attention, nursing care, and related services.

(5) Both the department and the authority may each purchase all
other services provided under this chapter or other applicable law by
contract or at rates established by the department or the authority
respectively.

Sec. 7008. RCW 74.09.160 and 2011 1st sp.s. c 15 s 10 are each
amended to read as follows:

Each vendor or group who has a contract and is rendering service
to eligible persons as defined in this chapter or other applicable
law shall submit such charges as agreed upon between the department
or authority, as appropriate, and the individual or group no later
than twelve months from the date of service. If the final charges are
not presented within the twelve-month period, they shall not be a
charge against the state. Said twelve-month period may also be
extended by regulation, but only if required by applicable federal
law or regulation, and to no more than the extension of time so
required.

Sec. 7009. RCW 74.09.210 and 2013 c 23 s 202 are each amended to
read as follows:

(1) No person, firm, corporation, partnership, association,
agency, institution, or other legal entity, but not including an
individual public assistance recipient of health care, shall, on
behalf of himself or herself or others, obtain or attempt to obtain
benefits or payments under this chapter or other applicable law in a
greater amount than that to which entitled by means of:

(a) A willful false statement;
(b) By willful misrepresentation, or by concealment of any
material facts; or
(c) By other fraudulent scheme or device, including, but not
limited to:
   (i) Billing for services, drugs, supplies, or equipment that were
    unfurnished, of lower quality, or a substitution or misrepresentation
    of items billed; or
   (ii) Repeated billing for purportedly covered items, which were
    not in fact so covered.
(2) Any person or entity knowingly violating any of the
provisions of subsection (1) of this section shall be liable for
repayment of any excess benefits or payments received, plus interest
at the rate and in the manner provided in RCW 43.20B.695. Such person
or other entity shall further, in addition to any other penalties
provided by law, be subject to civil penalties. The director or the
attorney general may assess civil penalties in an amount not to
exceed three times the amount of such excess benefits or payments:
PROVIDED, That these civil penalties shall not apply to any acts or
omissions occurring prior to September 1, 1979. RCW 43.20A.215
governs notice of a civil fine assessed by the director and provides
the right to an adjudicative proceeding.
(3) A criminal action need not be brought against a person for
that person to be civilly liable under this section.
(4) In all administrative proceedings under this section,
   service, adjudicative proceedings, and judicial review of such
determinations shall be in accordance with chapter 34.05 RCW, the
administrative procedure act.

(5) Civil penalties shall be deposited upon their receipt into
the medicaid fraud penalty account established in RCW 74.09.215.

(6) The attorney general may contract with private attorneys and
local governments in bringing actions under this section as
necessary.

Sec. 7010. RCW 74.09.220 and 1987 c 283 s 8 are each amended to
read as follows:

Any person, firm, corporation, partnership, association, agency,
institution or other legal entity, but not including an individual
public assistance recipient of health care, that, without intent to
violate this chapter or other applicable law, obtains benefits or
payments under this code to which such person or entity is not
entitled, or in a greater amount than that to which entitled, shall
be liable for (1) any excess benefits or payments received, and (2)
interest calculated at the rate and in the manner provided in RCW
43.20B.695. Whenever a penalty is due under RCW 74.09.210 or interest
is due under RCW 43.20B.695, such penalty or interest shall not be
reimbursable by the state as an allowable cost under any of the
provisions of this chapter or other applicable law.

Sec. 7011. RCW 74.09.230 and 2013 c 23 s 203 are each amended to
read as follows:

Any person, including any corporation, that

(1) knowingly makes or causes to be made any false statement or
representation of a material fact in any application for any payment
under any medical care program authorized under this chapter or other
applicable law, or

(2) at any time knowingly makes or causes to be made any false
statement or representation of a material fact for use in determining
rights to such payment, or knowingly falsifies, conceals, or covers
up by any trick, scheme, or device a material fact in connection with
such application or payment, or

(3) having knowledge of the occurrence of any event affecting (a)
the initial or continued right to any payment, or (b) the initial or
continued right to any such payment of any other individual in whose
behalf he or she has applied for or is receiving such payment,
conceals or fails to disclose such event with an intent fraudulently
to secure such payment either in a greater amount or quantity than is
due or when no such payment is authorized,
shall be guilty of a class C felony: PROVIDED, That the fine, if
imposed, shall not be in an amount more than twenty-five thousand
dollars, except as authorized by RCW 9A.20.030.

Sec. 7012. RCW 74.09.240 and 2011 1st sp.s. c 15 s 16 are each
amended to read as follows:
(1) Any person, including any corporation, that solicits or
receives any remuneration (including any kickback, bribe, or rebate)
directly or indirectly, overtly or covertly, in cash or in kind
(a) in return for referring an individual to a person for the
furnishing or arranging for the furnishing of any item or service for
which payment may be made in whole or in part under this chapter or
other applicable law, or
(b) in return for purchasing, leasing, ordering, or arranging for
or recommending purchasing, leasing, or ordering any goods, facility,
service, or item for which payment may be made in whole or in part
under this chapter or other applicable law,
shall be guilty of a class C felony; however, the fine, if imposed,
shall not be in an amount more than twenty-five thousand dollars,
except as authorized by RCW 9A.20.030.
(2) Any person, including any corporation, that offers or pays
any remuneration (including any kickback, bribe, or rebate) directly
or indirectly, overtly or covertly, in cash or in kind to any person
to induce such person
(a) to refer an individual to a person for the furnishing or
arranging for the furnishing of any item or service for which payment
may be made, in whole or in part, under this chapter or other
applicable law, or
(b) to purchase, lease, order, or arrange for or recommend
purchasing, leasing, ordering any goods, facility, service, or
item for which payment may be made in whole or in part under this
chapter or other applicable law,
shall be guilty of a class C felony; however, the fine, if imposed,
shall not be in an amount more than twenty-five thousand dollars,
except as authorized by RCW 9A.20.030.
(3)(a) Except as provided in 42 U.S.C. 1395 nn, physicians are
prohibited from self-referring any client eligible under this chapter
for the following designated health services to a facility in which
the physician or an immediate family member has a financial relationship:

(i) Clinical laboratory services;
(ii) Physical therapy services;
(iii) Occupational therapy services;
(iv) Radiology including magnetic resonance imaging, computerized axial tomography, and ultrasound services;
(v) Durable medical equipment and supplies;
(vi) Parenteral and enteral nutrients equipment and supplies;
(vii) Prosthetics, orthotics, and prosthetic devices;
(viii) Home health services;
(ix) Outpatient prescription drugs;
(x) Inpatient and outpatient hospital services;
(xi) Radiation therapy services and supplies.

(b) For purposes of this subsection, "financial relationship" means the relationship between a physician and an entity that includes either:

(i) An ownership or investment interest; or
(ii) A compensation arrangement.

For purposes of this subsection, "compensation arrangement" means an arrangement involving remuneration between a physician, or an immediate family member of a physician, and an entity.

(c) The department or authority, as appropriate, is authorized to adopt by rule amendments to 42 U.S.C. 1395 nn enacted after July 23, 1995.

(d) This section shall not apply in any case covered by a general exception specified in 42 U.S.C. Sec. 1395 nn.

(4) Subsections (1) and (2) of this section shall not apply to:

(a) A discount or other reduction in price obtained by a provider of services or other entity under this chapter or other applicable law if the reduction in price is properly disclosed and appropriately reflected in the costs claimed or charges made by the provider or entity under this chapter or other applicable law; and

(b) Any amount paid by an employer to an employee (who has a bona fide employment relationship with such employer) for employment in the provision of covered items or services.

(5) Subsections (1) and (2) of this section, if applicable to the conduct involved, shall supersede the criminal provisions of chapter 19.68 RCW, but shall not preclude administrative proceedings authorized by chapter 19.68 RCW.
Sec. 7013. RCW 74.09.260 and 2011 1st sp.s. c 15 s 17 are each amended to read as follows:

Any person, including any corporation, that knowingly:

(1) Charges, for any service provided to a patient under any medical care plan authorized under this chapter or other applicable law, money or other consideration at a rate in excess of the rates established by the department or authority, as appropriate; or

(2) Charges, solicits, accepts, or receives, in addition to any amount otherwise required to be paid under such plan, any gift, money, donation, or other consideration (other than a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to the patient):

(a) As a precondition of admitting a patient to a hospital or nursing facility; or

(b) As a requirement for the patient's continued stay in such facility,

when the cost of the services provided therein to the patient is paid for, in whole or in part, under such plan, shall be guilty of a class C felony: PROVIDED, That the fine, if imposed, shall not be in an amount more than twenty-five thousand dollars, except as authorized by RCW 9A.20.030.

Sec. 7014. RCW 74.09.280 and 2011 1st sp.s. c 15 s 18 are each amended to read as follows:

The secretary or director may by rule require that any application, statement, or form filled out by suppliers of medical care under this chapter or other applicable law shall contain or be verified by a written statement that it is made under the penalties of perjury and such declaration shall be in lieu of any oath otherwise required, and each such paper shall in such event so state. The making or subscribing of any such papers or forms containing any false or misleading information may be prosecuted and punished under chapter 9A.72 RCW.

Sec. 7015. RCW 74.09.290 and 2011 1st sp.s. c 15 s 19 are each amended to read as follows:

The secretary or director shall have the authority to:

(1) Conduct audits and investigations of providers of medical and other services furnished pursuant to this chapter or other applicable law, except that the Washington state medical quality assurance
commission shall generally serve in an advisory capacity to the
secretary or director in the conduct of audits or investigations of
physicians. Any overpayment discovered as a result of an audit of a
provider under this authority shall be offset by any underpayments
discovered in that same audit sample. In order to determine the
provider's actual, usual, customary, or prevailing charges, the
secretary or director may examine such random representative records
as necessary to show accounts billed and accounts received except
that in the conduct of such examinations, patient names, other than
public assistance applicants or recipients, shall not be noted,
copied, or otherwise made available to the department or authority.
In order to verify costs incurred by the department or authority for
treatment of public assistance applicants or recipients, the
secretary or director may examine patient records or portions thereof
in connection with services to such applicants or recipients rendered
by a health care provider, notwithstanding the provisions of RCW
5.60.060, 18.53.200, 18.83.110, or any other statute which may make
or purport to make such records privileged or confidential: PROVIDED,
That no original patient records shall be removed from the premises
of the health care provider, and that the disclosure of any records
or information by the department or the authority is prohibited and
shall be punishable as a class C felony according to chapter 9A.20
RCW, unless such disclosure is directly connected to the official
purpose for which the records or information were obtained: PROVIDED
FURTHER, That the disclosure of patient information as required under
this section shall not subject any physician or other health services
provider to any liability for breach of any confidential relationship
between the provider and the patient, but no evidence resulting from
such disclosure may be used in any civil, administrative, or criminal
proceeding against the patient unless a waiver of the applicable
evidentiary privilege is obtained: PROVIDED FURTHER, That the
secretary or director shall destroy all copies of patient medical
records in their possession upon completion of the audit,
investigation or proceedings;
(2) Approve or deny applications to participate as a provider of
services furnished pursuant to this chapter or other applicable law;
(3) Terminate or suspend eligibility to participate as a provider
of services furnished pursuant to this chapter or other applicable
law; and

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(4) Adopt, promulgate, amend, and repeal administrative rules, in accordance with the administrative procedure act, chapter 34.05 RCW, to carry out the policies and purposes of this section and RCW 74.09.200 through (74.09.290) 74.09.280.

Sec. 7016. RCW 74.09.315 and 2012 c 241 s 104 are each amended to read as follows:

(1) For the purposes of this section:

(a) "Employer" means any person, firm, corporation, partnership, association, agency, institution, or other legal entity.

(b) "Whistleblower" means an employee of an employer that obtains or attempts to obtain benefits or payments under this chapter or other applicable law in violation of RCW 74.09.210, who in good faith reports a violation of RCW 74.09.210 to the authority.

(c) "Workplace reprisal or retaliatory action" includes, but is not limited to: Denial of adequate staff to fulfill duties; frequent staff changes; frequent and undesirable office changes; refusal to assign meaningful work; unwarranted and unsubstantiated report of misconduct under Title 18 RCW; unwarranted and unsubstantiated letters of reprimand or unsatisfactory performance evaluations; demotion; reduction in pay; denial of promotion; suspension; dismissal; denial of employment; (or) a supervisor or superior behaving in or encouraging coworkers to behave in a hostile manner toward the whistleblower; or a change in the physical location of the employee's workplace or a change in the basic nature of the employee's job, if either are in opposition to the employee's expressed wish.

(2) A whistleblower who has been subjected to workplace reprisal or retaliatory action has the remedies provided under chapter 49.60 RCW. RCW 4.24.500 through 4.24.520, providing certain protection to persons who communicate to government agencies, apply to complaints made under this section. The identity of a whistleblower who complains, in good faith, to the authority about a suspected violation of RCW 74.09.210 may remain confidential if requested. The identity of the whistleblower must subsequently remain confidential unless the authority determines that the complaint was not made in good faith.

(3) This section does not prohibit an employer from exercising its authority to terminate, suspend, or discipline an employee who engages in workplace reprisal or retaliatory action against a
whistleblower. The protections provided to whistleblowers under this chapter do not prevent an employer from: (a) Terminating, suspending, or disciplining a whistleblower for other lawful purposes; or (b) reducing the hours of employment or terminating employment as a result of the demonstrated inability to meet payroll requirements. The authority shall determine if the employer cannot meet payroll in cases where a whistleblower has been terminated or had hours of employment reduced due to the inability of a facility to meet payroll.

(4) The authority shall adopt rules to implement procedures for filing, investigation, and resolution of whistleblower complaints that are integrated with complaint procedures under this chapter. The authority shall adopt rules designed to discourage whistleblower complaints made in bad faith or for retaliatory purposes.

Sec. 7017. RCW 74.09.325 and 2015 c 23 s 4 are each amended to read as follows:

(1) Upon initiation or renewal of a contract with the Washington state health care authority to administer a medicaid managed care plan, a managed health care system shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology if:

(a) The medicaid managed care plan in which the covered person is enrolled provides coverage of the health care service when provided in person by the provider;

(b) The health care service is medically necessary; and

(c) The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act in effect on January 1, 2017.

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

(b) For purposes of this section, reimbursement of store and forward technology is available only for those services specified in the negotiated agreement between the managed health care system and health care provider.

(3) An originating site for a telemedicine health care service subject to subsection (1) of this section includes a:
(a) Hospital;
(b) Rural health clinic;
(c) Federally qualified health center;
(d) Physician's or other health care provider's office;
(e) Community mental health center;
(f) Skilled nursing facility; or
(g) Renal dialysis center, except an independent renal dialysis center.

(4) Any originating site under subsection (3) of this section may charge a facility fee for infrastructure and preparation of the patient. Reimbursement must be subject to a negotiated agreement between the originating site and the managed health care system. A distant site or any other site not identified in subsection (3) of this section may not charge a facility fee.

(5) A managed health care system may not distinguish between originating sites that are rural and urban in providing the coverage required in subsection (1) of this section.

(6) A managed health care system may subject coverage of a telemedicine or store and forward technology health service under subsection (1) of this section to all terms and conditions of the plan in which the covered person is enrolled, including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health care service provided in person.

(7) This section does not require a managed health care system to reimburse:
(a) An originating site for professional fees;
(b) A provider for a health care service that is not a covered benefit under the plan; or
(c) An originating site or health care provider when the site or provider is not a contracted provider under the plan.

(8) For purposes of this section:
(a) "Distant site" means the site at which a physician or other licensed provider, delivering a professional service, is physically located at the time the service is provided through telemedicine;
(b) "Health care service" has the same meaning as in RCW 48.43.005;
(c) "Hospital" means a facility licensed under chapter 70.41, 71.12, or 72.23 RCW;
(d) "Managed health care system" means any health care organization, including health care providers, insurers, health care service contractors, health maintenance organizations, health insuring organizations, or any combination thereof, that provides directly or by contract health care services covered under this chapter and rendered by licensed providers, on a prepaid capitated basis and that meets the requirements of section 1903(m)(1)(A) of Title XIX of the federal social security act or federal demonstration waivers granted under section 1115(a) of Title XI of the federal social security act;

(e) "Originating site" means the physical location of a patient receiving health care services through telemedicine;

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

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

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

(9) To measure the impact on access to care for underserved communities and costs to the state and the medicaid managed health care system for reimbursement of telemedicine services, the Washington state health care authority, using existing data and resources, shall provide a report to the appropriate policy and fiscal committees of the legislature no later than December 31, 2018.

Sec. 7018. RCW 74.09.522 and 2015 c 256 s 1 are each amended to read as follows:

(1) For the purposes of this section:

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

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

(2) The authority shall enter into agreements with managed health care systems to provide health care services to recipients of temporary assistance for needy families under the following conditions:

(a) Agreements shall be made for at least thirty thousand recipients statewide;

(b) Agreements in at least one county shall include enrollment of all recipients of temporary assistance for needy families;

(c) To the extent that this provision is consistent with section 1903(m) of Title XIX of the federal social security act or federal demonstration waivers granted under section 1115(a) of Title XI of the federal social security act, recipients shall have a choice of systems in which to enroll and shall have the right to terminate their enrollment in a system: PROVIDED, That the authority may limit recipient termination of enrollment without cause to the first month of a period of enrollment, which period shall not exceed twelve months: AND PROVIDED FURTHER, That the authority shall not restrict a recipient's right to terminate enrollment in a system for good cause as established by the authority by rule;

(d) To the extent that this provision is consistent with section 1903(m) of Title XIX of the federal social security act, participating managed health care systems shall not enroll a disproportionate number of medical assistance recipients within the total numbers of persons served by the managed health care systems, except as authorized by the authority under federal demonstration waivers granted under section 1115(a) of Title XI of the federal social security act;
(e)(i) In negotiating with managed health care systems the authority shall adopt a uniform procedure to enter into contractual arrangements, to be included in contracts issued or renewed on or after January 1, 2015, including:

(A) Standards regarding the quality of services to be provided;

(B) The financial integrity of the responding system;

(C) Provider reimbursement methods that incentivize chronic care management within health homes, including comprehensive medication management services for patients with multiple chronic conditions consistent with the findings and goals established in RCW 74.09.5223;

(D) Provider reimbursement methods that reward health homes that, by using chronic care management, reduce emergency department and inpatient use;

(E) Promoting provider participation in the program of training and technical assistance regarding care of people with chronic conditions described in RCW 43.70.533, including allocation of funds to support provider participation in the training, unless the managed care system is an integrated health delivery system that has programs in place for chronic care management;

(F) Provider reimbursement methods within the medical billing processes that incentivize pharmacists or other qualified providers licensed in Washington state to provide comprehensive medication management services consistent with the findings and goals established in RCW 74.09.5223;

(G) Evaluation and reporting on the impact of comprehensive medication management services on patient clinical outcomes and total health care costs, including reductions in emergency department utilization, hospitalization, and drug costs; and

(H) Established consistent processes to incentivize integration of behavioral health services in the primary care setting, promoting care that is integrated, collaborative, colocated, and preventive.

(ii)(A) Health home services contracted for under this subsection may be prioritized to enrollees with complex, high cost, or multiple chronic conditions.

(B) Contracts that include the items in (e)(i)(C) through (G) of this subsection must not exceed the rates that would be paid in the absence of these provisions;

(f) The authority shall seek waivers from federal requirements as necessary to implement this chapter;
(g) The authority shall, wherever possible, enter into prepaid capitation contracts that include inpatient care. However, if this is not possible or feasible, the authority may enter into prepaid capitation contracts that do not include inpatient care;

(h) The authority shall define those circumstances under which a managed health care system is responsible for out-of-plan services and assure that recipients shall not be charged for such services;

(i) Nothing in this section prevents the authority from entering into similar agreements for other groups of people eligible to receive services under this chapter; and

(j) The authority must consult with the federal center for medicare and medicaid innovation and seek funding opportunities to support health homes.

(3) The authority shall ensure that publicly supported community health centers and providers in rural areas, who show serious intent and apparent capability to participate as managed health care systems are seriously considered as contractors. The authority shall coordinate its managed care activities with activities under chapter 70.47 RCW.

(4) The authority shall work jointly with the state of Oregon and other states in this geographical region in order to develop recommendations to be presented to the appropriate federal agencies and the United States congress for improving health care of the poor, while controlling related costs.

(5) The legislature finds that competition in the managed health care marketplace is enhanced, in the long term, by the existence of a large number of managed health care system options for medicaid clients. In a managed care delivery system, whose goal is to focus on prevention, primary care, and improved enrollee health status, continuity in care relationships is of substantial importance, and disruption to clients and health care providers should be minimized. To help ensure these goals are met, the following principles shall guide the authority in its healthy options managed health care purchasing efforts:

(a) All managed health care systems should have an opportunity to contract with the authority to the extent that minimum contracting requirements defined by the authority are met, at payment rates that enable the authority to operate as far below appropriated spending levels as possible, consistent with the principles established in this section.
(b) Managed health care systems should compete for the award of contracts and assignment of medicaid beneficiaries who do not voluntarily select a contracting system, based upon:

(i) Demonstrated commitment to or experience in serving low-income populations;
(ii) Quality of services provided to enrollees;
(iii) Accessibility, including appropriate utilization, of services offered to enrollees;
(iv) Demonstrated capability to perform contracted services, including ability to supply an adequate provider network;
(v) Payment rates; and
(vi) The ability to meet other specifically defined contract requirements established by the authority, including consideration of past and current performance and participation in other state or federal health programs as a contractor.

(c) Consideration should be given to using multiple year contracting periods.

(d) Quality, accessibility, and demonstrated commitment to serving low-income populations shall be given significant weight in the contracting, evaluation, and assignment process.

(e) All contractors that are regulated health carriers must meet state minimum net worth requirements as defined in applicable state laws. The authority shall adopt rules establishing the minimum net worth requirements for contractors that are not regulated health carriers. This subsection does not limit the authority of the Washington state health care authority to take action under a contract upon finding that a contractor's financial status seriously jeopardizes the contractor's ability to meet its contract obligations.

(f) Procedures for resolution of disputes between the authority and contract bidders or the authority and contracting carriers related to the award of, or failure to award, a managed care contract must be clearly set out in the procurement document.

(6) The authority may apply the principles set forth in subsection (5) of this section to its managed health care purchasing efforts on behalf of clients receiving supplemental security income benefits to the extent appropriate.

(7) By April 1, 2016, any contract with a managed health care system to provide services to medical assistance enrollees shall require that managed health care systems offer contracts to...
behavioral health organizations, mental health providers, or chemical
dependency treatment providers to provide access to primary care
services integrated into behavioral health clinical settings, for
individuals with behavioral health and medical comorbidities.

(8) Managed health care system contracts effective on or after
April 1, 2016, shall serve geographic areas that correspond to the
regional service areas established in RCW 43.20A.893 (as recodified
by this act).

(9) A managed health care system shall pay a nonparticipating
provider that provides a service covered under this chapter or other
applicable law to the system's enrollee no more than the lowest
amount paid for that service under the managed health care system's
contracts with similar providers in the state if the managed health
care system has made good faith efforts to contract with the
nonparticipating provider.

(10) For services covered under this chapter or other applicable
law to medical assistance or medical care services enrollees and
provided on or after August 24, 2011, nonparticipating providers must
accept as payment in full the amount paid by the managed health care
system under subsection (9) of this section in addition to any
deductible, coinsurance, or copayment that is due from the enrollee
for the service provided. An enrollee is not liable to any
nonparticipating provider for covered services, except for amounts
due for any deductible, coinsurance, or copayment under the terms and
conditions set forth in the managed health care system contract to
provide services under this section.

(11) Pursuant to federal managed care access standards, 42 C.F.R.
Sec. 438, managed health care systems must maintain a network of
appropriate providers that is supported by written agreements
sufficient to provide adequate access to all services covered under
the contract with the authority, including hospital-based physician
services. The authority will monitor and periodically report on the
proportion of services provided by contracted providers and
nonparticipating providers, by county, for each managed health care
system to ensure that managed health care systems are meeting network
adequacy requirements. No later than January 1st of each year, the
authority will review and report its findings to the appropriate
policy and fiscal committees of the legislature for the preceding
state fiscal year.

(12) Payments under RCW 74.60.130 are exempt from this section.
(13) Subsections (9) through (11) of this section expire July 1, 2021.

Sec. 7019. RCW 74.09.530 and 2011 1st sp.s. c 15 s 32 are each amended to read as follows:

(1)(a) The authority is designated as the single state agency for purposes of Title XIX of the federal social security act. 
(b) The amount and nature of medical assistance and the determination of eligibility of recipients for medical assistance shall be the responsibility of the authority.
(c) The authority shall establish reasonable standards of assistance and resource and income exemptions which shall be consistent with the provisions of the social security act and federal regulations for determining eligibility of individuals for medical assistance and the extent of such assistance to the extent that funds are available from the state and federal government. The authority shall not consider resources in determining continuing eligibility for recipients eligible under section 1931 of the social security act.
(d) The authority is authorized to collaborate with other state or local agencies and nonprofit organizations in carrying out its duties under this chapter or other applicable law and, to the extent appropriate, may enter into agreements with such other entities.

(2) Individuals eligible for medical assistance under RCW 74.09.510(3) shall be transitioned into coverage under that subsection immediately upon their termination from coverage under RCW 74.09.510(2)(a). The authority shall use income eligibility standards and eligibility determinations applicable to children placed in foster care. The authority shall provide information regarding basic health plan enrollment and shall offer assistance with the application and enrollment process to individuals covered under RCW 74.09.510(3) who are approaching their twenty-first birthday.

Sec. 7020. RCW 74.09.540 and 2011 1st sp.s. c 15 s 33 are each amended to read as follows:

(1) It is the intent of the legislature to remove barriers to employment for individuals with disabilities by providing medical assistance to working individuals with disabilities through a buy-in program in accordance with section 1902(a)(10)(A)(ii) of the social security act.
security act and eligibility and cost-sharing requirements
established by the authority.

(2) The authority shall establish income, resource, and cost-
sharing requirements for the buy-in program in accordance with
federal law and any conditions or limitations specified in the
omnibus appropriations act. The authority shall establish and modify
eligibility and cost-sharing requirements in order to administer the
program within available funds. The authority shall make every effort
to coordinate benefits with employer-sponsored coverage available to
the working individuals with disabilities receiving benefits under
this chapter or other applicable law.

Sec. 7021. RCW 74.09.730 and 2011 1st sp.s. c 15 s 47 are each
amended to read as follows:

(1) In establishing Title XIX payments for inpatient hospital
services:

((a)) (a) To the extent funds are appropriated specifically for
this purpose, and subject to any conditions placed on appropriations
made for this purpose, the authority shall provide a disproportionate
share hospital adjustment considering the following components:

((a)) (i) A low-income care component based on a hospital's
medicaid utilization rate, its low-income utilization rate, its
provision of obstetric services, and other factors authorized by
federal law;

((b)) (ii) A medical indigency care component based on a
hospital's services to persons who are medically indigent; and

((c)) (iii) A state-only component, to be paid from available
state funds to hospitals that do not qualify for federal payments
under ((b)) (a)(ii) of this subsection, based on a hospital's
services to persons who are medically indigent;

((2)) (b) The payment methodology for disproportionate share
hospitals shall be specified by the authority in regulation.

((3)) (2) Nothing in this section shall be construed as a right
or an entitlement by any hospital to any payment from the authority.

Sec. 7022. RCW 74.09.780 and 1989 1st ex.s. c 10 s 3 are each
amended to read as follows:

The legislature reserves the right to amend or repeal all or any
part of this (chapter [subchapter]) subchapter at any time and
there shall be no vested private right of any kind against such
amendment or repeal. All rights, privileges, or immunities conferred by this subchapter or any acts done pursuant thereto shall exist subject to the power of the legislature to amend or repeal this subchapter at any time.

Sec. 7023. RCW 74.09A.030 and 2011 1st sp.s. c 15 s 120 are each amended to read as follows:

Health insurers, as a condition of doing business in Washington, must:

(1) Provide, with respect to individuals who are eligible for, or are provided, medical assistance under chapter 74.09 RCW or other applicable law, upon the request of the authority, information to determine during what period the individual or their spouses or their dependents may be, or may have been, covered by a health insurer and the nature of coverage that is or was provided by the health insurer, including the name, address, and identifying number of the plan, in a manner prescribed by the authority;

(2) Accept the authority's right to recovery and the assignment to the authority of any right of an individual or other entity to payment from the party for an item or service for which payment has been made under chapter 74.09 RCW or other applicable law;

(3) Respond to any inquiry by the authority regarding a claim for payment for any health care item or service that is submitted not later than three years after the date of the provision of such health care item or service;

(4) Agree not to deny a claim submitted by the authority solely on the basis of the date of submission of the claim, the type or format of the claim form, or a failure to present proper documentation at the point-of-sale that is the basis of the claim, if:

(a) The claim is submitted by the authority within the three-year period beginning on the date the item or service was furnished; and

(b) Any action by the authority to enforce its rights with respect to such claim is commenced within six years of the authority's submission of such claim; and

(5) Agree that the prevailing party in any legal action to enforce this section receives reasonable attorneys' fees as well as related collection fees and costs incurred in the enforcement of this section.
Sec. 7024.  RCW 74.64.010 and 2012 c 234 s 2 are each amended to read as follows:

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

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

(2) "Enrollee" means an individual who receives benefits through a medical services program.

(3) "Medical services programs" means those medical programs established under chapter 74.09 RCW or other applicable law, including medical assistance, the limited casualty program, children's health program, medical care services, and state children's health insurance program.

Sec. 7025.  RCW 74.66.010 and 2012 c 241 s 201 are each amended to read as follows:

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

(1)(a) "Claim" means any request or demand made for a medicaid payment under chapter 74.09 RCW or other applicable law, whether under a contract or otherwise, for money or property and whether or not a government entity has title to the money or property, that:

(i) Is presented to an officer, employee, or agent of a government entity; or

(ii) Is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the government entity's behalf or to advance a government entity program or interest, and the government entity:

(A) Provides or has provided any portion of the money or property requested or demanded; or

(B) Will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

(b) A "claim" does not include requests or demands for money or property that the government entity has paid to an individual as compensation for employment or as an income subsidy with no restrictions on that individual's use of the money or property.

(2) "Custodian" means the custodian, or any deputy custodian, designated by the attorney general.

(3) "Documentary material" includes the original or any copy of any book, record, report, memorandum, paper, communication,
tabulation, chart, or other document, or data compilations stored in or accessible through computer or other information retrieval systems, together with instructions and all other materials necessary to use or interpret the data compilations, and any product of discovery.

(4) "False claims act investigation" means any inquiry conducted by any false claims act investigator for the purpose of ascertaining whether any person is or has been engaged in any violation of this chapter.

(5) "False claims act investigator" means any attorney or investigator employed by the state attorney general who is charged with the duty of enforcing or carrying into effect any provision of this chapter, or any officer or employee of the state of Washington acting under the direction and supervision of the attorney or investigator in connection with an investigation pursuant to this chapter.

(6) "Government entity" means all Washington state agencies that administer medicaid-funded programs under this title.

(7)(a) "Knowing" and "knowingly" mean that a person, with respect to information:
   (i) Has actual knowledge of the information;
   (ii) Acts in deliberate ignorance of the truth or falsity of the information; or
   (iii) Acts in reckless disregard of the truth or falsity of the information.

   (b) "Knowing" and "knowingly" do not require proof of specific intent to defraud.

(8) "Material" means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

(9) "Obligation" means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or rule, or from the retention of any overpayment.

(10) "Official use" means any use that is consistent with the law, and the rules and policies of the attorney general, including use in connection with: Internal attorney general memoranda and reports; communications between the attorney general and a federal, state, or local government agency, or a contractor of a federal,
state, or local government agency, undertaken in furtherance of an
investigation or prosecution of a case; interviews of any qui tam
relator or other witness; oral examinations; depositions; preparation
for and response to civil discovery requests; introduction into the
record of a case or proceeding; applications, motions, memoranda, and
briefs submitted to a court or other tribunal; and communications
with attorney general investigators, auditors, consultants and
experts, the counsel of other parties, and arbitrators or mediators,
concerning an investigation, case, or proceeding.

(11) "Person" means any natural person, partnership, corporation,
association, or other legal entity, including any local or political
subdivision of a state.

(12) "Product of discovery" includes:
(a) The original or duplicate of any deposition, interrogatory,
document, thing, result of the inspection of land or other property,
examination, or admission, which is obtained by any method of
discovery in any judicial or administrative proceeding of an
adversarial nature;
(b) Any digest, analysis, selection, compilation, or derivation
of any item listed in (a) of this subsection; and
(c) Any index or other manner of access to any item listed in (a)
of this subsection.

(13) "Qui tam action" is an action brought by a person under RCW
74.66.050.

(14) "Qui tam relator" or "relator" is a person who brings an
action under RCW 74.66.050.

PART 8

Sec. 8001.  RCW 70.02.010 and 2014 c 225 s 70 and 2014 c 220 s 4
are each reenacted and amended to read as follows:
The definitions in this section apply throughout this chapter
unless the context clearly requires otherwise.

(1) "Admission" has the same meaning as in RCW 71.05.020.

(2) "Audit" means an assessment, evaluation, determination, or
investigation of a health care provider by a person not employed by
or affiliated with the provider to determine compliance with:
(a) Statutory, regulatory, fiscal, medical, or scientific standards;
(b) A private or public program of payments to a health care provider; or

c) Requirements for licensing, accreditation, or certification.
(3) "Authority" means the Washington state health care authority.
(4) "Commitment" has the same meaning as in RCW 71.05.020.
((4)) (5) "Custody" has the same meaning as in RCW 71.05.020.
((5)) (6) "Deidentified" means health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.
((6)) (7) "Department" means the department of social and health services.
((7)) (8) "Designated mental health professional" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.
((8)) (9) "Detention" or "detain" has the same meaning as in RCW 71.05.020.
((9)) (10) "Directory information" means information disclosing the presence, and for the purpose of identification, the name, location within a health care facility, and the general health condition of a particular patient who is a patient in a health care facility or who is currently receiving emergency health care in a health care facility.
((10)) (11) "Discharge" has the same meaning as in RCW 71.05.020.
((11)) (12) "Evaluation and treatment facility" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.
((12)) (13) "Federal, state, or local law enforcement authorities" means an officer of any agency or authority in the United States, a state, a tribe, a territory, or a political subdivision of a state, a tribe, or a territory who is empowered by law to: (a) Investigate or conduct an official inquiry into a potential criminal violation of law; or (b) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.
((13)) (14) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.
((14)) (15) "Health care" means any care, service, or procedure provided by a health care provider:
(a) To diagnose, treat, or maintain a patient's physical or mental condition; or

(b) That affects the structure or any function of the human body.

((15)) (16) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.

((16)) (17) "Health care information" means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's deoxyribonucleic acid and identified sequence of chemical base pairs. The term includes any required accounting of disclosures of health care information.

((17)) (18) "Health care operations" means any of the following activities of a health care provider, health care facility, or third-party payor to the extent that the activities are related to functions that make an entity a health care provider, a health care facility, or a third-party payor:

(a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

(b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance and third-party payor performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of nonhealth care professionals, accreditation, certification, licensing, or credentialing activities;

(c) Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care, including stop-loss insurance and excess of loss insurance, if any applicable legal requirements are met;
(d) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

(e) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the health care facility or third-party payor, including formulary development and administration, development, or improvement of methods of payment or coverage policies; and

(f) Business management and general administrative activities of the health care facility, health care provider, or third-party payor including, but not limited to:

(i) Management activities relating to implementation of and compliance with the requirements of this chapter;

(ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that health care information is not disclosed to such policy holder, plan sponsor, or customer;

(iii) Resolution of internal grievances;

(iv) The sale, transfer, merger, or consolidation of all or part of a health care provider, health care facility, or third-party payor with another health care provider, health care facility, or third-party payor or an entity that following such activity will become a health care provider, health care facility, or third-party payor, and due diligence related to such activity; and

(v) Consistent with applicable legal requirements, creating deidentified health care information or a limited dataset for the benefit of the health care provider, health care facility, or third-party payor.

((18+))  (19) "Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.

((19+))  (20) "Human immunodeficiency virus" or "HIV" has the same meaning as in RCW 70.24.017.

((20+))  (21) "Imminent" has the same meaning as in RCW 71.05.020.

((21+))  (22) "Information and records related to mental health services" means a type of health care information that relates to all information and records compiled, obtained, or maintained in the course of providing services by a mental health service agency or
mental health professional to persons who are receiving or have received services for mental illness. The term includes mental health information contained in a medical bill, registration records, as defined in RCW 71.05.020, and all other records regarding the person maintained by the department, by the authority, by (regional support networks) behavioral health organizations and their staff, and by treatment facilities. The term further includes documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information. For health care information maintained by a hospital as defined in RCW 70.41.020 or a health care facility or health care provider that participates with a hospital in an organized health care arrangement defined under federal law, "information and records related to mental health services" is limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated community mental health program as defined in RCW 71.24.025. The term does not include psychotherapy notes. "Information and records related to sexually transmitted diseases" means a type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections. "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects. "Legal counsel" has the same meaning as in RCW 71.05.020. "Local public health officer" has the same meaning as in RCW 70.24.017. "Maintain," as related to health care information, means to hold, possess, preserve, retain, store, or control that information. "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of
whether that person works in a private or public setting.

"Mental health service agency" means a public or private agency that provides services to persons with mental disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or community mental health programs, as defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW.

"Minor" has the same meaning as in RCW 71.34.020.

"Parent" has the same meaning as in RCW 71.34.020.

"Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.

"Payment" means:

(a) The activities undertaken by:

(i) A third-party payor to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits by the third-party payor; or

(ii) A health care provider, health care facility, or third-party payor, to obtain or provide reimbursement for the provision of health care; and

(b) The activities in (a) of this subsection that relate to the patient to whom health care is provided and that include, but are not limited to:

(i) Determinations of eligibility or coverage, including coordination of benefits or the determination of cost-sharing amounts, and adjudication or subrogation of health benefit claims;

(ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;

(iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, including stop-loss insurance and excess of loss insurance, and related health care data processing;

(iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
(v) Utilization review activities, including precertification and preauthorization of services, and concurrent and retrospective review of services; and

(vi) Disclosure to consumer reporting agencies of any of the following health care information relating to collection of premiums or reimbursement:

(A) Name and address;
(B) Date of birth;
(C) Social security number;
(D) Payment history;
(E) Account number; and
(F) Name and address of the health care provider, health care facility, and/or third-party payor.

"Person" means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

"Professional person" has the same meaning as in RCW 71.05.020.

"Psychiatric advanced registered nurse practitioner" has the same meaning as in RCW 71.05.020.

"Psychotherapy notes" means notes recorded, in any medium, by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. The term excludes mediation prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

"Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be adjusted biennially in accordance with changes in the consumer price index, all consumers, for Seattle-Tacoma metropolitan statistical area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is
done by the provider personally, the fee may be the usual and
customary charge for a basic office visit.

((38)) (39) "Release" has the same meaning as in RCW 71.05.020.
((39)) (40) "Resource management services" has the same meaning
as in RCW 71.05.020.
((40)) (41) "Serious violent offense" has the same meaning as
in RCW 71.05.020.
((41)) (42) "Sexually transmitted infection" or "sexually
transmitted disease" has the same meaning as "sexually transmitted
disease" in RCW 70.24.017.
((42)) (43) "Test for a sexually transmitted disease" has the
same meaning as in RCW 70.24.017.
((43)) (44) "Third-party payor" means an insurer regulated
under Title 48 RCW authorized to transact business in this state or
other jurisdiction, including a health care service contractor, and
health maintenance organization; or an employee welfare benefit plan,
excluding fitness or wellness plans; or a state or federal health
benefit program.
((44)) (45) "Treatment" means the provision, coordination, or
management of health care and related services by one or more health
care providers or health care facilities, including the coordination
or management of health care by a health care provider or health care
facility with a third party; consultation between health care
providers or health care facilities relating to a patient; or the
referral of a patient for health care from one health care provider
or health care facility to another.

Sec. 8002. RCW 70.02.010 and 2016 sp.s. c 29 s 416 are each
amended to read as follows:
The definitions in this section apply throughout this chapter
unless the context clearly requires otherwise.
(1) "Admission" has the same meaning as in RCW 71.05.020.
(2) "Audit" means an assessment, evaluation, determination, or
investigation of a health care provider by a person not employed by
or affiliated with the provider to determine compliance with:
(a) Statutory, regulatory, fiscal, medical, or scientific
standards;
(b) A private or public program of payments to a health care
provider; or
(c) Requirements for licensing, accreditation, or certification.
(3) "Authority" means the Washington state health care authority.

(4) "Commitment" has the same meaning as in RCW 71.05.020.

(5) "Custody" has the same meaning as in RCW 71.05.020.

(6) "Deidentified" means health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

(7) "Department" means the department of social and health services.

(8) "Designated crisis responder" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(9) "Detention" or "detain" has the same meaning as in RCW 71.05.020.

(10) "Directory information" means information disclosing the presence, and for the purpose of identification, the name, location within a health care facility, and the general health condition of a particular patient who is a patient in a health care facility or who is currently receiving emergency health care in a health care facility.

(11) "Discharge" has the same meaning as in RCW 71.05.020.

(12) "Evaluation and treatment facility" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(13) "Federal, state, or local law enforcement authorities" means an officer of any agency or authority in the United States, a state, a tribe, a territory, or a political subdivision of a state, a tribe, or a territory who is empowered by law to: (a) Investigate or conduct an official inquiry into a potential criminal violation of law; or (b) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.

(14) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.

(15) "Health care" means any care, service, or procedure provided by a health care provider:

(a) To diagnose, treat, or maintain a patient's physical or mental condition; or

(b) That affects the structure or any function of the human body.
"Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.

"Health care information" means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's deoxyribonucleic acid and identified sequence of chemical base pairs. The term includes any required accounting of disclosures of health care information.

"Health care operations" means any of the following activities of a health care provider, health care facility, or third-party payor to the extent that the activities are related to functions that make an entity a health care provider, a health care facility, or a third-party payor:

(a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

(b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance and third-party payor performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of nonhealth care professionals, accreditation, certification, licensing, or credentialing activities;

(c) Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care, including stop-loss insurance and excess of loss insurance, if any applicable legal requirements are met;

(d) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
(e) Business planning and development, such as conducting cost-
management and planning-related analyses related to managing and
operating the health care facility or third-party payor, including
formulary development and administration, development, or improvement
of methods of payment or coverage policies; and

(f) Business management and general administrative activities of
the health care facility, health care provider, or third-party payor
including, but not limited to:

(i) Management activities relating to implementation of and
compliance with the requirements of this chapter;

(ii) Customer service, including the provision of data analyses
for policy holders, plan sponsors, or other customers, provided that
health care information is not disclosed to such policy holder, plan
sponsor, or customer;

(iii) Resolution of internal grievances;

(iv) The sale, transfer, merger, or consolidation of all or part
of a health care provider, health care facility, or third-party payor
with another health care provider, health care facility, or third-
party payor or an entity that following such activity will become a
health care provider, health care facility, or third-party payor, and
due diligence related to such activity; and

(v) Consistent with applicable legal requirements, creating
deidentified health care information or a limited dataset for the
benefit of the health care provider, health care facility, or third-
party payor.

(18) "Health care provider" means a person who is
licensed, certified, registered, or otherwise authorized by the law
of this state to provide health care in the ordinary course of
business or practice of a profession.

(19) "Human immunodeficiency virus" or "HIV" has the
same meaning as in RCW 70.24.017.

(20) "Imminent" has the same meaning as in RCW 71.05.020.

(21) "Information and records related to mental health
services" means a type of health care information that relates to all
information and records compiled, obtained, or maintained in the
course of providing services by a mental health service agency or
mental health professional to persons who are receiving or have
received services for mental illness. The term includes mental health
information contained in a medical bill, registration records, as

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defined in RCW 71.05.020, and all other records regarding the person maintained by the department, by the authority, by (regional support networks) behavioral health organizations and their staff, and by treatment facilities. The term further includes documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information. For health care information maintained by a hospital as defined in RCW 70.41.020 or a health care facility or health care provider that participates with a hospital in an organized health care arrangement defined under federal law, "information and records related to mental health services" is limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated behavioral health program as defined in RCW 71.24.025. The term does not include psychotherapy notes.

"Information and records related to sexually transmitted diseases" means a type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections.

"Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects.

"Legal counsel" has the same meaning as in RCW 71.05.020.

"Local public health officer" has the same meaning as in RCW 70.24.017.

"Maintain," as related to health care information, means to hold, possess, preserve, retain, store, or control that information.

"Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of (social and health services) health under chapter 71.05 RCW, whether that person works in a private or public setting.
"Mental health service agency" means a public or private agency that provides services to persons with mental disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or behavioral health programs, as defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW.

"Minor" has the same meaning as in RCW 71.34.020.

"Parent" has the same meaning as in RCW 71.34.020.

"Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.

"Payment" means:

(a) The activities undertaken by:
   (i) A third-party payor to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits by the third-party payor; or
   (ii) A health care provider, health care facility, or third-party payor, to obtain or provide reimbursement for the provision of health care; and

(b) The activities in (a) of this subsection that relate to the patient to whom health care is provided and that include, but are not limited to:
   (i) Determinations of eligibility or coverage, including coordination of benefits or the determination of cost-sharing amounts, and adjudication or subrogation of health benefit claims;
   (ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;
   (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, including stop-loss insurance and excess of loss insurance, and related health care data processing;
   (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
   (v) Utilization review activities, including precertification and preauthorization of services, and concurrent and retrospective review of services; and
(vi) Disclosure to consumer reporting agencies of any of the following health care information relating to collection of premiums or reimbursement:

(A) Name and address;
(B) Date of birth;
(C) Social security number;
(D) Payment history;
(E) Account number; and
(F) Name and address of the health care provider, health care facility, and/or third-party payor.

(33) "Person" means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

(34) "Professional person" has the same meaning as in RCW 71.05.020.

(35) "Psychiatric advanced registered nurse practitioner" has the same meaning as in RCW 71.05.020.

(36) "Psychotherapy notes" means notes recorded, in any medium, by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. The term excludes mediation prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

(37) "Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be adjusted biennially in accordance with changes in the consumer price index, all consumers, for Seattle-Tacoma metropolitan statistical area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.

(38) "Release" has the same meaning as in RCW 71.05.020.
"Resource management services" has the same meaning as in RCW 71.05.020.

"Serious violent offense" has the same meaning as in RCW 71.05.020.

"Sexually transmitted infection" or "sexually transmitted disease" has the same meaning as "sexually transmitted disease" in RCW 70.24.017.

"Test for a sexually transmitted disease" has the same meaning as in RCW 70.24.017.

"Third-party payor" means an insurer regulated under Title 48 RCW authorized to transact business in this state or other jurisdiction, including a health care service contractor, and health maintenance organization; or an employee welfare benefit plan, excluding fitness or wellness plans; or a state or federal health benefit program.

"Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers or health care facilities, including the coordination or management of health care by a health care provider or health care facility with a third party; consultation between health care providers or health care facilities relating to a patient; or the referral of a patient for health care from one health care provider or health care facility to another.

Sec. 8003. RCW 70.02.230 and 2014 c 225 s 71 and 2014 c 220 s 9 are each reenacted and amended to read as follows:

(1) Except as provided in this section, RCW 70.02.050, 71.05.445, 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or pursuant to a valid authorization under RCW 70.02.030, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential.

(2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, may be disclosed only:

(a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of
services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person:

(i) Employed by the facility;
(ii) Who has medical responsibility for the patient's care;
(iii) Who is a designated mental health professional;
(iv) Who is providing services under chapter 71.24 RCW;
(v) Who is employed by a state or local correctional facility where the person is confined or supervised; or
(vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;

(b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;

(c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;

(ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:

(A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;
(B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and

(iii) Other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator;

(d)(i) To the courts as necessary to the administration of chapter 71.05 RCW or to a court ordering an evaluation or treatment under chapter 10.77 RCW solely for the purpose of preventing the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

(ii) To a court or its designee in which a motion under chapter 10.77 RCW has been made for involuntary medication of a defendant for the purpose of competency restoration.
Disclosure under this subsection is mandatory for the purpose of the federal health insurance portability and accountability act;

(e)(i) When a mental health professional is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. The written report must be submitted within seventy-two hours of the completion of the investigation or the request from the law enforcement or corrections representative, whichever occurs later.

(ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(f) To the attorney of the detained person;

(g) To the prosecuting attorney as necessary to carry out the responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided access to records regarding the committed person's treatment and prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient treatment is in the best interest of the committed person or others. Information must be disclosed only after giving notice to the committed person and the person's counsel;

(h)(i) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose
or not, so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(i)(i) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act;

(j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;

(k) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient are governed by RCW 70.02.140;

(l) To mark headstones or otherwise memorialize patients interred at state hospital cemeteries. The department of social and health services shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient;

(m) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)\((\text{ii})\)\((\text{iii})\). The extent of information that may be released is limited as follows:

(i) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;

(ii) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that
presides over any trial at which the person is charged with violating
RCW 9.41.040(2)(a)((iii))(i)ii);  
(iii) Disclosure under this subsection is mandatory for the
purposes of the federal health insurance portability and
accountability act;  
(n) When a patient would otherwise be subject to the provisions
of this section and disclosure is necessary for the protection of the
patient or others due to his or her unauthorized disappearance from
the facility, and his or her whereabouts is unknown, notice of the
disappearance, along with relevant information, may be made to
relatives, the department of corrections when the person is under the
supervision of the department, and governmental law enforcement
agencies designated by the physician or psychiatric advanced
registered nurse practitioner in charge of the patient or the
professional person in charge of the facility, or his or her
professional designee;  
(o) Pursuant to lawful order of a court;  
(p) To qualified staff members of the department, the authority,
to the director of behavioral health organizations, to resource
management services responsible for serving a patient, or to service
providers designated by resource management services as necessary to
determine the progress and adequacy of treatment and to determine
whether the person should be transferred to a less restrictive or
more appropriate treatment modality or facility;  
(q) Within the mental health service agency where the patient is
receiving treatment, confidential information may be disclosed to
persons employed, serving in bona fide training programs, or
participating in supervised volunteer programs, at the facility when
it is necessary to perform their duties;  
(r) Within the department and the authority as necessary to
coordinate treatment for mental illness, developmental disabilities,
alcoholism, or (drug abuse) substance use disorder of persons who
are under the supervision of the department;  
(s) To a licensed physician or psychiatric advanced registered
nurse practitioner who has determined that the life or health of the
person is in danger and that treatment without the information and
records related to mental health services could be injurious to the
patient's health. Disclosure must be limited to the portions of the
records necessary to meet the medical emergency;
Consistent with the requirements of the federal health information portability and accountability act, to a licensed mental health professional or a health care professional licensed under chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is providing care to a person, or to whom a person has been referred for evaluation or treatment, to assure coordinated care and treatment of that person. Psychotherapy notes may not be released without authorization of the person who is the subject of the request for release of information;

(u) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (t) of this subsection;

(v) To a facility that is to receive a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one evaluation and treatment facility to another. The release of records under this subsection is limited to the information and records related to mental health services required by law, a record or summary of all somatic treatments, and a discharge summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may not include the patient's complete treatment record;

(w) To the person's counsel or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, reexaminations, appeals, or other actions relating to detention, admission, commitment, or patient's rights under chapter 71.05 RCW;

(x) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities. Resource management services may limit the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and place of admission, placement, or commitment, the name and address of a guardian of the patient, and the date and place of the guardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management services in writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the
guardian's address. If the guardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information;

(y) To all current treating providers of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department or the authority may release without written authorization of the patient, information acquired for billing and collection purposes as described in RCW 70.02.050(1)(d). The department, or the authority, if applicable, shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. Neither the department nor the authority may ((not)) release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;

(z)(i) To the secretary of social and health services and the director of the health care authority for either program evaluation or research, or both so long as the secretary or director, where applicable, adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, . . . . . . ., agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law. /s/ . . . . . . ."

(ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure
maintenance of confidentiality, set forth by the secretary, or
director, where applicable.

(3) Whenever federal law or federal regulations restrict the
release of information contained in the information and records
related to mental health services of any patient who receives
treatment for chemical dependency, the department or the authority
may restrict the release of the information as necessary to comply
with federal law and regulations.

(4) Civil liability and immunity for the release of information
about a particular person who is committed to the department of
social and health services or the authority under RCW 71.05.280(3)
and 71.05.320(3)(c) after dismissal of a sex offense as defined in
RCW 9.94A.030, is governed by RCW 4.24.550.

(5) The fact of admission to a provider of mental health
services, as well as all records, files, evidence, findings, or
orders made, prepared, collected, or maintained pursuant to chapter
71.05 RCW are not admissible as evidence in any legal proceeding
outside that chapter without the written authorization of the person
who was the subject of the proceeding except as provided in RCW
70.02.260, in a subsequent criminal prosecution of a person committed
pursuant to RCW 71.05.280(3) or 71.05.320(3)(c) on charges that were
dismissed pursuant to chapter 10.77 RCW due to incompetency to stand
trial, in a civil commitment proceeding pursuant to chapter 71.09
RCW, or, in the case of a minor, a guardianship or dependency
proceeding. The records and files maintained in any court proceeding
pursuant to chapter 71.05 RCW must be confidential and available
subsequent to such proceedings only to the person who was the subject
of the proceeding or his or her attorney. In addition, the court may
order the subsequent release or use of such records or files only
upon good cause shown if the court finds that appropriate safeguards
for strict confidentiality are and will be maintained.

(6)(a) Except as provided in RCW 4.24.550, any person may bring
an action against an individual who has willfully released
confidential information or records concerning him or her in
violation of the provisions of this section, for the greater of the
following amounts:

    (i) One thousand dollars; or
    (ii) Three times the amount of actual damages sustained, if any.
(b) It is not a prerequisite to recovery under this subsection that the plaintiff suffered or was threatened with special, as contrasted with general, damages.

(c) Any person may bring an action to enjoin the release of confidential information or records concerning him or her or his or her ward, in violation of the provisions of this section, and may in the same action seek damages as provided in this subsection.

(d) The court may award to the plaintiff, should he or she prevail in any action authorized by this subsection, reasonable attorney fees in addition to those otherwise provided by law.

(e) If an action is brought under this subsection, no action may be brought under RCW 70.02.170.

Sec. 8004.  RCW 70.02.230 and 2016 sp.s. c 29 s 417 are each amended to read as follows:

(1) Except as provided in this section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or pursuant to a valid authorization under RCW 70.02.030, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential.

(2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, may be disclosed only:

(a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person:

(i) Employed by the facility;

(ii) Who has medical responsibility for the patient's care;

(iii) Who is a designated crisis responder;

(iv) Who is providing services under chapter 71.24 RCW;

(v) Who is employed by a state or local correctional facility where the person is confined or supervised; or

(vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;

(b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the
Disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;

(c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;

(ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:

(A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;

(B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and

(iii) Other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator;

(d)(i) To the courts as necessary to the administration of chapter 71.05 RCW or to a court ordering an evaluation or treatment under chapter 10.77 RCW solely for the purpose of preventing the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

(ii) To a court or its designee in which a motion under chapter 10.77 RCW has been made for involuntary medication of a defendant for the purpose of competency restoration.

(iii) Disclosure under this subsection is mandatory for the purpose of the federal health insurance portability and accountability act;

(e)(i) When a mental health professional or designated crisis responder is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional or designated crisis responder shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. The written report must be submitted.
within seventy-two hours of the completion of the investigation or
the request from the law enforcement or corrections representative,
whichever occurs later.

(ii) Disclosure under this subsection is mandatory for the
purposes of the federal health insurance portability and
accountability act;

(f) To the attorney of the detained person;

(g) To the prosecuting attorney as necessary to carry out the
responsibilities of the office under RCW 71.05.330(2),
71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
access to records regarding the committed person's treatment and
prognosis, medication, behavior problems, and other records relevant
to the issue of whether treatment less restrictive than inpatient
treatment is in the best interest of the committed person or others.
Information must be disclosed only after giving notice to the
committed person and the person's counsel;

(h)(i) To appropriate law enforcement agencies and to a person,
when the identity of the person is known to the public or private
agency, whose health and safety has been threatened, or who is known
to have been repeatedly harassed, by the patient. The person may
designate a representative to receive the disclosure. The disclosure
must be made by the professional person in charge of the public or
private agency or his or her designee and must include the dates of
commitment, admission, discharge, or release, authorized or
unauthorized absence from the agency's facility, and only any other
information that is pertinent to the threat or harassment. The agency
or its employees are not civilly liable for the decision to disclose
or not, so long as the decision was reached in good faith and without
gross negligence.

(ii) Disclosure under this subsection is mandatory for the
purposes of the federal health insurance portability and
accountability act;

(i)(i) To appropriate corrections and law enforcement agencies
all necessary and relevant information in the event of a crisis or
emergent situation that poses a significant and imminent risk to the
public. The mental health service agency or its employees are not
civilly liable for the decision to disclose or not so long as the
decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the
purposes of the health insurance portability and accountability act;
(j) To the persons designated in RCW 71.05.425 for the purposes
described in those sections;

(k) Upon the death of a person. The person's next of kin, personal
representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient are governed by RCW 70.02.140;

(l) To mark headstones or otherwise memorialize patients interred at state hospital cemeteries. The department of social and health services shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient;

(m) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iii). The extent of information that may be released is limited as follows:

(i) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;

(ii) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(iii);

(iii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(n) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of the disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced registered nurse practitioner in charge of the patient or the
professional person in charge of the facility, or his or her
professional designee;

(o) Pursuant to lawful order of a court;

(p) To qualified staff members of the department, the authority,
to the director of behavioral health organizations, to resource
management services responsible for serving a patient, or to service
providers designated by resource management services as necessary to
determine the progress and adequacy of treatment and to determine
whether the person should be transferred to a less restrictive or
more appropriate treatment modality or facility;

(q) Within the mental health service agency where the patient is
receiving treatment, confidential information may be disclosed to
persons employed, serving in bona fide training programs, or
participating in supervised volunteer programs, at the facility when
it is necessary to perform their duties;

(r) Within the department and the authority as necessary to
coordinate treatment for mental illness, developmental disabilities,
alcoholism, or ((drug abuse)) substance use disorder of persons who
are under the supervision of the department;

(s) To a licensed physician or psychiatric advanced registered
nurse practitioner who has determined that the life or health of the
person is in danger and that treatment without the information and
records related to mental health services could be injurious to the
patient's health. Disclosure must be limited to the portions of the
records necessary to meet the medical emergency;

(t) Consistent with the requirements of the federal health
information portability and accountability act, to a licensed mental
health professional or a health care professional licensed under
chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is
providing care to a person, or to whom a person has been referred for
evaluation or treatment, to assure coordinated care and treatment of
that person. Psychotherapy notes may not be released without
authorization of the person who is the subject of the request for
release of information;

(u) To administrative and office support staff designated to
obtain medical records for those licensed professionals listed in (t)
of this subsection;

(v) To a facility that is to receive a person who is
involuntarily committed under chapter 71.05 RCW, or upon transfer of
the person from one evaluation and treatment facility to another. The
release of records under this subsection is limited to the
information and records related to mental health services required by
law, a record or summary of all somatic treatments, and a discharge
summary. The discharge summary may include a statement of the
patient's problem, the treatment goals, the type of treatment which
has been provided, and recommendation for future treatment, but may
not include the patient's complete treatment record;

(w) To the person's counsel or guardian ad litem, without
modification, at any time in order to prepare for involuntary
commitment or recommitment proceedings, reexaminations, appeals, or
other actions relating to detention, admission, commitment, or
patient's rights under chapter 71.05 RCW;

(x) To staff members of the protection and advocacy agency or to
staff members of a private, nonprofit corporation for the purpose of
protecting and advocating the rights of persons with mental disorders
or developmental disabilities. Resource management services may limit
the release of information to the name, birthdate, and county of
residence of the patient, information regarding whether the patient
was voluntarily admitted, or involuntarily committed, the date and
place of admission, placement, or commitment, the name and address of
a guardian of the patient, and the date and place of the guardian's
appointment. Any staff member who wishes to obtain additional
information must notify the patient's resource management services in
writing of the request and of the resource management services' right
to object. The staff member shall send the notice by mail to the
guardian's address. If the guardian does not object in writing within
fifteen days after the notice is mailed, the staff member may obtain
the additional information. If the guardian objects in writing within
fifteen days after the notice is mailed, the staff member may not
obtain the additional information;

(y) To all current treating providers of the patient who have written a prescription for the
patient within the last twelve months. For purposes of coordinating
health care, the department or the authority may release without
written authorization of the patient, information acquired for
billing and collection purposes as described in RCW 70.02.050(1)(d).
The department, or the authority if applicable, shall notify the
patient that billing and collection information has been released to
named providers, and provide the substance of the information
released and the dates of such release. Neither the department nor
the authority may ((not)) release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;

(z)(i) To the secretary of social and health services and the director of the health care authority for either program evaluation or research, or both so long as the secretary or director, where applicable, adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, . . . . . . ., agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law.

/s/ . . . . . . ."

(ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary or director, where applicable.

(3) Whenever federal law or federal regulations restrict the release of information contained in the information and records related to mental health services of any patient who receives treatment for chemical dependency, the department or the authority may restrict the release of the information as necessary to comply with federal law and regulations.

(4) Civil liability and immunity for the release of information about a particular person who is committed to the department of social and health services or the authority under RCW 71.05.280(3) and 71.05.320(4)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.

(5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter
71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be confidential and available subsequent to such proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may order the subsequent release or use of such records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and will be maintained.

(6)(a) Except as provided in RCW 4.24.550, any person may bring an action against an individual who has willfully released confidential information or records concerning him or her in violation of the provisions of this section, for the greater of the following amounts:

(i) One thousand dollars; or

(ii) Three times the amount of actual damages sustained, if any.

(b) It is not a prerequisite to recovery under this subsection that the plaintiff suffered or was threatened with special, as contrasted with general, damages.

(c) Any person may bring an action to enjoin the release of confidential information or records concerning him or her or his or her ward, in violation of the provisions of this section, and may in the same action seek damages as provided in this subsection.

(d) The court may award to the plaintiff, should he or she prevail in any action authorized by this subsection, reasonable attorney fees in addition to those otherwise provided by law.

(e) If an action is brought under this subsection, no action may be brought under RCW 70.02.170.

Sec. 8005. RCW 70.02.240 and 2013 c 200 s 8 are each amended to read as follows:

The fact of admission and all information and records related to mental health services obtained through treatment under chapter 71.34 RCW is confidential, except as authorized in RCW 70.02.050,
70.02.210, 70.02.230, 70.02.250, and 70.02.260. Such confidential
information may be disclosed only:

(1) In communications between mental health professionals to meet
the requirements of chapter 71.34 RCW, in the provision of services
to the minor, or in making appropriate referrals;

(2) In the course of guardianship or dependency proceedings;

(3) To the minor, the minor's parent, and the minor's attorney,
subject to RCW 13.50.100;

(4) To the courts as necessary to administer chapter 71.34 RCW;

(5) To law enforcement officers or public health officers as
necessary to carry out the responsibilities of their office. However,
only the fact and date of admission, and the date of discharge, the
name and address of the treatment provider, if any, and the last
known address must be disclosed upon request;

(6) To law enforcement officers, public health officers,
relatives, and other governmental law enforcement agencies, if a
minor has escaped from custody, disappeared from an evaluation and
treatment facility, violated conditions of a less restrictive
treatment order, or failed to return from an authorized leave, and
then only such information as may be necessary to provide for public
safety or to assist in the apprehension of the minor. The officers
are obligated to keep the information confidential in accordance with
this chapter;

(7) To the secretary of social and health services and the
director of the health care authority for assistance in data
collection and program evaluation or research so long as the
secretary or director, where applicable, adopts rules for the conduct
of such evaluation and research. The rules must include, but need not
be limited to, the requirement that all evaluators and researchers
sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning
persons who have received services from (fill in the facility,
agency, or person) I, . . . . . . ., agree not to divulge, publish, or
otherwise make known to unauthorized persons or the public any
information obtained in the course of such evaluation or research
regarding minors who have received services in a manner such that the
minor is identifiable.

I recognize that unauthorized release of confidential information
may subject me to civil liability under state law.
To appropriate law enforcement agencies, upon request, all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;

(9) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of admission, discharge, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;

(10) To a minor's next of kin, attorney, guardian, or conservator, if any, the information that the minor is presently in the facility or that the minor is seriously physically ill and a statement evaluating the mental and physical condition of the minor as well as a statement of the probable duration of the minor's confinement;

(11) Upon the death of a minor, to the minor's next of kin;

(12) To a facility in which the minor resides or will reside;

(13) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)((ii)) (iii). The extent of information that may be released is limited as follows:

(a) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;

(b) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that
presides over any trial at which the person is charged with violating
RCW 9.41.040(2)(a)((iii)) (iii);
(c) Disclosure under this subsection is mandatory for the
purposes of the federal health insurance portability and
accountability act;
(14) This section may not be construed to prohibit the
compilation and publication of statistical data for use by government
or researchers under standards, including standards to assure
maintenance of confidentiality, set forth by the director of the
health care authority or the secretary of the department of social
and health services, where applicable. The fact of admission and all
information obtained pursuant to chapter 71.34 RCW are not admissible
as evidence in any legal proceeding outside chapter 71.34 RCW, except
guardianship or dependency, without the written consent of the minor
or the minor's parent;
(15) For the purpose of a correctional facility participating in
the postinstitutional medical assistance system supporting the
expedited medical determinations and medical suspensions as provided
in RCW 74.09.555 and 74.09.295;
(16) Pursuant to a lawful order of a court.

Sec. 8006. RCW 70.02.250 and 2014 c 225 s 72 are each amended to
read as follows:
(1) Information and records related to mental health services
delivered to a person subject to chapter 9.94A or 9.95 RCW must be
released, upon request, by a mental health service agency to
department of corrections personnel for whom the information is
necessary to carry out the responsibilities of their office. The
information must be provided only for the purpose of completing
presentence investigations, supervision of an incarcerated person,
planning for and provision of supervision of a person, or assessment
of a person's risk to the community. The request must be in writing
and may not require the consent of the subject of the records.
(2) The information to be released to the department of
corrections must include all relevant records and reports, as defined
by rule, necessary for the department of corrections to carry out its
duties, including those records and reports identified in subsection
(1) of this section.
(3) The (department) authority shall, subject to available
resources, electronically, or by the most cost-effective means

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available, provide the department of corrections with the names, last
dates of services, and addresses of specific behavioral health
organizations and mental health service agencies that delivered
mental health services to a person subject to chapter 9.94A or 9.95
RCW pursuant to an agreement between the authority and the
department(s) of corrections.

(4) The ((department and the department of corrections))
authority, in consultation with the department, the department of
corrections, behavioral health organizations, mental health service
agencies as defined in RCW 70.02.010, mental health consumers, and
advocates for persons with mental illness, shall adopt rules to
implement the provisions of this section related to the type and
scope of information to be released. These rules must:

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

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

(5) The information received by the department of corrections
under this section must remain confidential and subject to the
limitations on disclosure outlined in chapter 71.34 RCW, except as
provided in RCW 72.09.585.

(6) No mental health service agency or individual employed by a
mental health service agency may be held responsible for information
released to or used by the department of corrections under the
provisions of this section or rules adopted under this section.

(7) Whenever federal law or federal regulations restrict the
release of information contained in the treatment records of any
patient who receives treatment for alcoholism or drug dependency, the
release of the information may be restricted as necessary to comply
with federal law and regulations.

(8) This section does not modify the terms and conditions of
disclosure of information related to sexually transmitted diseases
under this chapter.
Sec. 8007. RCW 70.02.260 and 2013 c 200 s 10 are each amended to read as follows:

(1)(a) A mental health service agency shall release to the persons authorized under subsection (2) of this section, upon request:

(i) The fact, place, and date of an involuntary commitment, the fact and date of discharge or release, and the last known address of a person who has been committed under chapter 71.05 RCW.

(ii) Information and records related to mental health services, in the format determined under subsection (9) of this section, concerning a person who:

(A) Is currently committed to the custody or supervision of the department of corrections or the indeterminate sentence review board under chapter 9.94A or 9.95 RCW;

(B) Has been convicted or found not guilty by reason of insanity of a serious violent offense; or

(C) Was charged with a serious violent offense and the charges were dismissed under RCW 10.77.086.

(b) Legal counsel may release such information to the persons authorized under subsection (2) of this section on behalf of the mental health service agency, so long as nothing in this subsection requires the disclosure of attorney work product or attorney-client privileged information.

(2) The information subject to release under subsection (1) of this section must be released to law enforcement officers, personnel of a county or city jail, designated mental health professionals or designated crisis responders, as appropriate, public health officers, therapeutic court personnel as defined in RCW 71.05.020, or personnel of the department of corrections, including the indeterminate sentence review board and personnel assigned to perform board-related duties, when such information is requested during the course of business and for the purpose of carrying out the responsibilities of the requesting person's office. No mental health service agency or person employed by a mental health service agency, or its legal counsel, may be liable for information released to or used under the provisions of this section or rules adopted under this section except under RCW 71.05.680.

(3) A person who requests information under subsection (1)(a)(ii) of this section must comply with the following restrictions:
(a) Information must be requested only for the purposes permitted by this subsection and for the purpose of carrying out the responsibilities of the requesting person's office. Appropriate purposes for requesting information under this section include:

(i) Completing presentence investigations or risk assessment reports;

(ii) Assessing a person's risk to the community;

(iii) Assessing a person's risk of harm to self or others when confined in a city or county jail;

(iv) Planning for and provision of supervision of an offender, including decisions related to sanctions for violations of conditions of community supervision; and

(v) Responding to an offender's failure to report for department of corrections supervision;

(b) Information may not be requested under this section unless the requesting person has reasonable suspicion that the individual who is the subject of the information:

(i) Has engaged in activity indicating that a crime or a violation of community custody or parole has been committed or, based upon his or her current or recent past behavior, is likely to be committed in the near future; or

(ii) Is exhibiting signs of a deterioration in mental functioning which may make the individual appropriate for civil commitment under chapter 71.05 RCW; and

(c) Any information received under this section must be held confidential and subject to the limitations on disclosure outlined in this chapter, except:

(i) The information may be shared with other persons who have the right to request similar information under subsection (2) of this section, solely for the purpose of coordinating activities related to the individual who is the subject of the information in a manner consistent with the official responsibilities of the persons involved;

(ii) The information may be shared with a prosecuting attorney acting in an advisory capacity for a person who receives information under this section. A prosecuting attorney under this subsection is subject to the same restrictions and confidentiality limitations as the person who requested the information; and

(iii) As provided in RCW 72.09.585.
(4) A request for information and records related to mental health services under this section does not require the consent of the subject of the records. The request must be provided in writing, except to the extent authorized in subsection (5) of this section. A written request may include requests made by email or facsimile so long as the requesting person is clearly identified. The request must specify the information being requested.

(5) In the event of an emergency situation that poses a significant risk to the public or the offender, a mental health service agency, or its legal counsel, shall release information related to mental health services delivered to the offender and, if known, information regarding where the offender is likely to be found to the department of corrections or law enforcement upon request. The initial request may be written or oral. All oral requests must be subsequently confirmed in writing. Information released in response to an oral request is limited to a statement as to whether the offender is or is not being treated by the mental health service agency and the address or information about the location or whereabouts of the offender.

(6) Disclosure under this section to state or local law enforcement authorities is mandatory for the purposes of the federal health insurance portability and accountability act.

(7) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations.

(8) This section does not modify the terms and conditions of disclosure of information related to sexually transmitted diseases under this chapter.

(9) In collaboration with interested organizations, the authority shall develop a standard form for requests for information related to mental health services made under this section and a standard format for information provided in response to the requests. Consistent with the goals of the health information privacy provisions of the federal health insurance portability and accountability act, in developing the standard form for responsive information, the authority shall design the form in such a way that the information disclosed is limited to the minimum...
necessary to serve the purpose for which the information is requested.

Sec. 8008. RCW 70.02.340 and 2014 c 220 s 13 are each amended to read as follows:

The ((department of social and health services)) authority shall adopt rules related to the disclosure of information and records related to mental health services ((in this chapter)).

Sec. 8009. RCW 70.02.350 and 2013 c 200 s 19 are each amended to read as follows:

In addition to any other information required to be released under this chapter, the department of social and health services ((is)) and the authority are authorized, pursuant to RCW 4.24.550, to release relevant information that is necessary to protect the public, concerning a specific person committed under RCW 71.05.280(3) or 71.05.320(3)(c) following dismissal of a sex offense as defined in RCW 9.94A.030.

Sec. 8010. RCW 42.56.270 and 2016 sp.s. c 9 s 3, 2016 sp.s. c 8 s 1, and 2016 c 178 s 1 are each reenacted and amended to read as follows:

The following financial, commercial, and proprietary information is exempt from disclosure under this chapter:

(1) Valuable formulae, designs, drawings, computer source code or object code, and research data obtained by any agency within five years of the request for disclosure when disclosure would produce private gain and public loss;

(2) Financial information supplied by or on behalf of a person, firm, or corporation for the purpose of qualifying to submit a bid or proposal for (a) a ferry system construction or repair contract as required by RCW 47.60.680 through 47.60.750 or (b) highway construction or improvement as required by RCW 47.28.070;

(3) Financial and commercial information and records supplied by private persons pertaining to export services provided under chapters 43.163 and 53.31 RCW, and by persons pertaining to export projects under RCW 43.23.035;

(4) Financial and commercial information and records supplied by businesses or individuals during application for loans or program services provided by chapters 43.325, 43.163, 43.160, 43.330, and
43.168 RCW, or during application for economic development loans or program services provided by any local agency;

(5) Financial information, business plans, examination reports, and any information produced or obtained in evaluating or examining a business and industrial development corporation organized or seeking certification under chapter 31.24 RCW;

(6) Financial and commercial information supplied to the state investment board by any person when the information relates to the investment of public trust or retirement funds and when disclosure would result in loss to such funds or in private loss to the providers of this information;

(7) Financial and valuable trade information under RCW 51.36.120;

(8) Financial, commercial, operations, and technical and research information and data submitted to or obtained by the clean Washington center in applications for, or delivery of, program services under chapter 70.95H RCW;

(9) Financial and commercial information requested by the public stadium authority from any person or organization that leases or uses the stadium and exhibition center as defined in RCW 36.102.010;

(10)(a) Financial information, including but not limited to account numbers and values, and other identification numbers supplied by or on behalf of a person, firm, corporation, limited liability company, partnership, or other entity related to an application for a horse racing license submitted pursuant to RCW 67.16.260(1)(b), marijuana producer, processor, or retailer license, liquor license, gambling license, or lottery retail license;

(b) Internal control documents, independent auditors' reports and financial statements, and supporting documents: (i) Of house-banked social card game licensees required by the gambling commission pursuant to rules adopted under chapter 9.46 RCW; or (ii) submitted by tribes with an approved tribal/state compact for class III gaming;

(11) Proprietary data, trade secrets, or other information that relates to: (a) A vendor's unique methods of conducting business; (b) data unique to the product or services of the vendor; or (c) determining prices or rates to be charged for services, submitted by any vendor to the department of social and health services or the health care authority for purposes of the development, acquisition, or implementation of state purchased health care as defined in RCW 41.05.011;
(12)(a) When supplied to and in the records of the department of commerce:
   (i) Financial and proprietary information collected from any person and provided to the department of commerce pursuant to RCW 43.330.050(8); and
   (ii) Financial or proprietary information collected from any person and provided to the department of commerce or the office of the governor in connection with the siting, recruitment, expansion, retention, or relocation of that person's business and until a siting decision is made, identifying information of any person supplying information under this subsection and the locations being considered for siting, relocation, or expansion of a business;
   (b) When developed by the department of commerce based on information as described in (a)(i) of this subsection, any work product is not exempt from disclosure;
   (c) For the purposes of this subsection, "siting decision" means the decision to acquire or not to acquire a site;
   (d) If there is no written contact for a period of sixty days to the department of commerce from a person connected with siting, recruitment, expansion, retention, or relocation of that person's business, information described in (a)(ii) of this subsection will be available to the public under this chapter;

(13) Financial and proprietary information submitted to or obtained by the department of ecology or the authority created under chapter 70.95N RCW to implement chapter 70.95N RCW;

(14) Financial, commercial, operations, and technical and research information and data submitted to or obtained by the life sciences discovery fund authority in applications for, or delivery of, grants under chapter 43.350 RCW, to the extent that such information, if revealed, would reasonably be expected to result in private loss to the providers of this information;

(15) Financial and commercial information provided as evidence to the department of licensing as required by RCW 19.112.110 or 19.112.120, except information disclosed in aggregate form that does not permit the identification of information related to individual fuel licensees;

(16) Any production records, mineral assessments, and trade secrets submitted by a permit holder, mine operator, or landowner to the department of natural resources under RCW 78.44.085;
(17) (a) Farm plans developed by conservation districts, unless permission to release the farm plan is granted by the landowner or operator who requested the plan, or the farm plan is used for the application or issuance of a permit;

(b) Farm plans developed under chapter 90.48 RCW and not under the federal clean water act, 33 U.S.C. Sec. 1251 et seq., are subject to RCW 42.56.610 and 90.64.190;

(18) Financial, commercial, operations, and technical and research information and data submitted to or obtained by a health sciences and services authority in applications for, or delivery of, grants under RCW 35.104.010 through 35.104.060, to the extent that such information, if revealed, would reasonably be expected to result in private loss to providers of this information;

(19) Information gathered under chapter 19.85 RCW or RCW 34.05.328 that can be identified to a particular business;

(20) Financial and commercial information submitted to or obtained by the University of Washington, other than information the university is required to disclose under RCW 28B.20.150, when the information relates to investments in private funds, to the extent that such information, if revealed, would reasonably be expected to result in loss to the University of Washington consolidated endowment fund or to result in private loss to the providers of this information;

(21) Market share data submitted by a manufacturer under RCW 70.95N.190(4);

(22) Financial information supplied to the department of financial institutions or to a portal under RCW 21.20.883, when filed by or on behalf of an issuer of securities for the purpose of obtaining the exemption from state securities registration for small securities offerings provided under RCW 21.20.880 or when filed by or on behalf of an investor for the purpose of purchasing such securities;

(23) Unaggregated or individual notices of a transfer of crude oil that is financial, proprietary, or commercial information, submitted to the department of ecology pursuant to RCW 90.56.565(1)(a), and that is in the possession of the department of ecology or any entity with which the department of ecology has shared the notice pursuant to RCW 90.56.565;

(24) Financial institution and retirement account information, and building security plan information, supplied to the liquor and p. 281

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cannabis board pursuant to RCW 69.50.325, 69.50.331, 69.50.342, and 69.50.345, when filed by or on behalf of a licensee or prospective licensee for the purpose of obtaining, maintaining, or renewing a license to produce, process, transport, or sell marijuana as allowed under chapter 69.50 RCW; (and)

(25) Marijuana transport information, vehicle and driver identification data, and account numbers or unique access identifiers issued to private entities for traceability system access, submitted by an individual or business to the liquor and cannabis board under the requirements of RCW 69.50.325, 69.50.331, 69.50.342, and 69.50.345 for the purpose of marijuana product traceability. Disclosure to local, state, and federal officials is not considered public disclosure for purposes of this section; (and)

(26) Financial and commercial information submitted to or obtained by the retirement board of any city that is responsible for the management of an employees' retirement system pursuant to the authority of chapter 35.39 RCW, when the information relates to investments in private funds, to the extent that such information, if revealed, would reasonably be expected to result in loss to the retirement fund or to result in private loss to the providers of this information except that (a) the names and commitment amounts of the private funds in which retirement funds are invested and (b) the aggregate quarterly performance results for a retirement fund's portfolio of investments in such funds are subject to disclosure; and

(27) Proprietary financial, commercial, operations, and technical and research information and data submitted to or obtained by the liquor and cannabis board in applications for marijuana research licenses under RCW 69.50.372, or in reports submitted by marijuana research licensees in accordance with rules adopted by the liquor and cannabis board under RCW 69.50.372.

Sec. 8011. RCW 43.70.080 and 1989 1st ex.s. c 9 s 201 are each amended to read as follows:

The powers and duties of the department of social and health services and the secretary of social and health services under the following statutes are hereby transferred to the department of health and the secretary of health: Chapters 16.70, 18.20, 18.46, 18.71, 18.73, 18.76, 69.30, 70.28, 70.30, (70.32, 70.33), 70.50, 70.58, 70.62, 70.83, (70.83B), 70.90, 70.98, 70.104, 70.116, 70.118, 70.119, 70.119A, 70.121, 70.127, 70.142, and 80.50 RCW. More p. 282 HB 1388
specifically, the following programs and services presently
administered by the department of social and health services are
hereby transferred to the department of health:

(1) Personal health and protection programs and related
management and support services, including, but not limited to:
Immunizations; tuberculosis; sexually transmitted diseases; AIDS;
diabetes control; primary health care; cardiovascular risk reduction;
kidney disease; regional genetic services; newborn metabolic
screening; sentinel birth defects; cytogenetics; communicable disease
epidemiology; and chronic disease epidemiology;

(2) Environmental health protection services and related
management and support services, including, but not limited to:
Radiation, including X-ray control, radioactive materials, uranium
mills, low-level waste, emergency response and reactor safety, and
environmental radiation protection; drinking water; toxic substances;
on-site sewage; recreational water contact facilities; food services
sanitation; shellfish; and general environmental health services,
including schools, vectors, parks, and camps;

(3) Public health laboratory;

(4) Public health support services, including, but not limited
to: Vital records; health data; local public health services support;
and health education and information;

(5) Licensing and certification services including, but not
limited to: Behavioral health agencies, agencies providing problem
and pathological gambling treatment, health and personal care
facility survey, construction review, emergency medical services,
laboratory quality assurance, and accommodations surveys; and

(6) Effective January 1, 1991, parent and child health services
and related management support services, including, but not limited
to: Maternal and infant health; child health; parental health;
nutrition; ((handicapped children's)) services for children with
disabilities; family planning; adolescent pregnancy services; high
priority infant tracking; early intervention; parenting education;
prenatal regionalization; and power and duties under RCW 43.20A.635.
The director of the office of financial management may recommend to
the legislature a delay in this transfer, if it is determined that
this time frame is not adequate.

Sec. 8012. RCW 43.59.030 and 2016 c 206 s 2 are each amended to
read as follows:
The governor shall be assisted in his or her duties and responsibilities by the Washington state traffic safety commission. The Washington traffic safety commission shall be composed of the governor as chair, the superintendent of public instruction, the director of licensing, the secretary of transportation, the chief of the state patrol, the secretary of health, the ((secretary of social and health services)) director of the health care authority, a representative of the association of Washington cities to be appointed by the governor, a member of the association of counties to be appointed by the governor, and a representative of the judiciary to be appointed by the governor. Appointments to any vacancies among appointee members shall be as in the case of original appointment.

The governor may designate an employee of the governor's office familiar with the traffic safety commission to act on behalf of the governor during the absence of the governor at one or more of the meetings of the commission. The vote of the designee shall have the same effect as if cast by the governor if the designation is in writing and is presented to the person presiding at the meetings included within the designation.

The governor may designate a member, other than the governor's designee, to preside during the governor's absence.

Sec. 8013. RCW 48.21.180 and 2003 c 248 s 9 are each amended to read as follows:

Each group disability insurance contract which is delivered or issued for delivery or renewed, on or after January 1, 1988, and which insures for hospital or medical care must contain provisions providing benefits for the treatment of chemical dependency rendered to the insured by a provider which is an "approved substance use disorder treatment program" under RCW 70.96A.020((3)) (2).

Sec. 8014. RCW 48.44.240 and 2005 c 223 s 25 are each amended to read as follows:

Each group contract for health care services that is delivered or issued for delivery or renewed, on or after January 1, 1988, must contain provisions providing benefits for the treatment of chemical dependency rendered to covered persons by a provider that is an "approved substance use disorder treatment program" under RCW 70.96A.020((3)) (2).
Sec. 8015. RCW 48.46.350 and 2003 c 248 s 19 are each amended to read as follows:

Each group agreement for health care services that is delivered or issued for delivery or renewed on or after January 1, 1988, must contain provisions providing benefits for the treatment of chemical dependency rendered to covered persons by a provider which is an "approved substance use disorder treatment program" under RCW 70.96A.020((3)) (2). However, this section does not apply to any agreement written as supplemental coverage to any federal or state programs of health care including, but not limited to, Title XVIII health insurance for the aged, which is commonly referred to as Medicare, Parts A&B, and amendments thereto. Treatment must be covered under the chemical dependency coverage if treatment is rendered by the health maintenance organization or if the health maintenance organization refers the enrolled participant or the enrolled participant's dependents to a physician licensed under chapter 18.57 or 18.71 RCW, or to a qualified counselor employed by an approved substance use disorder treatment program described in RCW 70.96A.020((3)) (2). In all cases, a health maintenance organization retains the right to diagnose the presence of chemical dependency and select the modality of treatment that best serves the interest of the health maintenance organization's enrolled participant, or the enrolled participant's covered dependent.

Sec. 8016. RCW 69.50.540 and 2015 3rd sp.s. c 4 s 967 are each amended to read as follows:

The legislature must annually appropriate moneys in the dedicated marijuana account created in RCW 69.50.530 as follows:

(1) For the purposes listed in this subsection (1), the legislature must appropriate to the respective agencies amounts sufficient to make the following expenditures on a quarterly basis:

(a) Beginning July 1, ((2015)) 2017, one hundred twenty-five thousand dollars to the ((department of social and health services)) health care authority to design and administer the Washington state healthy youth survey, analyze the collected data, and produce reports, in collaboration with the office of the superintendent of public instruction, department of health, department of commerce, family policy council, and state liquor and cannabis board. The survey must be conducted at least every two years and include questions regarding, but not necessarily limited to, academic
achievement, age at time of substance use initiation, antisocial behavior of friends, attitudes toward antisocial behavior, attitudes toward substance use, laws and community norms regarding antisocial behavior, family conflict, family management, parental attitudes toward substance use, peer rewarding of antisocial behavior, perceived risk of substance use, and rebelliousness. Funds disbursed under this subsection may be used to expand administration of the healthy youth survey to student populations attending institutions of higher education in Washington;

(b) Beginning July 1, 2015, fifty thousand dollars to the ((department of social and health services)) health care authority for the purpose of contracting with the Washington state institute for public policy to conduct the cost-benefit evaluation and produce the reports described in RCW 69.50.550. This appropriation ends after production of the final report required by RCW 69.50.550;

(c) Beginning July 1, 2015, five thousand dollars to the University of Washington alcohol and drug abuse institute for the creation, maintenance, and timely updating of web-based public education materials providing medically and scientifically accurate information about the health and safety risks posed by marijuana use;

(d) An amount not less than one million two hundred fifty thousand dollars to the state liquor and cannabis board for administration of this chapter as appropriated in the omnibus appropriations act;

(e) Twenty-three thousand seven hundred fifty dollars to the department of enterprise services provided solely for the state building code council established under RCW 19.27.070, to develop and adopt fire and building code provisions related to marijuana processing and extraction facilities. The distribution under this subsection (1)(e) is for fiscal year 2016 only;

(2) From the amounts in the dedicated marijuana account after appropriation of the amounts identified in subsection (1) of this section, the legislature must appropriate for the purposes listed in this subsection (2) as follows:

(a)(i) Up to fifteen percent to the ((department of social and health services division of behavioral health and recovery)) health care authority for the development, implementation, maintenance, and evaluation of programs and practices aimed at the prevention or reduction of maladaptive substance use, substance use disorder,
substance abuse or substance dependence, as these terms are defined in the Diagnostic and Statistical Manual of Mental Disorders, among middle school and high school-age students, whether as an explicit goal of a given program or practice or as a consistently corresponding effect of its implementation, mental health services for children and youth, and services for pregnant and parenting women; PROVIDED, That:

(A) Of the funds appropriated under (a)(i) of this subsection for new programs and new services, at least eighty-five percent must be directed to evidence-based or research-based programs and practices that produce objectively measurable results and, by September 1, 2020, are cost-beneficial; and

(B) Up to fifteen percent of the funds appropriated under (a)(i) of this subsection for new programs and new services may be directed to proven and tested practices, emerging best practices, or promising practices.

(ii) In deciding which programs and practices to fund, the director of the health care authority must consult, at least annually, with the University of Washington's social development research group and the University of Washington's alcohol and drug abuse institute.

(iii) For the fiscal year beginning July 1, 2016, the legislature must appropriate a minimum of twenty-seven million seven hundred eighty-six thousand dollars, and for each subsequent fiscal year thereafter, the legislature must appropriate a minimum of twenty-five million five hundred thirty-six thousand dollars under this subsection (2)(a);

(b)(i) Up to ten percent to the department of health for the following, subject to (b)(ii) of this subsection (2):

(A) Creation, implementation, operation, and management of a marijuana education and public health program that contains the following:

(I) A marijuana use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or research-based public health approaches to minimizing the harms associated with marijuana use, and does not solely advocate an abstinence-only approach;

(II) A grants program for local health departments or other local community agencies that supports development and implementation of
coordinated intervention strategies for the prevention and reduction of marijuana use by youth; and

(III) Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately targeting youth and adults, that provide medically and scientifically accurate information about the health and safety risks posed by marijuana use;

(B) The Washington poison control center; and

(C) During the 2015-2017 fiscal biennium, the funds appropriated under this subsection (2)(b) may be used for prevention activities that target youth and populations with a high incidence of tobacco use.

(ii) For the fiscal year beginning July 1, 2016, the legislature must appropriate a minimum of seven million five hundred thousand dollars and for each subsequent fiscal year thereafter, the legislature must appropriate a minimum of nine million seven hundred fifty thousand dollars under this subsection (2)(b);

(c)(i) Up to six-tenths of one percent to the University of Washington and four-tenths of one percent to Washington State University for research on the short and long-term effects of marijuana use, to include but not be limited to formal and informal methods for estimating and measuring intoxication and impairment, and for the dissemination of such research.

(ii) For the fiscal year beginning July 1, 2016, the legislature must appropriate a minimum of two hundred seven thousand dollars and for each subsequent fiscal year, the legislature must appropriate a minimum of one million twenty-one thousand dollars to the University of Washington. For the fiscal year beginning July 1, 2016, the legislature must appropriate a minimum of one hundred thirty-eight thousand dollars and for each subsequent fiscal year thereafter, a minimum of six hundred eighty-one thousand dollars to Washington State University under this subsection (2)(c);

(d) Fifty percent to the state basic health plan trust account to be administered by the Washington basic health plan administrator and used as provided under chapter 70.47 RCW;

(e) Five percent to the Washington state health care authority to be expended exclusively through contracts with community health centers to provide primary health and dental care services, migrant health services, and maternity health care services as provided under RCW 41.05.220;
(f)(i) Up to three-tenths of one percent to the office of the superintendent of public instruction to fund grants to building bridges programs under chapter 28A.175 RCW.

(ii) For the fiscal year beginning July 1, 2016, and each subsequent fiscal year, the legislature must appropriate a minimum of five hundred eleven thousand dollars to the office of the superintendent of public instruction under this subsection (2)(f); and

(g) At the end of each fiscal year, the treasurer must transfer any amounts in the dedicated marijuana account that are not appropriated pursuant to subsection (1) of this section and this subsection (2) into the general fund, except as provided in (g)(i) of this subsection (2).

(i) Beginning in fiscal year 2018, if marijuana excise tax collections deposited into the general fund in the prior fiscal year exceed twenty-five million dollars, then each fiscal year the legislature must appropriate an amount equal to thirty percent of all marijuana excise taxes deposited into the general fund the prior fiscal year to the treasurer for distribution to counties, cities, and towns as follows:

(A) Thirty percent must be distributed to counties, cities, and towns where licensed marijuana retailers are physically located. Each jurisdiction must receive a share of the revenue distribution under this subsection (2)(g)(i)(A) based on the proportional share of the total revenues generated in the individual jurisdiction from the taxes collected under RCW 69.50.535, from licensed marijuana retailers physically located in each jurisdiction. For purposes of this subsection (2)(g)(i)(A), one hundred percent of the proportional amount attributed to a retailer physically located in a city or town must be distributed to the city or town.

(B) Seventy percent must be distributed to counties, cities, and towns ratably on a per capita basis. Counties must receive sixty percent of the distribution, which must be disbursed based on each county's total proportional population. Funds may only be distributed to jurisdictions that do not prohibit the siting of any state licensed marijuana producer, processor, or retailer.

(ii) Distribution amounts allocated to each county, city, and town must be distributed in four installments by the last day of each fiscal quarter.
(iii) By September 15th of each year, the state liquor and cannabis board must provide the state treasurer the annual distribution amount, if any, for each county and city as determined in (g)(i) of this subsection (2).

(iv) The total share of marijuana excise tax revenues distributed to counties and cities in (g)(i) of this subsection (2) may not exceed fifteen million dollars in fiscal years 2018 and 2019 and twenty million dollars per fiscal year thereafter.

For the purposes of this section, "marijuana products" means "useable marijuana," "marijuana concentrates," and "marijuana-infused products" as those terms are defined in RCW 69.50.101.

PART 9

Sec. 9001. RCW 2.30.020 and 2015 c 291 s 2 are each amended to read as follows:

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

(1) "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 this section.

(2) "Evidence-based" means a program or practice that: (a) 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; or (b) may be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

(3) "Government authority" means prosecutor or other representative initiating action leading to a proceeding in therapeutic court.

(4) "Participant" means an accused person, offender, or respondent in the judicial proceeding.

(5) "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 this subsection but does not meet the full criteria for evidence-based.

(6) "Specialty court" and "therapeutic court" both mean a court utilizing a program or programs structured to achieve both a reduction in recidivism and an increase in the likelihood of rehabilitation, or to reduce child abuse and neglect, out-of-home placements of children, termination of parental rights, and substance abuse and mental health symptoms among parents or guardians and their children through continuous and intense judicially supervised treatment and the appropriate use of services, sanctions, and incentives.

(7) "Therapeutic court personnel" means the staff of a therapeutic court including, but not limited to: Court and clerk personnel with therapeutic court duties, prosecuting attorneys, the attorney general or his or her representatives, defense counsel, monitoring personnel, and others acting within the scope of therapeutic court duties.

(8) "Trial court" means a superior court authorized under this title (2RCW) or a district or municipal court authorized under Title 3 or 35 RCW.

Sec. 9002. RCW 2.30.030 and 2015 c 291 s 3 are each amended to read as follows:

(1) Every trial and juvenile court in the state of Washington is authorized and encouraged to establish and operate therapeutic courts. Therapeutic courts, in conjunction with the government authority and subject matter experts specific to the focus of the therapeutic court, develop and process cases in ways that depart from traditional judicial processes to allow defendants or respondents the opportunity to obtain treatment services to address particular issues that may have contributed to the conduct that led to their arrest or involvement in the child welfare system in exchange for resolution of the case or charges. In criminal cases, the consent of the prosecutor is required.

(2) While a therapeutic court judge retains the discretion to decline to accept a case into the therapeutic court, and while a therapeutic court retains discretion to establish processes and determine eligibility for admission to the therapeutic court process.
unique to their community and jurisdiction, the effectiveness and
credibility of any therapeutic court will be enhanced when the court
implements evidence-based practices, research-based practices,
emerging best practices, or promising practices that have been
identified and accepted at the state and national levels. Promising
practices, emerging best practices, and/or research-based programs
are authorized where determined by the court to be appropriate. As
practices evolve, the trial court shall regularly assess the
effectiveness of its program and the methods by which it implements
and adopts new best practices.

(3) Except under special findings by the court, the following
individuals are not eligible for participation in therapeutic courts:
(a) Individuals who are currently charged or who have been
previously convicted of a serious violent offense or sex offense as
defined in RCW 9.94A.030;
(b) Individuals who are currently charged with an offense
alleging intentional discharge, threat to discharge, or attempt to
discharge a firearm in furtherance of the offense;
(c) Individuals who are currently charged with or who have been
previously convicted of vehicular homicide or an equivalent out-of-
state offense; or
(d) Individuals who are currently charged with or who have been
previously convicted of: An offense alleging substantial bodily harm
or great bodily harm as defined in RCW 9A.04.110, or death of another
person.

(4) Any jurisdiction establishing a therapeutic court shall
endeavor to incorporate the therapeutic court principles of best
practices as recognized by state and national therapeutic court
organizations in structuring a particular program, which may include:
(a) Determining the population;
(b) Performing a clinical assessment;
(c) Developing the treatment plan;
(d) Monitoring the participant, including any appropriate
testing;
(e) Forging agency, organization, and community partnerships;
(f) Taking a judicial leadership role;
(g) Developing case management strategies;
(h) Addressing transportation, housing, and subsistence issues;
(i) Evaluating the program;
(j) Ensuring a sustainable program.
(5) Upon a showing of indigence under RCW 10.101.010, fees may be reduced or waived.

(6) The ((department of social and health services)) health care authority shall furnish services to therapeutic courts addressing dependency matters where substance abuse or mental health are an issue unless the court contracts with providers outside of the ((department)) health care authority.

(7) Any jurisdiction that has established more than one therapeutic court under this chapter may combine the functions of these courts into a single therapeutic court.

(8) Nothing in this section prohibits a district or municipal court from ordering treatment or other conditions of sentence or probation following a conviction, without the consent of either the prosecutor or defendant.

(9) No therapeutic or specialty court may be established specifically for the purpose of applying foreign law, including foreign criminal, civil, or religious law, that is otherwise not required by treaty.

(10) No therapeutic or specialty court established by court rule shall enforce a foreign law, if doing so would violate a right guaranteed by the Constitution of this state or of the United States.

Sec. 9003. RCW 9.41.300 and 2011 c 221 s 2 are each amended to read as follows:

(1) It is unlawful for any person to enter the following places when he or she knowingly possesses or knowingly has under his or her control a weapon:

(a) The restricted access areas of a jail, or of a law enforcement facility, or any place used for the confinement of a person (i) arrested for, charged with, or convicted of an offense, (ii) held for extradition or as a material witness, or (iii) otherwise confined pursuant to an order of a court, except an order under chapter 13.32A or 13.34 RCW. Restricted access areas do not include common areas of egress or ingress open to the general public;

(b) Those areas in any building which are used in connection with court proceedings, including courtrooms, jury rooms, judge's chambers, offices and areas used to conduct court business, waiting areas, and corridors adjacent to areas used in connection with court proceedings. The restricted areas do not include common areas of ingress and egress to the building that is used in connection with court proceedings.
court proceedings, when it is possible to protect court areas without restricting ingress and egress to the building. The restricted areas shall be the minimum necessary to fulfill the objective of this subsection (1)(b).

For purposes of this subsection (1)(b), "weapon" means any firearm, explosive as defined in RCW 70.74.010, or any weapon of the kind usually known as slung shot, sand club, or metal knuckles, or any knife, dagger, dirk, or other similar weapon that is capable of causing death or bodily injury and is commonly used with the intent to cause death or bodily injury.

In addition, the local legislative authority shall provide either a stationary locked box sufficient in size for pistols and key to a weapon owner for weapon storage, or shall designate an official to receive weapons for safekeeping, during the owner's visit to restricted areas of the building. The locked box or designated official shall be located within the same building used in connection with court proceedings. The local legislative authority shall be liable for any negligence causing damage to or loss of a weapon either placed in a locked box or left with an official during the owner's visit to restricted areas of the building.

The local judicial authority shall designate and clearly mark those areas where weapons are prohibited, and shall post notices at each entrance to the building of the prohibition against weapons in the restricted areas;

(c) The restricted access areas of a public mental health facility licensed or certified by the department of social and health services for inpatient hospital care and state institutions for the care of the mentally ill, excluding those facilities solely for evaluation and treatment. Restricted access areas do not include common areas of egress and ingress open to the general public;

(d) That portion of an establishment classified by the state liquor and cannabis board as off-limits to persons under twenty-one years of age; or

(e) The restricted access areas of a commercial service airport designated in the airport security plan approved by the federal transportation security administration, including passenger screening checkpoints at or beyond the point at which a passenger initiates the screening process. These areas do not include airport drives, general parking areas and walkways, and shops and areas of the terminal that
are outside the screening checkpoints and that are normally open to unscreened passengers or visitors to the airport. Any restricted access area shall be clearly indicated by prominent signs indicating that firearms and other weapons are prohibited in the area.

(2) Cities, towns, counties, and other municipalities may enact laws and ordinances:
   (a) Restricting the discharge of firearms in any portion of their respective jurisdictions where there is a reasonable likelihood that humans, domestic animals, or property will be jeopardized. Such laws and ordinances shall not abridge the right of the individual guaranteed by Article I, section 24 of the state Constitution to bear arms in defense of self or others; and
   (b) Restricting the possession of firearms in any stadium or convention center, operated by a city, town, county, or other municipality, except that such restrictions shall not apply to:
      (i) Any pistol in the possession of a person licensed under RCW 9.41.070 or exempt from the licensing requirement by RCW 9.41.060; or
      (ii) Any showing, demonstration, or lecture involving the exhibition of firearms.

(3)(a) Cities, towns, and counties may enact ordinances restricting the areas in their respective jurisdictions in which firearms may be sold, but, except as provided in (b) of this subsection, a business selling firearms may not be treated more restrictively than other businesses located within the same zone. An ordinance requiring the cessation of business within a zone shall not have a shorter grandfather period for businesses selling firearms than for any other businesses within the zone.
   (b) Cities, towns, and counties may restrict the location of a business selling firearms to not less than five hundred feet from primary or secondary school grounds, if the business has a storefront, has hours during which it is open for business, and posts advertisements or signs observable to passersby that firearms are available for sale. A business selling firearms that exists as of the date a restriction is enacted under this subsection (3)(b) shall be grandfathered according to existing law.

(4) Violations of local ordinances adopted under subsection (2) of this section must have the same penalty as provided for by state law.

(5) The perimeter of the premises of any specific location covered by subsection (1) of this section shall be posted at
reasonable intervals to alert the public as to the existence of any
law restricting the possession of firearms on the premises.

(6) Subsection (1) of this section does not apply to:

(a) A person engaged in military activities sponsored by the
federal or state governments, while engaged in official duties;
(b) Law enforcement personnel, except that subsection (1)(b) of
this section does apply to a law enforcement officer who is present
at a courthouse building as a party to an action under chapter 10.14,
10.99, or 26.50 RCW, or an action under Title 26 RCW where any party
has alleged the existence of domestic violence as defined in RCW
26.50.010; or

(c) Security personnel while engaged in official duties.
(7) Subsection (1)(a), (b), (c), and (e) of this section does not
apply to correctional personnel or community corrections officers, as
long as they are employed as such, who have completed government-
sponsored law enforcement firearms training, except that subsection
(1)(b) of this section does apply to a correctional employee or
community corrections officer who is present at a courthouse building
as a party to an action under chapter 10.14, 10.99, or 26.50 RCW, or
an action under Title 26 RCW where any party has alleged the
existence of domestic violence as defined in RCW 26.50.010.

(8) Subsection (1)(a) of this section does not apply to a person
licensed pursuant to RCW 9.41.070 who, upon entering the place or
facility, directly and promptly proceeds to the administrator of the
facility or the administrator's designee and obtains written
permission to possess the firearm while on the premises or checks his
or her firearm. The person may reclaim the firearms upon leaving but
must immediately and directly depart from the place or facility.

(9) Subsection (1)(c) of this section does not apply to any
administrator or employee of the facility or to any person who, upon
entering the place or facility, directly and promptly proceeds to the
administrator of the facility or the administrator's designee and
obtains written permission to possess the firearm while on the
premises.

(10) Subsection (1)(d) of this section does not apply to the
proprietor of the premises or his or her employees while engaged in
their employment.

(11) Government-sponsored law enforcement firearms training must
be training that correctional personnel and community corrections
officers receive as part of their job requirement and reference to
such training does not constitute a mandate that it be provided by
the correctional facility.

(12) Any person violating subsection (1) of this section is
guilty of a gross misdemeanor.

(13) "Weapon" as used in this section means any firearm,
explosive as defined in RCW 70.74.010, or instrument or weapon listed
in RCW 9.41.250.

Sec. 9004. RCW 9.94A.703 and 2015 c 81 s 3 are each amended to
read as follows:

When a court sentences a person to a term of community custody,
the court shall impose conditions of community custody as provided in
this section.

(1) Mandatory conditions. As part of any term of community
custody, the court shall:

(a) Require the offender to inform the department of court-
ordered treatment upon request by the department;
(b) Require the offender to comply with any conditions imposed by
the department under RCW 9.94A.704;
(c) If the offender was sentenced under RCW 9.94A.507 for an
offense listed in RCW 9.94A.507(1)(a), and the victim of the offense
was under eighteen years of age at the time of the offense, prohibit
the offender from residing in a community protection zone;
(d) If the offender was sentenced under RCW 9A.36.120, prohibit
the offender from serving in any paid or volunteer capacity where he
or she has control or supervision of minors under the age of
thirteen.

(2) Waivable conditions. Unless waived by the court, as part of
any term of community custody, the court shall order an offender to:

(a) Report to and be available for contact with the assigned
community corrections officer as directed;
(b) Work at department-approved education, employment, or
community restitution, or any combination thereof;
(c) Refrain from possessing or consuming controlled substances
except pursuant to lawfully issued prescriptions;
(d) Pay supervision fees as determined by the department; and
(e) Obtain prior approval of the department for the offender's
residence location and living arrangements.

(3) Discretionary conditions. As part of any term of community
custody, the court may order an offender to:

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(a) Remain within, or outside of, a specified geographical boundary;
(b) Refrain from direct or indirect contact with the victim of the crime or a specified class of individuals;
(c) Participate in crime-related treatment or counseling services;
(d) Participate in rehabilitative programs or otherwise perform affirmative conduct reasonably related to the circumstances of the offense, the offender's risk of reoffending, or the safety of the community;
(e) Refrain from possessing or consuming alcohol; or
(f) Comply with any crime-related prohibitions.

(4) Special conditions.
(a) In sentencing an offender convicted of a crime of domestic violence, as defined in RCW 10.99.020, if the offender has a minor child, or if the victim of the offense for which the offender was convicted has a minor child, the court may order the offender to participate in a domestic violence perpetrator program approved under RCW 26.50.150.
(b)(i) In sentencing an offender convicted of an alcohol or drug-related traffic offense, the court shall require the offender to complete a diagnostic evaluation by ((an alcohol or drug dependency agency)) a substance use disorder treatment program approved by the department of social and health services or a qualified probation department, defined under RCW 46.61.516, that has been approved by the department of social and health services. If the offense was pursuant to chapter 46.61 RCW, the report shall be forwarded to the department of licensing. If the offender is found to have an alcohol or drug problem that requires treatment, the offender shall complete treatment in ((a program approved by the department of social and health services under chapter 70.96A RCW)) an approved substance use disorder treatment program as defined in chapter 71.24 RCW. If the offender is found not to have an alcohol or drug problem that requires treatment, the offender shall complete a course in an alcohol and drug information school ((approved)) licensed or certified by the department of ((social and health services)) health under chapter 70.96A RCW. The offender shall pay all costs for any evaluation, education, or treatment required by this section, unless the offender is eligible for an existing program offered or approved by the department of social and health services.
(ii) For purposes of this section, "alcohol or drug-related traffic offense" means the following: Driving while under the influence as defined by RCW 46.61.502, actual physical control while under the influence as defined by RCW 46.61.504, vehicular homicide as defined by RCW 46.61.520(1)(a), vehicular assault as defined by RCW 46.61.522(1)(b), homicide by watercraft as defined by RCW 79A.60.050, or assault by watercraft as defined by RCW 79A.60.060.

(iii) This subsection (4)(b) does not require the department of social and health services to add new treatment or assessment facilities nor affect its use of existing programs and facilities authorized by law.

Sec. 9005. RCW 10.05.040 and 2002 c 219 s 9 are each amended to read as follows:

The (facility) program to which such person is referred, or the department of social and health services if the petition is brought under RCW 10.05.020(2), shall conduct an investigation and examination to determine:

(1) Whether the person suffers from the problem described;
(2) Whether the problem is such that if not treated, or if no child welfare services are provided, there is a probability that similar misconduct will occur in the future;
(3) Whether extensive and long term treatment is required;
(4) Whether effective treatment or child welfare services for the person's problem are available; and
(5) Whether the person is amenable to treatment or willing to cooperate with child welfare services.

Sec. 9006. RCW 10.05.050 and 2002 c 219 s 10 are each amended to read as follows:

(1) The (facility) program, or the department of social and health services if the petition is brought under RCW 10.05.020(2), shall make a written report to the court stating its findings and recommendations after the examination required by RCW 10.05.040. If its findings and recommendations support treatment or the implementation of a child welfare service plan, it shall also recommend a treatment or service plan setting out:

(a) The type;
(b) Nature;
(c) Length;
(d) A treatment or service time schedule; and
(e) Approximate cost of the treatment or child welfare services.

(2) In the case of a child welfare service plan, the plan shall be designed in a manner so that a parent who successfully completes the plan will not be likely to withhold the basic necessities of life from his or her child.

(3) The report with the treatment or service plan shall be filed with the court and a copy given to the petitioner and petitioner's counsel. A copy of the treatment or service plan shall be given to the prosecutor by petitioner's counsel at the request of the prosecutor. The evaluation facility, or the department of social and health services if the petition is brought under RCW 10.05.020(2), making the written report shall append to the report a commitment by the treatment (facility) program or the department of social and health services that it will provide the treatment or child welfare services in accordance with this chapter. The facility or the service provider shall agree to provide the court with a statement every three months for the first year and every six months for the second year regarding (a) the petitioner's cooperation with the treatment or child welfare service plan proposed and (b) the petitioner's progress or failure in treatment or child welfare services. These statements shall be made as a declaration by the person who is personally responsible for providing the treatment or services.

Sec. 9007. RCW 18.205.080 and 1998 c 243 s 8 are each amended to read as follows:

(1) The secretary shall appoint a chemical dependency certification advisory committee to further the purposes of this chapter. The committee shall be composed of seven members, one member initially appointed for a term of one year, three for a term of two years, and three for a term of three years. Subsequent appointments shall be for terms of three years. No person may serve as a member of the committee for more than two consecutive terms. Members of the committee shall be residents of this state. The committee shall be composed of four certified chemical dependency professionals; one chemical dependency treatment program director; one physician licensed under chapter 18.71 or 18.57 RCW who is certified in addiction medicine or a licensed or certified mental health practitioner; and one member of the public who has received chemical dependency counseling.
(2) The secretary may remove any member of the committee for cause as specified by rule. In the case of a vacancy, the secretary shall appoint a person to serve for the remainder of the unexpired term.

(3) The committee shall meet at the times and places designated by the secretary and shall hold meetings during the year as necessary to provide advice to the director. The committee may elect a chair and a vice chair. A majority of the members currently serving shall constitute a quorum.

(4) Each member of the committee shall be reimbursed for travel expenses as authorized in RCW 43.03.050 and 43.03.060. In addition, members of the committee shall be compensated in accordance with RCW 43.03.240 when engaged in the authorized business of the committee.

(5) The director of the department of social and health services division of alcohol and substance abuse or the director's health care authority, or his or her designee, shall serve as an ex officio member of the committee.

(6) The secretary, members of the committee, or individuals acting on their behalf are immune from suit in any action, civil or criminal, based on any certification or disciplinary proceedings or other official acts performed in the course of their duties.

Sec. 9008. RCW 18.88A.020 and 2015 c 158 s 1 are each amended to read as follows:

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

(1) "Alternative training" means a nursing assistant-certified program meeting criteria adopted by the commission under RCW 18.88A.087 to meet the requirements of a state-approved nurse aide competency evaluation program consistent with 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal social security act.

(2) "Approved training program" means a nursing assistant-certified training program approved by the commission to meet the requirements of a state-approved nurse aide training and competency evaluation program consistent with 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal social security act. For community college, vocational-technical institutes, skill centers, and secondary school as defined in chapter 28B.50 RCW, nursing assistant-certified training programs shall be approved by the commission in cooperation.
with the board for community and technical colleges or the superintendent of public instruction.

(3) "Commission" means the Washington nursing care quality assurance commission.

(4) "Competency evaluation" means the measurement of an individual's knowledge and skills as related to safe, competent performance as a nursing assistant.

(5) "Department" means the department of health.

(6) "Health care facility" means a nursing home, hospital licensed under chapter 70.41 or 71.12 RCW, hospice care facility, home health care agency, hospice agency, licensed or certified service provider under chapter 71.24 RCW other than an individual health care provider, or other entity for delivery of health care services as defined by the commission.

(7) "Medication assistant" means a nursing assistant-certified with a medication assistant endorsement issued under RCW 18.88A.082 who is authorized, in addition to his or her duties as a nursing assistant-certified, to administer certain medications and perform certain treatments in a nursing home under the supervision of a registered nurse under RCW 18.88A.082.

(8) "Nursing assistant" means an individual, regardless of title, who, under the direction and supervision of a registered nurse or licensed practical nurse, assists in the delivery of nursing and nursing-related activities to patients in a health care facility. The two levels of nursing assistants are:

(a) "Nursing assistant-certified," an individual certified under this chapter; and

(b) "Nursing assistant-registered," an individual registered under this chapter.

(9) "Nursing home" means a nursing home licensed under chapter 18.51 RCW.

(10) "Secretary" means the secretary of health.

Sec. 9009. RCW 46.61.5055 and 2016 sp.s. c 29 s 530 and 2016 c 203 s 17 are each reenacted and amended to read as follows:

(1) No prior offenses in seven years. Except as provided in RCW 46.61.502(6) or 46.61.504(6), a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 and who has no prior offense within seven years shall be punished as follows:
(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 or a ninety-day period of 24/7 sobriety program monitoring. The court may consider the offender's pretrial 24/7 sobriety program monitoring as fulfilling a portion of posttrial sentencing. 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 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)(b)(i), the court may order not less than thirty days of electronic home monitoring or a one hundred twenty day period of 24/7 sobriety program monitoring. The court may consider the offender's pretrial 24/7 sobriety program testing as fulfilling a portion of posttrial sentencing. 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 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.
detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring. Thirty days of imprisonment and sixty days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and

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

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

(i) By imprisonment for not less than forty-five days nor more than three hundred sixty-four days and ninety days of electronic home monitoring. In lieu of the mandatory minimum term of ninety days electronic home monitoring, the court may order at least an 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. Forty-five days of imprisonment and ninety days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and
(ii) By a fine of not less than seven hundred fifty dollars nor more than five thousand dollars. Seven hundred fifty dollars of the fine may not be suspended unless the court finds the offender to be indigent.

(3) **Two or three 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 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 home monitoring. Ninety days of imprisonment and one hundred twenty days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and

(ii) By a fine of not less than one thousand dollars nor more than five thousand dollars. One thousand dollars of the fine may not be suspended unless the court finds the offender to be indigent; or
(b) **Penalty for alcohol concentration at least 0.15.** In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

(i) By imprisonment for not less than one hundred twenty days nor more than three hundred sixty-four days, if available in that county or city, a six-month period of 24/7 sobriety program monitoring 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 term of one hundred fifty days of electronic home monitoring, the court may order at least an additional ten days in jail. The offender shall pay for the cost of the electronic monitoring. The court shall order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. 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. One hundred twenty days of imprisonment and one hundred fifty days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and

(ii) By a fine of not less than 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:

(a) The person has four or more prior offenses within ten years; or

(b) The person has ever previously been convicted of:

(i) A violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug;
(ii) A violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug;

(iii) An out-of-state offense comparable to the offense specified 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.**

(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.

(c) **24/7 sobriety program monitoring.** In any county or city where a 24/7 sobriety program is available and verified by the Washington association of sheriffs and police chiefs, the court shall:

(i) Order the person to install and use a functioning ignition interlock or other device in lieu of such period of 24/7 sobriety program monitoring;

(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.

(6) **Penalty for having a minor passenger in vehicle.** If a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 committed the offense while a passenger under the age of sixteen was in the vehicle, the court shall:

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

(c) Whether the driver was driving in the opposite direction of the normal flow of traffic on a multiple lane highway, as defined by RCW 46.04.350, with a posted speed limit of forty-five miles per hour or greater; and

(d) Whether a child passenger under the age of sixteen was an occupant in the driver's vehicle.

(8) **Treatment and information school.** An offender punishable under this section is subject to the alcohol assessment and treatment provisions of RCW 46.61.5056.

(9) **Driver's license privileges of the defendant.** The license, permit, or nonresident privilege of a person convicted of driving or 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 or until the person is evaluated by an alcoholism agency or probation department pursuant to RCW 46.20.311 and the person completes or is enrolled in a ninety-day period of 24/7 sobriety program monitoring. In no circumstances shall the license suspension be for fewer than two 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 or until the person is evaluated by an alcoholism agency or probation department pursuant to RCW 46.20.311 and the person completes or is enrolled in a one hundred twenty day period of 24/7 sobriety program monitoring. In no circumstances shall the license revocation be for fewer than four days;

(ii) Where there has been one prior offense within seven years, be revoked or denied by the department for nine hundred days; or

(iii) Where there have been two or more prior offenses within seven years, be revoked or denied by the department for four years; or

(c) **Penalty for refusing to take test.** If by reason of the person's refusal to take a test offered under RCW 46.20.308, there is no test result indicating the person's alcohol concentration:

(i) Where there have been no prior offenses within seven years, be revoked or denied by the department for two years;

(ii) Where there has been one prior offense within seven years, be revoked or denied by the department for three years; or

(iii) Where there have been two or more previous offenses within 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 receipt of a notice from the court under RCW 36.28A.390 that a participant has been removed from a 24/7 sobriety program, the department must resume any suspension, revocation, or denial that had been terminated early under this subsection due to participation in the program, granting credit on a day-for-day basis for any portion of a suspension, revocation, or denial already served under RCW 46.20.3101 or this section arising out of the same incident.

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

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

(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.

(11) **Conditions of probation.** (a) In addition to any nonsuspendable and nondeferrable jail sentence required by this section, whenever the court imposes up to three hundred sixty-four days in jail, the court shall also suspend but shall not defer a period of confinement for a period not exceeding five years. The court shall impose conditions of probation that include: (i) Not driving a motor vehicle within this state without a valid license to drive; (ii) not driving a motor vehicle within this state without proof of liability insurance or other financial responsibility for the future pursuant to RCW 46.30.020; (iii) not driving or being in physical control of a motor vehicle within this state while having an
alcohol concentration of 0.08 or more or a THC concentration of 5.00
nanograms per milliliter of whole blood or higher, within two hours
after driving; (iv) not refusing to submit to a test of his or her
breath or blood to determine alcohol or drug concentration upon
request of a law enforcement officer who has reasonable grounds to
believe the person was driving or was in actual physical control of a
motor vehicle within this state while under the influence of
intoxicating liquor or drug; and (v) not driving a motor vehicle in
this state without a functioning ignition interlock device as
required by the department under RCW 46.20.720. The court may impose
conditions of probation that include nonrepetition, installation of
an ignition interlock device on the probationer's motor vehicle,
alcohol or drug treatment, supervised probation, or other conditions
that may be appropriate. The sentence may be imposed in whole or in
part upon violation of a condition of probation during the suspension
period.

(b) For each violation of mandatory conditions of probation under
(a)(i), (ii), (iii), (iv), or (v) of this subsection, the court shall
order the convicted person to be confined for thirty days, which
shall not be suspended or deferred.

(c) For each incident involving a violation of a mandatory
condition of probation imposed under this subsection, the license,
permit, or privilege to drive of the person shall be suspended by the
court for thirty days or, if such license, permit, or privilege to
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 jail administrator subject to the standards and limitations set forth in RCW 9.94A.728(1)(c).

(14) Definitions. For purposes of this section and RCW 46.61.502 and 46.61.504:

(a) A "prior offense" means any of the following:

(i) A conviction for a violation of RCW 46.61.502 or an equivalent local ordinance;

(ii) A conviction for a violation of RCW 46.61.504 or an equivalent local ordinance;

(iii) A conviction for a violation of RCW 46.25.110 or an equivalent local ordinance;

(iv) A conviction for a violation of RCW 79A.60.040(2) or an equivalent local ordinance;

(v) A conviction for a violation of RCW 79A.60.040(1) or an equivalent local ordinance committed in a reckless manner if the conviction is the result of a charge that was originally filed as a violation of RCW 79A.60.040(2) or an equivalent local ordinance;

(vi) A conviction for a violation of RCW 47.68.220 or an equivalent local ordinance committed while under the influence of intoxicating liquor or any drug;
(vii) A conviction for a violation of RCW 47.68.220 or an equivalent local ordinance committed in a careless or reckless manner if the conviction is the result of a charge that was originally filed as a violation of RCW 47.68.220 or an equivalent local ordinance while under the influence of intoxicating liquor or any drug;

(viii) A conviction for a violation of RCW 46.09.470(2) or an equivalent local ordinance;

(ix) A conviction for a violation of RCW 46.10.490(2) or an equivalent local ordinance;

(x) 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;

(xi) 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;

(xii) A conviction for a violation of RCW 46.61.524, 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;

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

(xiv) 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;

(xv) A deferred prosecution under chapter 10.05 RCW granted in a prosecution for a violation of RCW 46.61.524, 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;
(xvi) 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

(xvii) 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;

(b) "Treatment" means substance use disorder treatment ([approved]) licensed or certified by the department of ([social and health services]) health;

(c) "Within seven years" means that the arrest for a prior offense occurred within seven years before or after the arrest for the current offense; and

(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.

(15) All fines imposed by this section apply to adult offenders only.

Sec. 9010. RCW 46.61.5056 and 2016 sp.s. c 29 s 531 are each amended to read as follows:

(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 and drug information school ([approved]) licensed or certified by the department of ([social and]) health ([services]) or to complete more intensive treatment in a substance use disorder treatment program ([approved]) licensed or certified 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)) a substance use disorder treatment program licensed or certified 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 and drug information school ((approved)) licensed or certified by the department of ((social and)) health ((services)) or more intensive treatment in ((a)) an approved substance use disorder treatment program ((approved)) licensed or certified 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 and drug 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)) license or certification under this section.

(5) The department of licensing and the department of ((social and)) health ((services)) may adopt such rules as are necessary to carry out this section.

Sec. 9011. RCW 72.09.350 and 2014 c 225 s 94 are each amended to read as follows:

(1) The department of corrections and the University of Washington may enter into a collaborative arrangement to provide
improved services for offenders with mental illness with a focus on prevention, treatment, and reintegration into society. The participants in the collaborative arrangement may develop a strategic plan within sixty days after May 17, 1993, to address the management of offenders with mental illness within the correctional system, facilitating their reentry into the community and the mental health system, and preventing the inappropriate incarceration of individuals with mental illness. The collaborative arrangement may also specify the establishment and maintenance of a corrections mental health center located at McNeil Island corrections center. The collaborative arrangement shall require that an advisory panel of key stakeholders be established and consulted throughout the development and implementation of the center. The stakeholders advisory panel shall include a broad array of interest groups drawn from representatives of mental health, criminal justice, and correctional systems. The stakeholders advisory panel shall include, but is not limited to, membership from: The department of corrections, the department of social and health services mental health division and division of juvenile rehabilitation, the health care authority, behavioral health organizations, local and regional law enforcement agencies, the sentencing guidelines commission, county and city jails, mental health advocacy groups for individuals with mental illness or developmental disabilities, ((and)) the traumatically brain-injured, and the general public. The center established by the department of corrections and University of Washington, in consultation with the stakeholder advisory groups, shall have the authority to:

(a) Develop new and innovative treatment approaches for corrections mental health clients;
(b) Improve the quality of mental health services within the department and throughout the corrections system;
(c) Facilitate mental health staff recruitment and training to meet departmental, county, and municipal needs;
(d) Expand research activities within the department in the area of treatment services, the design of delivery systems, the development of organizational models, and training for corrections mental health care professionals;
(e) Improve the work environment for correctional employees by developing the skills, knowledge, and understanding of how to work with offenders with special chronic mental health challenges;
(f) Establish a more positive rehabilitative environment for offenders;

(g) Strengthen multidisciplinary mental health collaboration between the University of Washington, other groups committed to the intent of this section, and the department of corrections;

(h) Strengthen department linkages between institutions of higher education, public sector mental health systems, and county and municipal corrections;

(i) Assist in the continued formulation of corrections mental health policies;

(j) Develop innovative and effective recruitment and training programs for correctional personnel working with offenders with mental illness;

(k) Assist in the development of a coordinated continuum of mental health care capable of providing services from corrections entry to community return; and

(l) Evaluate all current and innovative approaches developed within this center in terms of their effective and efficient achievement of improved mental health of inmates, development and utilization of personnel, the impact of these approaches on the functioning of correctional institutions, and the relationship of the corrections system to mental health and criminal justice systems. Specific attention should be paid to evaluating the effects of programs on the reintegration of offenders with mental illness into the community and the prevention of inappropriate incarceration of persons with mental illness.

(2) The corrections mental health center may conduct research, training, and treatment activities for the offender with mental illness within selected sites operated by the department. The department shall provide support services for the center such as food services, maintenance, perimeter security, classification, offender supervision, and living unit functions. The University of Washington may develop, implement, and evaluate the clinical, treatment, research, and evaluation components of the mentally ill offender center. The institute of for public policy and management may be consulted regarding the development of the center and in the recommendations regarding public policy. As resources permit, training within the center shall be available to state, county, and municipal agencies requiring the services. Other state colleges, state universities, and mental health providers may be involved in
activities as required on a subcontract basis. Community mental
health organizations, research groups, and community advocacy groups
may be critical components of the center's operations and involved as
appropriate to annual objectives. Clients with mental illness may be
drawn from throughout the department's population and transferred to
the center as clinical need, available services, and department
jurisdiction permits.

(3) The department shall prepare a report of the center's
progress toward the attainment of stated goals and provide the report
to the legislature annually.

Sec. 9012. RCW 72.09.370 and 2014 c 225 s 95 are each amended to
read as follows:

(1) The offender reentry community safety program is established
to provide intensive services to offenders identified under this
subsection and to thereby promote public safety. The secretary shall
identify offenders in confinement or partial confinement who: (a) Are
reasonably believed to be dangerous to themselves or others; and (b)
have a mental disorder. In determining an offender's dangerousness,
the secretary shall consider behavior known to the department and
factors, based on research, that are linked to an increased risk for
dangerousness of offenders with mental illnesses and shall include
consideration of an offender's chemical dependency or abuse.

(2) Prior to release of an offender identified under this
section, a team consisting of representatives of the department of
corrections, the division of mental health care authority, and, as necessary, the indeterminate sentence review board, divisions or administrations within the department of social and
health services, specifically including the division of developmental disabilities, the
appropriate behavioral health organization, and the providers, as
appropriate, shall develop a plan, as determined necessary by the
team, for delivery of treatment and support services to the offender
upon release. In developing the plan, the offender shall be offered
assistance in executing a mental health directive under chapter 71.32
RCW, after being fully informed of the benefits, scope, and purposes
of such directive. The team may include a school district
representative for offenders under the age of twenty-one. The team
shall consult with the offender's counsel, if any, and, as
appropriate, the offender's family and community. The team shall
notify the crime victim/witness program, which shall provide notice to all people registered to receive notice under RCW 72.09.712 of the proposed release plan developed by the team. Victims, witnesses, and other interested people notified by the department may provide information and comments to the department on potential safety risk to specific individuals or classes of individuals posed by the specific offender. The team may recommend: (a) That the offender be evaluated by the designated mental health professional, as defined in chapter 71.05 RCW; (b) department-supervised community treatment; or (c) voluntary community mental health or chemical dependency or abuse treatment.

(3) Prior to release of an offender identified under this section, the team shall determine whether or not an evaluation by a designated mental health professional is needed. If an evaluation is recommended, the supporting documentation shall be immediately forwarded to the appropriate designated mental health professional. The supporting documentation shall include the offender's criminal history, history of judicially required or administratively ordered involuntary antipsychotic medication while in confinement, and any known history of involuntary civil commitment.

(4) If an evaluation by a designated mental health professional is recommended by the team, such evaluation shall occur not more than ten days, nor less than five days, prior to release.

(5) A second evaluation by a designated mental health professional shall occur on the day of release if requested by the team, based upon new information or a change in the offender's mental condition, and the initial evaluation did not result in an emergency detention or a summons under chapter 71.05 RCW.

(6) If the designated mental health professional determines an emergency detention under chapter 71.05 RCW is necessary, the department shall release the offender only to a state hospital or to a consenting evaluation and treatment facility. The department shall arrange transportation of the offender to the hospital or facility.

(7) If the designated mental health professional believes that a less restrictive alternative treatment is appropriate, he or she shall seek a summons, pursuant to the provisions of chapter 71.05 RCW, to require the offender to appear at an evaluation and treatment facility. If a summons is issued, the offender shall remain within the corrections facility until completion of his or her term of confinement and be transported, by corrections personnel on the day
of completion, directly to the identified evaluation and treatment facility.

(8) The secretary shall adopt rules to implement this section.

Sec. 9013. RCW 72.09.370 and 2016 sp.s. c 29 s 427 are each amended to read as follows:

(1) The offender reentry community safety program is established to provide intensive services to offenders identified under this subsection and to thereby promote public safety. The secretary shall identify offenders in confinement or partial confinement who: (a) Are reasonably believed to be dangerous to themselves or others; and (b) have a mental disorder. In determining an offender's dangerousness, the secretary shall consider behavior known to the department and factors, based on research, that are linked to an increased risk for dangerousness of offenders with mental illnesses and shall include consideration of an offender's chemical dependency or abuse.

(2) Prior to release of an offender identified under this section, a team consisting of representatives of the department of corrections, the division of mental health care authority, and, as necessary, the indeterminate sentence review board, divisions or administrations within the department of social and health services, specifically including the division of alcohol and substance abuse and the division of developmental disabilities, the appropriate behavioral health organization, and the providers, as appropriate, shall develop a plan, as determined necessary by the team, for delivery of treatment and support services to the offender upon release. In developing the plan, the offender shall be offered assistance in executing a mental health directive under chapter 71.32 RCW, after being fully informed of the benefits, scope, and purposes of such directive. The team may include a school district representative for offenders under the age of twenty-one. The team shall consult with the offender's counsel, if any, and, as appropriate, the offender's family and community. The team shall notify the crime victim/witness program, which shall provide notice to all people registered to receive notice under RCW 72.09.712 of the proposed release plan developed by the team. Victims, witnesses, and other interested people notified by the department may provide information and comments to the department on potential safety risk to specific individuals or classes of individuals posed by the specific offender. The team may recommend: (a) That the offender be
evaluated by the designated crisis responder, as defined in chapter 71.05 RCW; (b) department-supervised community treatment; or (c) voluntary community mental health or chemical dependency or abuse treatment.

(3) Prior to release of an offender identified under this section, the team shall determine whether or not an evaluation by a designated crisis responder is needed. If an evaluation is recommended, the supporting documentation shall be immediately forwarded to the appropriate designated crisis responder. The supporting documentation shall include the offender's criminal history, history of judicially required or administratively ordered involuntary antipsychotic medication while in confinement, and any known history of involuntary civil commitment.

(4) If an evaluation by a designated crisis responder is recommended by the team, such evaluation shall occur not more than ten days, nor less than five days, prior to release.

(5) A second evaluation by a designated crisis responder shall occur on the day of release if requested by the team, based upon new information or a change in the offender's mental condition, and the initial evaluation did not result in an emergency detention or a summons under chapter 71.05 RCW.

(6) If the designated crisis responder determines an emergency detention under chapter 71.05 RCW is necessary, the department shall release the offender only to a state hospital or to a consenting evaluation and treatment facility. The department shall arrange transportation of the offender to the hospital or facility.

(7) If the designated crisis responder believes that a less restrictive alternative treatment is appropriate, he or she shall seek a summons, pursuant to the provisions of chapter 71.05 RCW, to require the offender to appear at an evaluation and treatment facility. If a summons is issued, the offender shall remain within the corrections facility until completion of his or her term of confinement and be transported, by corrections personnel on the day of completion, directly to the identified evaluation and treatment facility.

(8) The secretary shall adopt rules to implement this section.

Sec. 9014. RCW 72.09.380 and 1999 c 214 s 3 are each amended to read as follows:
The (secretaries) secretary of the department of corrections and the (department of social and health services) director of the health care authority shall adopt rules and develop working agreements which will ensure that offenders identified under RCW 72.09.370(1) will be assisted in making application for medicaid to facilitate a decision regarding their eligibility for such entitlements prior to the end of their term of confinement in a correctional facility.

Sec. 9015. RCW 72.09.381 and 2014 c 225 s 96 are each amended to read as follows:

The secretary of the department of corrections and the director of the health care authority shall, in consultation with the behavioral health organizations and provider representatives, each adopt rules as necessary to implement chapter 214, Laws of 1999.

Sec. 9016. RCW 72.09.585 and 2013 c 200 s 32 are each amended to read as follows:

(1) When the department is determining an offender's risk management level, the department shall inquire of the offender and shall be told whether the offender is subject to court-ordered treatment for mental health services or chemical dependency services. The department shall request and the offender shall provide an authorization to release information form that meets applicable state and federal requirements and shall provide the offender with written notice that the department will request the offender's mental health and substance (abuse) use disorder treatment information. An offender's failure to inform the department of court-ordered treatment is a violation of the conditions of supervision if the offender is in the community and an infraction if the offender is in confinement, and the violation or infraction is subject to sanctions.

(2) When an offender discloses that he or she is subject to court-ordered mental health services or chemical dependency treatment, the department shall provide the mental health services provider or chemical dependency treatment provider with a written request for information and any necessary authorization to release information forms. The written request shall comply with rules adopted by the ((department of social and health services)) health care authority or protocols developed jointly by the department and

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the ((department of social and health services)) health care authority. A single request shall be valid for the duration of the offender's supervision in the community. Disclosures of information related to mental health services made pursuant to a department request shall not require consent of the offender.

(3) The information received by the department under RCW 71.05.445 or 70.02.250 may be released to the indeterminate sentence review board as relevant to carry out its responsibility of planning and ensuring community protection with respect to persons under its jurisdiction. Further disclosure by the indeterminate sentence review board is subject to the limitations set forth in subsections (5) and (6) of this section and must be consistent with the written policy of the indeterminate sentence review board. The decision to disclose or not shall not result in civil liability for the indeterminate sentence review board or staff assigned to perform board-related duties provided that the decision was reached in good faith and without gross negligence.

(4) The information received by the department under RCW 71.05.445 or 70.02.250 may be used to meet the statutory duties of the department to provide evidence or report to the court. Disclosure to the public of information provided to the court by the department related to mental health services shall be limited in accordance with RCW 9.94A.500 or this section.

(5) The information received by the department under RCW 71.05.445 or 70.02.250 may be disclosed by the department to other state and local agencies as relevant to plan for and provide offenders transition, treatment, and supervision services, or as relevant and necessary to protect the public and counteract the danger created by a particular offender, and in a manner consistent with the written policy established by the secretary. The decision to disclose or not shall not result in civil liability for the department or its employees so long as the decision was reached in good faith and without gross negligence. The information received by a state or local agency from the department shall remain confidential and subject to the limitations on disclosure set forth in chapters 70.02, 71.05, and 71.34 RCW and, subject to these limitations, may be released only as relevant and necessary to counteract the danger created by a particular offender.

(6) The information received by the department under RCW 71.05.445 or 70.02.250 may be disclosed by the department to
individuals only with respect to offenders who have been determined by the department to have a high risk of reoffending by a risk assessment, as defined in RCW 9.94A.030, only as relevant and necessary for those individuals to take reasonable steps for the purpose of self-protection, or as provided in RCW 72.09.370(2). The information may not be disclosed for the purpose of engaging the public in a system of supervision, monitoring, and reporting offender behavior to the department. The department must limit the disclosure of information related to mental health services to the public to descriptions of an offender's behavior, risk he or she may present to the community, and need for mental health treatment, including medications, and shall not disclose or release to the public copies of treatment documents or records, except as otherwise provided by law. All disclosure of information to the public must be done in a manner consistent with the written policy established by the secretary. The decision to disclose or not shall not result in civil liability for the department or its employees so long as the decision was reached in good faith and without gross negligence. Nothing in this subsection prevents any person from reporting to law enforcement or the department behavior that he or she believes creates a public safety risk.

Sec. 9017. RCW 74.34.020 and 2015 c 268 s 1 are each amended to read as follows:

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

(1) "Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

(2) "Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult which have the following meanings:
(a) "Sexual abuse" means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.

(b) "Physical abuse" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

(c) "Mental abuse" means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

(d) "Personal exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

(e) "Improper use of restraint" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

(3) "Chemical restraint" means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

(4) "Consent" means express written consent granted after the vulnerable adult or his or her legal representative has been fully informed of the nature of the services to be offered and that the receipt of services is voluntary.
(5) "Department" means the department of social and health services.

(6) "Facility" means a residence licensed or required to be licensed under chapter 18.20 RCW, assisted living facilities; chapter 18.51 RCW, nursing homes; chapter 70.128 RCW, adult family homes; chapter 72.36 RCW, soldiers' homes; or chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed or certified by the department or the department of health.

(7) "Financial exploitation" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:

(a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;

(b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or

(c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

(8) "Financial institution" has the same meaning as in RCW 30A.22.040 and 30A.22.041. For purposes of this chapter only, "financial institution" also means a "broker-dealer" or "investment adviser" as defined in RCW 21.20.005.

(9) "Hospital" means a facility licensed under chapter 70.41, 71.12, or 72.23 RCW and any employee, agent, officer, director, or independent contractor thereof.

(10) "Incapacitated person" means a person who is at a significant risk of personal or financial harm under RCW 11.88.010(1) (a), (b), (c), or (d).
(11) "Individual provider" means a person under contract with the department to provide services in the home under chapter 74.09 or 74.39A RCW.

(12) "Interested person" means a person who demonstrates to the court's satisfaction that the person is interested in the welfare of the vulnerable adult, that the person has a good faith belief that the court's intervention is necessary, and that the vulnerable adult is unable, due to incapacity, undue influence, or duress at the time the petition is filed, to protect his or her own interests.

(13) "Mandated reporter" is an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter 18.130 RCW.

(14) "Mechanical restraint" means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.

(15) "Neglect" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

(16) "Permissive reporter" means any person, including, but not limited to, an employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.

(17) "Physical restraint" means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does
not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.

(18) "Protective services" means any services provided by the department to a vulnerable adult with the consent of the vulnerable adult, or the legal representative of the vulnerable adult, who has been abandoned, abused, financially exploited, neglected, or in a state of self-neglect. These services may include, but are not limited to case management, social casework, home care, placement, arranging for medical evaluations, psychological evaluations, day care, or referral for legal assistance.

(19) "Self-neglect" means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

(20) "Social worker" means:

(a) A social worker as defined in RCW 18.320.010(2); or

(b) Anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support, or education of vulnerable adults, or providing social services to vulnerable adults, whether in an individual capacity or as an employee or agent of any public or private organization or institution.

(21) "Vulnerable adult" includes a person:

(a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or

(b) Found incapacitated under chapter 11.88 RCW; or

(c) Who has a developmental disability as defined under RCW 71A.10.020; or

(d) Admitted to any facility; or

(e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or

(f) Receiving services from an individual provider; or
(g) Who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.

PART 10

NEW SECTION. Sec. 10001. A new section is added to chapter 41.05 RCW to read as follows:

(1) The powers, duties, and functions of the department of social and health services pertaining to the behavioral health system and purchasing function of the behavioral health administration, except for oversight and management of state-run mental health institutions and licensing and certification activities, are hereby transferred to the Washington state health care authority to the extent necessary to carry out the purposes of this act. All references to the secretary or the department of social and health services in the Revised Code of Washington shall be construed to mean the director of the health care authority or the health care authority when referring to the functions transferred in this section.

(2) (a) All reports, documents, surveys, books, records, files, papers, or written material in the possession of the department of social and health services pertaining to the powers, duties, and functions transferred shall be delivered to the custody of the health care authority. All cabinets, furniture, office equipment, motor vehicles, and other tangible property employed by the department of social and health services in carrying out the powers, duties, and functions transferred shall be made available to the health care authority. All funds, credits, or other assets held by the department of social and health services in connection with the powers, duties, and functions transferred shall be assigned to the health care authority.

(b) Any appropriations made to the department of social and health services for carrying out the powers, functions, and duties transferred shall, on the effective date of this section, be transferred and credited to the health care authority.

(c) Whenever any question arises as to the transfer of any personnel, funds, books, documents, records, papers, files, equipment, or other tangible property used or held in the exercise of the powers and the performance of the duties and functions transferred, the director of financial management shall make a
determination as to the proper allocation and certify the same to the
state agencies concerned.

(3) All rules and all pending business before the department of
social and health services pertaining to the powers, duties, and
functions transferred shall be continued and acted upon by the health
care authority. All existing contracts and obligations shall remain
in full force and shall be performed by the health care authority.

(4) The transfer of the powers, duties, functions, and personnel
of the department of social and health services shall not affect the
validity of any act performed before the effective date of this
section.

(5) If apportionments of budgeted funds are required because of
the transfers directed by this section, the director of financial
management shall certify the apportionments to the agencies affected,
the state auditor, and the state treasurer. Each of these shall make
the appropriate transfer and adjustments in funds and appropriation
accounts and equipment records in accordance with the certification.

(6) By January 1, 2018, all employees of the department of social
and health services engaged in performing the powers, functions, and
duties transferred to the health care authority are transferred to
the health care authority. All employees classified under chapter
41.06 RCW, the state civil service law, are assigned to the health
care authority to perform their usual duties upon the same terms as
formerly, without any loss of rights, subject to any action that may
be appropriate thereafter in accordance with the laws and rules
governing state civil service law.

(7) Positions in any bargaining unit within the health care
authority existing on the effective date of this section will not be
removed from an existing bargaining unit as a result of this section
unless and until the existing bargaining unit is modified by the
public employment relations commission pursuant to Title 391 WAC. The
portions of any bargaining units of employees at the department of
social and health services existing on the effective date of this
section that are transferred to the health care authority shall be
considered separate appropriate units within the health care
authority unless and until modified by the public employment
relations commission pursuant to Title 391 WAC. The exclusive
bargaining representatives recognized as representing the portions of
the bargaining units of employees at the department of social and
health services existing on the effective date of this section shall
continue as the exclusive bargaining representatives of the transferred bargaining units without the necessity of an election.

(8) The public employment relations commission may review the appropriateness of the collective bargaining units that are a result of the transfer from the department of social and health services to the health care authority under this act. The employer or the exclusive bargaining representative may petition the public employment relations commission to review the bargaining units in accordance with this section.

(9) By July 1, 2017, the health care authority must enter into an agreement with the department of social and health services. This agreement will allow the department of social and health services to continue to operate and administer the duties and obligations transferred in this act to the health care authority until the staff are fully transferred to the health care authority by January 1, 2018.

(10) By January 1, 2018, the health care authority must enter into an agreement with the department of health to ensure coordination of preventative behavioral health services.

NEW SECTION. Sec. 10002. A new section is added to chapter 43.70 RCW to read as follows:

(1) The powers, duties, and functions of the department of social and health services pertaining to licensing and certification of behavioral health provider agencies and facilities, except for state-run mental health institutions, are hereby transferred to the department of health to the extent necessary to carry out the purposes of this act. All references to the secretary or the department of social and health services in the Revised Code of Washington shall be construed to mean the secretary of the department of health or the department of health when referring to the functions transferred in this section.

(2)(a) All reports, documents, surveys, books, records, files, papers, or written material in the possession of the department of social and health services pertaining to the powers, duties, and functions transferred shall be delivered to the custody of the department of health. All cabinets, furniture, office equipment, motor vehicles, and other tangible property employed by the department of social and health services in carrying out the powers, duties, and functions transferred shall be made available to the
department of health. All funds, credits, or other assets held by the
department of social and health services in connection with the
powers, duties, and functions transferred shall be assigned to the
department of health.

(b) Any appropriations made to the department of social and
health services for carrying out the powers, functions, and duties
transferred shall, on the effective date of this section, be
transferred and credited to the department of health.

(c) If any question arises as to the transfer of any personnel,
funds, books, documents, records, papers, files, equipment, or other
tangible property used or held in the exercise of the powers and the
performance of the duties and functions transferred, the director of
financial management shall make a determination as to the proper
allocation and certify the same to the state agencies concerned.

(3) All rules and all pending business before the department of
social and health services pertaining to the powers, duties, and
functions transferred shall be continued and acted upon by the
department of health. All existing contracts and obligations shall
remain in full force and shall be performed by the department of
health.

(4) The transfer of the powers, duties, functions, and personnel
of the department of social and health services shall not affect the
validity of any act performed before the effective date of this
section.

(5) If apportionments of budgeted funds are required because of
the transfers directed by this section, the director of financial
management shall certify the apportionments to the agencies affected,
the state auditor, and the state treasurer. Each of these shall make
the appropriate transfer and adjustments in funds and appropriation
accounts and equipment records in accordance with the certification.

(6) By January 1, 2018, all employees of the department of social
and health services engaged in performing the powers, functions, and
duties transferred to the department of health are transferred to the
department of health. All employees classified under chapter 41.06
RCW, the state civil service law, are assigned to the department of
health to perform their usual duties upon the same terms as formerly,
without any loss of rights, subject to any action that may be
appropriate thereafter in accordance with the laws and rules
governing state civil service law.
(7) Positions in any bargaining unit within the department of health existing on the effective date of this section will not be removed from an existing bargaining unit as a result of this section unless and until the existing bargaining unit is modified by the public employment relations commission pursuant to Title 391 WAC. Nonsupervisory civil service employees of the department of social and health services assigned to the department of health under this section whose positions are within the existing bargaining unit description at the department of health shall become a part of that unit under the provision of chapter 41.80 RCW. The existing bargaining representative of the existing bargaining unit at the department of health shall continue to be certified as the exclusive bargaining representative without the necessity of an election.

(8) By July 1, 2017, the department of health must enter into an agreement with the department of social and health services. This agreement will allow the department of social and health services to continue to operate and administer the duties and obligations transferred in this act to the department of health until the staff are fully transferred to the department of health by January 1, 2018.

NEW SECTION. Sec. 10003. The code reviser shall note wherever the secretary or department of any agency or agency's duties transferred or consolidated under this act is used or referred to in statute that the name of the secretary or department has changed. The code reviser shall prepare legislation for the 2018 regular session that: (1) Changes all statutory references to the secretary or department of any agency transferred or consolidated under this act; and (2) changes statutory references to sections recodified by this act but not amended in this act.

PART 11

NEW SECTION. Sec. 11001. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 11002. RCW 71.24.065 (Wraparound model of integrated children's mental health services delivery—Contracts—Evaluation—Report) is decodified.

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NEW SECTION. Sec. 11003. (1) RCW 43.20A.025 is recodified as a section in chapter 71.34 RCW.

(2) RCW 43.20A.065 and 43.20A.433 are each recodified as sections in chapter 71.24 RCW.

(3) RCW 43.20A.890 and 43.20A.892 are each recodified as sections in chapter 41.05 RCW.

(4) RCW 43.20A.893, 43.20A.894, 43.20A.896, and 43.20A.897 are each recodified as sections in chapter 74.09 RCW.

NEW SECTION. Sec. 11004. Sections 2001, 3001, 3003, 3008, 3010, 3012, 3017, 3020, 3024, 3027, 3029, 3035, 3037, 3040, 3045, 3047, 4002, 4007, 4019, 5002, 5006, 5009, 5013, 5016, 5018, 5021, 5024, 5027, 5029, 6001 through 6024, 8001, 8003, and 9012 of this act expire April 1, 2018.

NEW SECTION. Sec. 11005. Sections 2002, 3002, 3004, 3009, 3011, 3013, 3014, 3018, 3021, 3025, 3030, 3036, 3038, 3041, 3046, 3048, 3050, 4003, 4008, 4020, 5003, 5007, 5010, 5014, 5017, 5019, 5022, 5025, 5028, 5030, 8002, 8004, and 9013 of this act take effect April 1, 2018.

NEW SECTION. Sec. 11006. Section 7017 of this act expires January 1, 2018.

NEW SECTION. Sec. 11007. Sections 3014, 3018, 3038, 5025, and 5030 of this act expire July 1, 2026.

NEW SECTION. Sec. 11008. Sections 3015, 3019, 3039, 5026, and 5031 of this act take effect July 1, 2026.

NEW SECTION. Sec. 11009. Except as provided in sections 11005 and 11008 of this act, this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2017.

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