SENATE BILL 5071

State of Washington 67th Legislature 2021 Regular Session

By Senators Dhingra, Darneille, Das, Hunt, Kuderer, Nguyen, and Wilson, C.

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AN ACT Relating to creating transition teams to assist specified persons under civil commitment; amending RCW 10.77.150, 71.05.320, 71.05.320, 71.05.585, 70.02.230, 70.02.240, and 71.24.035; providing an effective date; and providing an expiration date.

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

6 **Sec. 1.** RCW 10.77.150 and 2010 c 263 s 5 are each amended to 7 read as follows:

8 Persons examined pursuant to RCW 10.77.140 may make (1)9 application to the secretary for conditional release. The secretary 10 shall, after considering the reports of experts or professional 11 persons conducting the examination pursuant to RCW 10.77.140, forward 12 to the court of the county which ordered the person's commitment the 13 person's application for conditional release as well as the 14 secretary's recommendations concerning the application and any 15 proposed terms and conditions upon which the secretary reasonably 16 believes the person can be conditionally released. Conditional 17 release may also contemplate partial release for work, training, or 18 educational purposes.

19 (2) In instances in which persons examined pursuant to RCW
 20 10.77.140 have not made application to the secretary for conditional
 21 release, but the secretary, after considering the reports of experts

1 or professional persons conducting the examination pursuant to RCW 10.77.140, reasonably believes the person may be conditionally 2 released, the secretary may submit a recommendation for release to 3 the court of the county that ordered the person's commitment. The 4 secretary's recommendation must include any proposed terms and 5 6 conditions upon which the secretary reasonably believes the person may be conditionally released. Conditional release may also include 7 partial release for work, training, or educational purposes. Notice 8 of the secretary's recommendation under this subsection must be 9 provided to the person for whom the secretary has made the 10 recommendation for release and to his or her attorney. 11

(3) (a) The court of the county which ordered the person's commitment, upon receipt of an application or recommendation for conditional release with the secretary's recommendation for conditional release terms and conditions, shall within thirty days schedule a hearing. The court may schedule a hearing on applications recommended for disapproval by the secretary.

(b) The prosecuting attorney shall represent the state at such hearings and shall have the right to have the patient examined by an expert or professional person of the prosecuting attorney's choice. If the committed person is indigent, and he or she so requests, the court shall appoint a qualified expert or professional person to examine the person on his or her behalf.

(c) The issue to be determined at such a hearing is whether or not the person may be released conditionally without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security.

28 (d) The court, after the hearing, shall rule on the secretary's recommendations, and if it disapproves of conditional release, may do 29 so only on the basis of substantial evidence. The court may modify 30 31 the suggested terms and conditions on which the person is to be 32 conditionally released. Pursuant to the determination of the court after hearing, the committed person shall thereupon be released on 33 such conditions as the court determines to be necessary, or shall be 34 remitted to the custody of the secretary. 35

36 <u>(4)</u> If the order of conditional release includes ((a)) provisions 37 that require the discharge of the person to the community, the 38 conditional release order must also include:

39 <u>(a) A</u> requirement for the committed person to ((report to a)) <u>be</u> 40 <u>supervised by a specially trained</u> community corrections officer,

1 ((the order shall also specify that the conditionally released person shall be under the supervision of the secretary of corrections or 2 such person as the secretary of corrections may designate and shall 3 follow explicitly the instructions of the secretary of corrections)) 4 to comply with conditions of supervision including reporting as 5 6 directed ((to a community corrections officer)), remaining within prescribed geographical boundaries, and notifying the community 7 corrections officer prior to making any change in the ((offender's)) 8 person's address or employment. ((If the order of conditional release 9 10 includes a requirement for the committed person to report to a community corrections officer, the)) The community corrections 11 12 officer shall notify the secretary or the secretary's designee, if the person is not in compliance with the court-ordered conditions of 13 14 release((-));

15 ((((4))) (b) If the court ((determines that receiving regular or 16 periodic medication or other medical treatment shall be a condition 17 of the committed person's release, then the court shall require him or her to report to a physician or other medical or mental health 18 practitioner for the medication or treatment. In addition to 19 submitting any report required by RCW 10.77.160, the physician or 20 21 other medical or mental health practitioner shall immediately upon the released person's)) requires participation in behavioral health 22 23 treatment as a condition of release, the name of the licensed or 24 certified behavioral health agency responsible for identifying the 25 services the person will receive in accordance with RCW 71.05.585, and must require the person to cooperate with the services planned by 26 27 the licensed or certified behavioral health agency. The licensed or 28 certified behavioral health agency must comply with the reporting requirements of RCW 10.77.160, and must immediately report to the 29 30 court, the prosecuting attorney of the court of commitment, the secretary, and the supervising community corrections officer any 31 32 failure to appear for ((the)) medication or treatment, or ((upon a)) any change in the person's mental health condition that renders ((the 33 34 patient)) him or her a potential risk to the public ((report to the court, to the prosecuting attorney of the county in which the 35 released person was committed, to the secretary, and to the 36 37 supervising community corrections officer)); and

38 (c) The appointment of a transition team to assist the person 39 consisting of a care coordinator, a representative of the department 40 of social and health services, and the person's supervising community 1 corrections officer. The transition team shall have duties as
2 specified under RCW 71.05.585(6).

3 (5) Any person, whose application for conditional release has 4 been denied, may reapply after a period of six months from the date 5 of denial.

6 Sec. 2. RCW 71.05.320 and 2020 c 302 s 45 are each amended to 7 read as follows:

8 (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 9 10 that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, 11 the court shall remand him or her to the custody of the department of 12 social and health services or to a facility certified for ninety day 13 treatment by the department for a further period of intensive 14 15 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 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 or under RCW 71.05.745.

(2) If the court or jury finds that grounds set forth in RCW 28 71.05.280 have been proven, but finds that treatment less restrictive 29 30 than detention will be in the best interest of the person or others, 31 then the court shall remand him or her to the custody of the department of social and health services or to a facility certified 32 for ninety day treatment by the department or to a less restrictive 33 alternative for a further period of less restrictive treatment not to 34 35 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 36 period of treatment may be up to but not exceed one hundred eighty 37 days from the date of judgment. If the court or jury finds that the 38 grounds set forth in RCW 71.05.280(5) have been proven, and provide 39

1 the only basis for commitment, the court must enter an order for less 2 restrictive alternative treatment for up to ninety days from the date 3 of judgment and may not order inpatient treatment.

4 (3) An order for less restrictive alternative treatment entered 5 under subsection (2) of this section must name the behavioral health 6 service provider responsible for identifying the services the person 7 will receive in accordance with RCW 71.05.585, and must include a 8 requirement that the person cooperate with the services planned by 9 the behavioral health service provider.

10 (4) The person shall be released from involuntary treatment at 11 the expiration of the period of commitment imposed under subsection 12 (1) or (2) of this section unless the superintendent or professional 13 person in charge of the facility in which he or she is confined, or 14 in the event of a less restrictive alternative, the designated crisis 15 responder, files a new petition for involuntary treatment on the 16 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 behavioral health 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 a behavioral health 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 a behavioral health 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.

32 (ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment 33 shall continue for up to an additional one hundred eighty-day period 34 whenever the petition presents prima facie evidence that the person 35 36 continues to suffer from a behavioral health disorder or developmental disability that results in a substantial likelihood of 37 committing acts similar to the charged criminal behavior, unless the 38 39 person presents proof through an admissible expert opinion that the 40 person's condition has so changed such that the behavioral health

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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

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(d) Continues to be gravely disabled; or

8 (e) Is in need of assisted outpatient behavioral health 9 treatment.

10 If the conduct required to be proven in (b) and (c) of this 11 subsection was found by a judge or jury in a prior trial under this 12 chapter, it shall not be necessary to prove such conduct again.

13 If less restrictive alternative treatment is sought, the petition 14 shall set forth any recommendations for less restrictive alternative 15 treatment services.

16 (5) A new petition for involuntary treatment filed under 17 subsection (4) of this section shall be filed and heard in the 18 superior court of the county of the facility which is filing the new 19 petition for involuntary treatment unless good cause is shown for a 20 change of venue. The cost of the proceedings shall be borne by the 21 state.

22 (6) (a) The hearing shall be held as provided in RCW 71.05.310, 23 and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to 24 25 subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed 26 one hundred eighty days from the date of judgment, except as provided 27 28 in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this 29 section, the court may enter an order for less restrictive 30 31 alternative treatment not to exceed one hundred eighty days from the 32 date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must name the 33 behavioral health service provider responsible for identifying the 34 services the person will receive in accordance with RCW 71.05.585, 35 36 and must include a requirement that the person cooperate with the services planned by the behavioral health service provider. In cases 37 where the court has made an affirmative special finding under RCW 38 39 71.05.280(3)(b), the court shall appoint a transition team to assist 40 the person including a care coordinator, a representative of the department of social and health services, and a specially trained supervising community corrections officer. The transition team shall have duties as specified under RCW 71.05.585(6).

At the end of the one hundred eighty-day period 4 (b) of commitment, or one-year period of commitment if subsection (7) of 5 6 this section applies, the committed person shall be released unless a petition for an additional one hundred eighty-day period of continued 7 treatment is filed and heard in the same manner as provided in this 8 section. Successive one hundred eighty-day commitments 9 are permissible on the same grounds and pursuant to the same procedures 10 11 as the original one hundred eighty-day commitment.

12 (7) An order for less restrictive treatment entered under 13 subsection (6) of this section may be for up to one year when the 14 person's previous commitment term was for intensive inpatient 15 treatment in a state hospital.

16 (8) No person committed as provided in this section may be 17 detained unless a valid order of commitment is in effect. No order of 18 commitment can exceed one hundred eighty days in length except as 19 provided in subsection (7) of this section.

20 Sec. 3. RCW 71.05.320 and 2020 c 302 s 46 are each amended to 21 read as follows:

22 (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 23 24 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 25 custody of the department of social and health services or to a 26 27 facility certified for ninety day treatment by the department for a 28 further period of intensive treatment not to exceed ninety days from the date of judgment. 29

30 If the order for inpatient treatment is based on a substance use 31 disorder, treatment must take place at an approved substance use 32 disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of 33 treatment may be up to but not exceed one hundred eighty days from 34 35 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 36 treatment by the department or under RCW 71.05.745. 37

38 (2) If the court or jury finds that grounds set forth in RCW39 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, 1 then the court shall remand him or her to the custody of the 2 department of social and health services or to a facility certified 3 for ninety day treatment by the department or to a less restrictive 4 alternative for a further period of less restrictive treatment not to 5 exceed ninety days from the date of judgment. If the grounds set 6 forth in RCW 71.05.280(3) are the basis of commitment, then the 7 period of treatment may be up to but not exceed one hundred eighty 8 days from the date of judgment. If the court or jury finds that the 9 grounds set forth in RCW 71.05.280(5) have been proven, and provide 10 11 the only basis for commitment, the court must enter an order for less 12 restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment. 13

14 (3) An order for less restrictive alternative treatment entered 15 under subsection (2) of this section must name the behavioral health 16 service provider responsible for identifying the services the person 17 will receive in accordance with RCW 71.05.585, and must include a 18 requirement that the person cooperate with the services planned by 19 the behavioral 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 behavioral health disorder or developmental
disability presents a likelihood of serious harm; or

32 (b) Was taken into custody as a result of conduct in which he or 33 she attempted or inflicted serious physical harm upon the person of 34 another, and continues to present, as a result of a behavioral health 35 disorder or developmental disability, a likelihood of serious harm; 36 or

37 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result 38 of a behavioral health disorder or developmental disability continues 39 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.

3 (ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment 4 shall continue for up to an additional one hundred eighty-day period 5 6 whenever the petition presents prima facie evidence that the person from a behavioral health disorder 7 continues to suffer or developmental disability that results in a substantial likelihood of 8 committing acts similar to the charged criminal behavior, unless the 9 person presents proof through an admissible expert opinion that the 10 11 person's condition has so changed such that the behavioral health 12 disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged 13 criminal behavior. The initial or additional commitment period may 14 include transfer to a specialized program of intensive support and 15 16 treatment, which may be initiated prior to or after discharge from 17 the state hospital; or

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(d) Continues to be gravely disabled; or

19 (e) Is in need of assisted outpatient behavioral health 20 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.

33 (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 34 confinement as set forth in this section are present, the court may 35 36 order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of 37 judgment, except as provided in subsection (7) of this section. If 38 39 the court's order is based solely on the grounds identified in 40 subsection (4)(e) of this section, the court may enter an order for

1 less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for 2 inpatient treatment. An order for less restrictive alternative 3 name the behavioral health service provider 4 treatment must responsible for identifying the services the person will receive in 5 6 accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the behavioral 7 health service provider. In cases where the court has made an 8 affirmative special finding under RCW 71.05.280(3)(b), the court 9 shall appoint a transition team to assist the person including a care 10 coordinator, a representative of the department of social and health 11 12 services, and a specially trained supervising community corrections officer. The transition team shall have duties as specified under RCW 13 14 71.05.585(6).

(b) At the end of the one hundred eighty-day period 15 of 16 commitment, or one-year period of commitment if subsection (7) of 17 this section applies, the committed person shall be released unless a petition for an additional one hundred eighty-day period of continued 18 19 treatment is filed and heard in the same manner as provided in this hundred eighty-day commitments 20 section. Successive one are 21 permissible on the same grounds and pursuant to the same procedures 22 as the original one hundred eighty-day commitment.

23 (7) An order for less restrictive treatment entered under 24 subsection (6) of this section may be for up to one year when the 25 person's previous commitment term was for intensive inpatient 26 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.

31 Sec. 4. RCW 71.05.585 and 2020 c 302 s 53 are each amended to 32 read as follows:

33 (1) ((Less restrictive alternative)) Court-ordered involuntary 34 <u>outpatient behavioral health</u> treatment, at a minimum, includes the 35 following services:

36 (a) Assignment of a care coordinator;

37 (b) An intake evaluation with the provider of the ((less 38 restrictive alternative)) treatment;

- 1 (c) A psychiatric evaluation or a substance use disorder evaluation, or both; 2
- (d) A schedule of regular contacts with the provider of the 3 ((less restrictive alternative)) treatment services for the duration 4 of the order; 5
- 6 (e) A transition plan addressing access to continued services at 7 the expiration of the order;
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- (f) An individual crisis plan; ((and))
- (g) Notification to the care coordinator assigned in (a) of this 9 subsection if reasonable efforts to engage the client fail to produce 10 11 substantial compliance with court-ordered treatment conditions; and
- (h) In cases where the court has made an affirmative special 12 finding under RCW 71.05.280(3)(b) or which involve conditional 13 release under RCW 10.77.150, the services of a transition team as 14 15 provided under subsection (6) of this section.
- 16 (2) ((Less restrictive alternative)) <u>Court-ordered involuntary</u> 17 outpatient behavioral health treatment may additionally include requirements to participate in the following services: 18
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 - (a) Medication management;
- (b) Psychotherapy; 20
- 21 (c) Nursing;
- (d) Substance abuse counseling; 22
- 23 (e) Residential treatment; and
- (f) Support for housing, benefits, education, and employment. 24
- 25 (3) If the person was provided with involuntary medication under RCW 71.05.215 or pursuant to a judicial order during the involuntary 26 27 commitment period, the ((less restrictive alternative)) court-ordered 28 involuntary outpatient behavioral health treatment order may authorize the ((less restrictive alternative)) treatment provider or 29 its designee to administer involuntary antipsychotic medication to 30 31 the person if the provider has attempted and failed to obtain the 32 informed consent of the person and there is a concurring medical 33 opinion approving the medication by a psychiatrist, physician 34 assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician 35 assistant in consultation with an independent mental health 36 professional with prescribing authority. 37
- (4) ((Less restrictive alternative)) <u>Court-ordered involuntary</u> 38 39 outpatient behavioral health treatment must be administered by a 40 provider that is certified or licensed to provide or coordinate the

1 full scope of services required under the ((less restrictive 2 alternative)) order and that has agreed to assume this 3 responsibility.

(5) The care coordinator assigned to a person ordered to ((less 4 restrictive alternative)) court-ordered involuntary outpatient 5 6 behavioral health treatment must submit an individualized plan for the person's treatment services to the court that entered the order. 7 An initial plan must be submitted as soon as possible following the 8 intake evaluation and a revised plan must be submitted upon any 9 subsequent modification in which a type of service is removed from or 10 11 added to the treatment plan.

(6) In cases where the court has made an affirmative special 12 finding under RCW 71.05.280(3)(b) or which involve conditional 13 release under RCW 10.77.150, the role of the care coordinator shall 14 include participation in a transition team including the care 15 coordinator, a court-appointed representative of the department of 16 17 social and health services, and the person's supervising community corrections officer. The transition team may be expanded to include 18 additional parties with a direct role in the person's community 19 treatment or housing. The role of the transition team shall be to 20 problem solve and consult about day-to-day activities and logistics 21 22 for the person in order to facilitate their success on the order and 23 protect the safety of the person and the community. The transition 24 team shall meet on a monthly basis during the order and shall 25 communicate as needed if issues arise that require immediate 26 attention.

27 <u>(7) A care coordinator may share information, including treatment</u> 28 <u>and compliance records, to parties necessary for the implementation</u> 29 <u>of proceedings under this chapter or chapter 10.77 RCW without a</u> 30 <u>release of information.</u>

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(8) For the purpose of this section((, "care)):

(a) "Care coordinator" means a clinical practitioner who 32 coordinates the activities of ((less restrictive alternative)) court-33 34 ordered involuntary outpatient behavioral health treatment. The care coordinator coordinates activities with the designated crisis 35 responders that are necessary for enforcement and continuation of 36 37 less restrictive alternative orders and assisted outpatient behavioral health treatment orders, coordinates activities with the 38 39 department of social and health services regarding conditional 40 release orders under chapter 10.77 RCW, and is responsible for 1 coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a 2 3 continuing basis.

(b) "Court-ordered involuntary outpatient behavioral health 4 treatment" means treatment pursuant to a less restrictive alternative 5 treatment, conditional release, or assisted outpatient behavioral 6 health treatment order under this chapter, or pursuant to a 7 conditional release order under chapter 10.77 RCW. 8

9 Sec. 5. RCW 70.02.230 and 2020 c 256 s 402 are each amended to 10 read as follows:

11 (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, 70.02.260, and 12 70.02.265, or pursuant to a valid authorization under RCW 70.02.030, 13 the)) The fact of admission to a provider for mental health services 14 15 and all information and records compiled, obtained, or maintained in 16 the course of providing mental health services to either voluntary or 17 involuntary recipients of services at public or private agencies ((must be confidential)) may not be disclosed except as provided in 18 this section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210, 19 20 70.02.240, 70.02.250, 70.02.260, and 70.02.265, or pursuant to a 21 valid authorization under RCW 70.02.030.

22 (2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, 23 24 may be disclosed ((only)):

(a) In communications between qualified professional persons to 25 meet the requirements of chapter 71.05 RCW, including Indian health 26 27 care providers, in the provision of services or appropriate 28 referrals, or in the course of guardianship proceedings if provided to a professional person: 29

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- (i) Employed by the facility;
- 31

- (ii) Who has medical responsibility for the patient's care;
- 32 (iii) Who is a designated crisis responder;

(iv) Who is providing services under chapter 71.24 RCW; 33

(v) Who is employed by a state or local correctional facility 34 35 where the person is confined or supervised; or

(vi) Who is providing evaluation, treatment, or follow-up 36 services under chapter 10.77 RCW; 37

38 (b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the 39

1 disclosure is made by a facility providing services to the operator 2 of a facility in which the patient resides or will reside;

3 (c)(i) When the person receiving services, or his or her 4 guardian, designates persons to whom information or records may be 5 released, or if the person is a minor, when his or her parents make 6 such a designation;

7 (ii) A public or private agency shall release to a person's next 8 of kin, attorney, personal representative, guardian, or conservator, 9 if any:

10 (A) The information that the person is presently a patient in the 11 facility or that the person is seriously physically ill;

12 (B) A statement evaluating the mental and physical condition of 13 the patient, and a statement of the probable duration of the 14 patient's confinement, if such information is requested by the next 15 of kin, attorney, personal representative, guardian, or conservator; 16 and

(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;

20 (d)(i) To the courts, including tribal courts, as necessary to 21 the administration of chapter 71.05 RCW or to a court ordering an 22 evaluation or treatment under chapter 10.77 RCW solely for the 23 purpose of preventing the entry of any evaluation or treatment order 24 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;

31 (e)(i) When a mental health professional or designated crisis 32 responder is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community 33 corrections officer, a municipal attorney, or prosecuting attorney to 34 undertake an investigation or provide treatment under RCW 71.05.150, 35 36 10.31.110, or 71.05.153, the mental health professional or designated crisis responder shall, if requested to do so, advise the 37 representative in writing of the results of the investigation 38 39 including a statement of reasons for the decision to detain or 40 release the person investigated. The written report must be submitted

1 within seventy-two hours of the completion of the investigation or 2 the request from the law enforcement or corrections representative, 3 whichever occurs later.

4 (ii) Disclosure under this subsection is mandatory for the 5 purposes of the federal health insurance portability and 6 accountability act;

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(f) To the attorney of the detained person;

(g) To the prosecuting attorney as necessary to carry out the 8 responsibilities of the office under RCW 9 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided 10 11 access to records regarding the committed person's treatment and 12 prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient 13 treatment is in the best interest of the committed person or others. 14 15 Information must be disclosed only after giving notice to the 16 committed person and the person's counsel;

17 (h) (i) To appropriate law enforcement agencies and to a person, 18 when the identity of the person is known to the public or private 19 agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may 20 21 designate a representative to receive the disclosure. The disclosure 22 must be made by the professional person in charge of the public or 23 private agency or his or her designee and must include the dates of commitment, admission, discharge, or 24 release, authorized or 25 unauthorized absence from the agency's facility, and only any other 26 information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose 27 28 or not, so long as the decision was reached in good faith and without 29 gross negligence.

30 (ii) Disclosure under this subsection is mandatory for the 31 purposes of the federal health insurance portability and 32 accountability act;

(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.

39 (ii) Disclosure under this subsection is mandatory for the 40 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;

3 (k) <u>By a care coordinator under RCW 71.05.585 assigned to a</u> 4 <u>person ordered to receive court-ordered involuntary outpatient</u> 5 <u>behavioral health treatment for the purpose of sharing information to</u> 6 <u>parties necessary for the implementation of proceedings under chapter</u> 7 71.05 or 10.77 RCW;

(1) Upon the death of a person. The person's next of kin, 8 personal representative, guardian, or conservator, if any, must be 9 notified. Next of kin who are of legal age and competent must be 10 11 notified under this section in the following order: Spouse, parents, 12 children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, 13 obtained, or maintained in the course of providing services to a 14 deceased patient are governed by RCW 70.02.140; 15

16 (((+))) (m) To mark headstones or otherwise memorialize patients 17 interred at state hospital cemeteries. The department of social and 18 health services shall make available the name, date of birth, and 19 date of death of patients buried in state hospital cemeteries fifty 20 years after the death of a patient;

21 (((m))) <u>(n)</u> To law enforcement officers and to prosecuting 22 attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iv). The 23 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)(iv);

34 (iii) Disclosure under this subsection is mandatory for the 35 purposes of the federal health insurance portability and 36 accountability act;

(((n))) (o) 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 1 unknown, notice of the disappearance, along with relevant 2 information, may be made to relatives, the department of corrections 3 when the person is under the supervision of the department, and 4 governmental law enforcement agencies designated by the physician or 5 psychiatric advanced registered nurse practitioner in charge of the 6 patient or the professional person in charge of the facility, or his 7 or her professional designee;

8 (((o))) <u>(p)</u> Pursuant to lawful order of a court, including a 9 tribal court;

((-(p))) (q) To qualified staff members of the department, to the 10 11 authority, to behavioral health administrative services organizations, to managed care organizations, to resource management 12 services responsible for serving a patient, or to service providers 13 designated by resource management services as necessary to determine 14 the progress and adequacy of treatment and to determine whether the 15 16 person should be transferred to a less restrictive or more 17 appropriate treatment modality or facility;

18 (((q))) <u>(r)</u> Within the mental health service agency or Indian 19 health care provider facility where the patient is receiving 20 treatment, confidential information may be disclosed to persons 21 employed, serving in bona fide training programs, or participating in 22 supervised volunteer programs, at the facility when it is necessary 23 to perform their duties;

24 (((r))) <u>(s)</u> Within the department and the authority as necessary 25 to coordinate treatment for mental illness, developmental 26 disabilities, alcoholism, or substance use disorder of persons who 27 are under the supervision of the department;

(((s))) (t) Between the department of social and health services, the department of children, youth, and families, and the health care authority as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or drug abuse of persons who are under the supervision of the department of social and health services or the department of children, youth, and families;

34 (((t))) (u) To a licensed physician or psychiatric advanced 35 registered nurse practitioner who has determined that the life or 36 health of the person is in danger and that treatment without the 37 information and records related to mental health services could be 38 injurious to the patient's health. Disclosure must be limited to the 39 portions of the records necessary to meet the medical emergency; 1 (((-u))) (v)(i) Consistent with the requirements of the federal 2 health insurance portability and accountability act, to:

(A) A health care provider, including an Indian health care
provider, who is providing care to a patient, or to whom a patient
has been referred for evaluation or treatment; or

6 (B) Any other person who is working in a care coordinator role 7 for a health care facility, health care provider, or Indian health 8 care provider, or is under an agreement pursuant to the federal 9 health insurance portability and accountability act with a health 10 care facility or a health care provider and requires the information 11 and records to assure coordinated care and treatment of that patient.

12 (ii) A person authorized to use or disclose information and 13 records related to mental health services under this subsection (2) 14 ((-u)) (v) must take appropriate steps to protect the information 15 and records relating to mental health services.

16 (iii) Psychotherapy notes may not be released without 17 authorization of the patient who is the subject of the request for 18 release of information;

19 (((v))) (w) To administrative and office support staff designated 20 to obtain medical records for those licensed professionals listed in 21 (((v))) (v) of this subsection;

((-(w))) (x) To a facility that is to receive a person who is 22 involuntarily committed under chapter 71.05 RCW, or upon transfer of 23 the person from one evaluation and treatment facility to another. The 24 25 release of records under this subsection is limited to the information and records related to mental health services required by 26 law, a record or summary of all somatic treatments, and a discharge 27 summary. The discharge summary may include a statement of the 28 29 patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may 30 31 not include the patient's complete treatment record;

32 (((x))) (y) To the person's counsel or guardian ad litem, without 33 modification, at any time in order to prepare for involuntary 34 commitment or recommitment proceedings, reexaminations, appeals, or 35 other actions relating to detention, admission, commitment, or 36 patient's rights under chapter 71.05 RCW;

37 $(((\frac{y})))$ (z) To staff members of the protection and advocacy 38 agency or to staff members of a private, nonprofit corporation for 39 the purpose of protecting and advocating the rights of persons with 40 mental disorders or developmental disabilities. Resource management

services may limit the release of information to the name, birthdate, 1 and county of residence of the patient, information regarding whether 2 the patient was voluntarily admitted, or involuntarily committed, the 3 date and place of admission, placement, or commitment, the name and 4 address of a guardian of the patient, and the date and place of the 5 6 guardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management 7 services in writing of the request and of the resource management 8 services' right to object. The staff member shall send the notice by 9 mail to the guardian's address. If the guardian does not object in 10 11 writing within fifteen days after the notice is mailed, the staff 12 member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff 13 member may not obtain the additional information; 14

(((z))) (aa) To all current treating providers, including Indian 15 16 health care providers, of the patient with prescriptive authority who 17 have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department or 18 the authority may release without written authorization of the 19 patient, information acquired for billing and collection purposes as 20 21 described in RCW 70.02.050(1)(d). The department, or the authority, 22 if applicable, shall notify the patient that billing and collection information has been released to named providers, and provide the 23 substance of the information released and the dates of such release. 24 Neither the department nor the authority may release counseling, 25 inpatient psychiatric hospitalization, or drug and alcohol treatment 26 information without a signed written release from the client; 27

(((aa))) (bb)(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:

35 "As a condition of conducting evaluation or research concerning 36 persons who have received services from (fill in the facility, 37 agency, or person) I, , agree not to divulge, publish, or 38 otherwise make known to unauthorized persons or the public any 39 information obtained in the course of such evaluation or research 1 regarding persons who have received services such that the person who
2 received such services is identifiable.

3 I recognize that unauthorized release of confidential information 4 may subject me to civil liability under the provisions of state law. 5 /s/"

6 (ii) Nothing in this chapter may be construed to prohibit the 7 compilation and publication of statistical data for use by government 8 or researchers under standards, including standards to assure 9 maintenance of confidentiality, set forth by the secretary, or 10 director, where applicable;

11 (((bb))) (cc) To any person if the conditions in RCW 70.02.205
12 are met;

13 (((cc))) <u>(dd)</u> To the secretary of health for the purposes of the 14 maternal mortality review panel established in RCW 70.54.450;

15 (((dd))) <u>(ee)</u> To a tribe or Indian health care provider to carry 16 out the requirements of RCW 71.05.150(7).

17 (3) Whenever federal law or federal regulations restrict the 18 release of information contained in the information and records 19 related to mental health services of any patient who receives 20 treatment for a substance use disorder, the department or the 21 authority may restrict the release of the information as necessary to 22 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.

The fact of admission to a provider of mental health 28 (5) 29 services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 30 71.05 RCW are not admissible as evidence in any legal proceeding 31 32 outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 33 34 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 35 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand 36 trial, in a civil commitment proceeding pursuant to chapter 71.09 37 RCW, or, in the case of a minor, a guardianship or dependency 38 39 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.

7 (6)(a) Except as provided in RCW 4.24.550, any person may bring 8 an action against an individual who has willfully released 9 confidential information or records concerning him or her in 10 violation of the provisions of this section, for the greater of the 11 following amounts:

12

(i) One thousand dollars; or

13 (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 maybe brought under RCW 70.02.170.

26 Sec. 6. RCW 70.02.240 and 2019 c 381 s 20 are each amended to 27 read as follows:

The fact of admission and all information and records related to mental health services obtained through inpatient or outpatient treatment of a minor under chapter 71.34 RCW must be kept confidential, except as authorized by this section or under RCW 70.02.050, 70.02.210, 70.02.230, 70.02.250, 70.02.260, and 70.02.265. Confidential information under this section 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;

37 (2) In the course of guardianship or dependency proceedings;

1 (3) To the minor, the minor's parent, including those acting as a 2 parent as defined in RCW 71.34.020 for purposes of family-initiated 3 treatment, and the minor's attorney, subject to RCW 13.50.100;

4

(4) To the courts as necessary to administer chapter 71.34 RCW;

5 (5) <u>By a care coordinator under RCW 71.34.755 assigned to a</u> 6 <u>person ordered to receive court-ordered involuntary outpatient</u> 7 <u>behavioral health treatment for the purpose of sharing information to</u> 8 <u>parties necessary for the implementation of proceedings under chapter</u> 9 71.34 or 10.77 RCW;

10 <u>(6)</u> To law enforcement officers or public health officers as 11 necessary to carry out the responsibilities of their office. However, 12 only the fact and date of admission, and the date of discharge, the 13 name and address of the treatment provider, if any, and the last 14 known address must be disclosed upon request;

(((6))) <u>(7)</u> To law enforcement officers, public health officers, 15 16 relatives, and other governmental law enforcement agencies, if a 17 minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less restrictive 18 treatment order, or failed to return from an authorized leave, and 19 then only such information as may be necessary to provide for public 20 21 safety or to assist in the apprehension of the minor. The officers 22 are obligated to keep the information confidential in accordance with 23 this chapter;

(((7))) <u>(8)</u> 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.

38 I recognize that unauthorized release of confidential information 39 may subject me to civil liability under state law.

/s/ ";

2 (((8))) <u>(9)</u> To appropriate law enforcement agencies, upon 3 request, all necessary and relevant information in the event of a 4 crisis or emergent situation that poses a significant and imminent 5 risk to the public. The mental health service agency or its employees 6 are not civilly liable for the decision to disclose or not, so long 7 as the decision was reached in good faith and without gross 8 negligence;

1

9 ((-(9))) (10) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or 10 private agency, whose health and safety has been threatened, or who 11 12 is known to have been repeatedly harassed, by the patient. The person 13 may designate a representative to receive the disclosure. The 14 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 15 dates of admission, discharge, authorized or unauthorized absence 16 from the agency's facility, and only any other information that is 17 pertinent to the threat or harassment. The agency or its employees 18 19 are not civilly liable for the decision to disclose or not, so long 20 as the decision was reached in good faith and without gross 21 negligence;

(((10))) (11) 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;

28 ((((11)))) (12) Upon the death of a minor, to the minor's next of 29 kin;

30 ((((12)))) (13) To a facility in which the minor resides or will 31 reside;

32 (((13))) <u>(14)</u> To law enforcement officers and to prosecuting 33 attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iv). The 34 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; 1 (b) The law enforcement and prosecuting attorneys may only 2 release the information obtained to the person's attorney as required 3 by court rule and to a jury or judge, if a jury is waived, that 4 presides over any trial at which the person is charged with violating 5 RCW 9.41.040(2)(a)(iv);

6 (c) Disclosure under this subsection is mandatory for the 7 purposes of the federal health insurance portability and 8 accountability act;

(((14))) (15) This section may not be construed to prohibit the 9 compilation and publication of statistical data for use by government 10 11 or researchers under standards, including standards to assure 12 maintenance of confidentiality, set forth by the director of the health care authority or the secretary of the department of social 13 14 and health services, where applicable. The fact of admission and all information obtained pursuant to chapter 71.34 RCW are not admissible 15 16 as evidence in any legal proceeding outside chapter 71.34 RCW, except 17 guardianship or dependency, without the written consent of the minor 18 or the minor's parent;

19 (((15))) <u>(16)</u> For the purpose of a correctional facility 20 participating in the postinstitutional medical assistance system 21 supporting the expedited medical determinations and medical 22 suspensions as provided in RCW 74.09.555 and 74.09.295;

23

(((16))) <u>(17)</u> Pursuant to a lawful order of a court.

24 Sec. 7. RCW 71.24.035 and 2020 c 256 s 202 are each amended to 25 read as follows:

(1) The 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 director shall provide for public, client, tribal, and licensed or certified behavioral health agency participation in developing the state behavioral health program, developing related contracts, and any waiver request to the federal government under medicaid.

34 (3) The director shall provide for participation in developing 35 the state behavioral health program for children and other 36 underserved populations, by including representatives on any 37 committee established to provide oversight to the state behavioral 38 health program. 1 (4) The authority shall be designated as the behavioral health 2 administrative services organization for a regional service area if a 3 behavioral health administrative services organization fails to meet 4 the authority's contracting requirements or refuses to exercise the 5 responsibilities under its contract or state law, until such time as 6 a new behavioral health administrative services organization is 7 designated.

8

(5) The director shall:

9 (a) Assure that any behavioral health administrative services 10 organization, managed care organization, or community behavioral 11 health program provides medically necessary services to medicaid 12 recipients consistent with the state's medicaid state plan or federal 13 waiver authorities, and nonmedicaid services consistent with 14 priorities established by the authority;

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

(c) 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;

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

(e) 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. The audit procedure shall focus on the outcomes of service as provided in RCW 71.24.435, 70.320.020, and 71.36.025;

(f) Develop and maintain an information system to be used by the 33 state and behavioral health administrative services organizations and 34 managed care organizations that includes a tracking method which 35 allows the authority to identify behavioral 36 health clients' participation in any behavioral health service or public program on 37 immediate basis. The information system shall not include 38 an 39 individual patient's case history files. Confidentiality of client

1 information and records shall be maintained as provided in this
2 chapter and chapter 70.02 RCW;

3 (g) Monitor and audit behavioral health administrative services 4 organizations as needed to assure compliance with contractual 5 agreements authorized by this chapter;

6 (h) Monitor and audit access to behavioral health services for 7 individuals eligible for medicaid who are not enrolled in a managed 8 care organization;

9 (i) Adopt such rules as are necessary to implement the 10 authority's responsibilities under this chapter;

(j) 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;

15 (k) Require the behavioral health administrative services 16 organizations and the managed care organizations to develop 17 agreements with tribal, city, and county jails and the department of 18 corrections to accept referrals for enrollment on behalf of a 19 confined person, prior to the person's release;

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

26

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

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

31 (m) Coordinate with the centers for medicare and medicaid 32 services to provide that behavioral health aide services are eligible 33 for federal funding of up to one hundred percent.

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

37 (a) To the extent authorized, and in accordance with any 38 priorities or conditions specified, in the biennial appropriations 39 act; or 1 (b) To incentivize improved performance with respect to the 2 client outcomes established in RCW 71.24.435, 70.320.020, and 3 71.36.025, integration of behavioral health and medical services at 4 the clinical level, and improved care coordination for individuals 5 with complex care needs.

6 (7) Each behavioral health administrative services organization, managed care organization, and licensed or certified behavioral 7 health agency shall file with the secretary of the department of 8 health or the director, on request, such data, statistics, schedules, 9 10 and information as the secretary of the department of health or the director reasonably requires. A behavioral health administrative 11 12 services organization, managed care organization, or licensed or certified behavioral health agency which, without good cause, fails 13 to furnish any data, statistics, schedules, or information 14 as 15 requested, or files fraudulent reports thereof, may be subject to the contractual remedies in RCW 74.09.871 or may have its service 16 provider certification or license revoked or suspended. 17

(8) The superior court may restrain any behavioral health 18 administrative services organization, managed care organization, or 19 service provider from operating without a contract, certification, or 20 21 a license or any other violation of this section. The court may also review, pursuant to procedures contained in chapter 34.05 RCW, any 22 23 denial, suspension, limitation, restriction, or revocation of certification or license, and grant other relief required to enforce 24 25 the provisions of this chapter.

(9) Upon petition by the secretary of the department of health or 26 27 the director, and after hearing held upon reasonable notice to the 28 facility, the superior court may issue a warrant to an officer or employee of the secretary of the department of health or the director 29 30 authorizing him or her to enter at reasonable times, and examine the 31 records, books, and accounts of any behavioral health administrative 32 services organization, managed care organization, or service provider refusing to consent to inspection or examination by the authority. 33

(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 administrative services organization, managed care organization, or service provider without a contract, certification, or a license under this chapter.

1 (11) The authority shall distribute appropriated state and 2 federal funds in accordance with any priorities, terms, or conditions 3 specified in the appropriations act.

(12) The authority, in cooperation with the state congressional 4 delegation, shall actively seek waivers of federal requirements and 5 6 such modifications of federal regulations as are necessary to allow 7 federal medicaid reimbursement for services provided by freestanding evaluation and treatment facilities licensed under chapter 71.12 RCW 8 or certified under chapter 71.05 RCW. 9 The authority shall periodically share the results of its efforts with the appropriate 10 11 committees of the senate and the house of representatives.

(13) The authority may:

12

13 (a) Plan, establish, and maintain substance use disorder 14 prevention and substance use disorder treatment programs as necessary 15 or desirable;

16 (b) Coordinate its activities and cooperate with behavioral 17 programs in this and other states, and make contracts and other joint 18 or cooperative arrangements with state, tribal, local, or private 19 agencies in this and other states for behavioral health services and 20 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;

27 (d) Keep records and engage in research and the gathering of 28 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.

32 <u>NEW SECTION.</u> Sec. 8. Section 2 of this act expires July 1, 33 2026.

34 <u>NEW SECTION.</u> Sec. 9. Section 3 of this act takes effect July 1, 35 2026.

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