CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1290

Chapter 503, Laws of 2005

(partial veto)

59th Legislature 2005 Regular Session

MENTAL HEALTH SERVICES

EFFECTIVE DATE: 7/24/05 - Except section 4, which becomes effective 5/17/05.

Passed by the House April 19, 2005 Yeas 94 Nays 4

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 14, 2005 Yeas 45 Nays 0

BRAD OWEN

President of the Senate

Approved May 17, 2005, with the exception of Section 5, which is vetoed.

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1290** as passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

Chief Clerk

FILED

May 17, 2005 - 2:05 p.m.

CHRISTINE GREGOIRE

Governor of the State of Washington

Secretary of State State of Washington

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1290

AS AMENDED BY THE SENATE

Passed Legislature - 2005 Regular Session

State of Washington 59th Legislature 2005 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Cody, Bailey, Schual-Berke, Campbell, Morrell, Hinkle, Green, Appleton, Moeller, Haigh, Linville, Kenney, Wood and Santos)

READ FIRST TIME 03/07/05.

AN ACT Relating to community mental health services; amending RCW 71.24.025, 71.24.030, 71.24.045, 71.24.100, 71.24.240, and 71.24.300; reenacting and amending RCW 71.24.015 and 71.24.035; adding new sections to chapter 71.24 RCW; adding a new section to chapter 74.09 RCW; creating new sections; providing expiration dates; and declaring an emergency.

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

8 Sec. 1. RCW 71.24.015 and 2001 c 334 s 6 and 2001 c 323 s 1 are
9 each reenacted and amended to read as follows:

10 It is the intent of the legislature to establish a community mental 11 health program which shall help people experiencing mental illness to 12 retain a respected and productive position in the community. This will 13 be accomplished through programs <u>that focus on resilience and recovery</u>, 14 <u>and practices that are evidence-based</u>, <u>research-based</u>, <u>consensus-based</u>, 15 <u>or</u>, where these do not exist, promising or emerging best practices, 16 which provide for:

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

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

(2) The involvement of persons with mental illness, their family 15 members, and advocates in designing and implementing mental health 16 17 services that reduce unnecessary hospitalization and incarceration and promote the recovery and employment of persons with mental illness. To 18 improve the quality of services available and promote the 19 rehabilitation, recovery, and reintegration of persons with mental 20 21 illness, consumer and advocate participation in mental health services 22 is an integral part of the community mental health system and shall be 23 supported;

24 (3) Accountability of efficient and effective services through 25 state of the art outcome and performance measures and statewide 26 standards for monitoring client and system outcomes, performance, and 27 reporting of client and system outcome information. These processes 28 shall be designed so as to maximize the use of available resources for 29 direct care of people with a mental illness <u>and to assure uniform data</u> 30 collection across the state;

31

((((3)))) (4) Minimum service delivery standards;

32 (((++))) (5) Priorities for the use of available resources for the 33 care of the mentally ill consistent with the priorities defined in the 34 statute;

35 (((5))) <u>(6)</u> Coordination of services within the department, 36 including those divisions within the department that provide services 37 to children, between the department and the office of the 38 superintendent of public instruction, and among state mental hospitals,

1 county authorities, <u>regional support networks</u>, community mental health 2 services, and other support services, which shall to the maximum extent 3 feasible also include the families of the mentally ill, and other 4 service providers; and

5 (((6))) (7) Coordination of services aimed at reducing duplication
6 in service delivery and promoting complementary services among all
7 entities that provide mental health services to adults and children.

It is the policy of the state to encourage the provision of a full 8 range of treatment and rehabilitation services in the state for mental 9 disorders including services operated by consumers and advocates. 10 The legislature intends to encourage the development of ((county-based and 11 12 county managed)) regional mental health services with adequate local 13 flexibility to assure eligible people in need of care access to the 14 least-restrictive treatment alternative appropriate to their needs, and the availability of treatment components to assure continuity of care. 15 16 To this end, counties are encouraged to enter into joint operating 17 agreements with other counties to form regional systems of care ((which)). Regional systems of care, whether operated by a county, 18 group of counties, or another entity shall integrate planning, 19 administration, and service delivery duties ((assigned to counties)) 20 21 under chapters 71.05 and 71.24 RCW to consolidate administration, 22 reduce administrative layering, and reduce administrative costs. The legislature hereby finds and declares that sound fiscal management 23 24 requires vigilance to ensure that funds appropriated by the legislature for the provision of needed community mental health programs and 25 services are ultimately expended solely for the purpose for which they 26 27 were appropriated, and not for any other purpose.

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

33 **Sec. 2.** RCW 71.24.025 and 2001 c 323 s 8 are each amended to read 34 as follows:

35 Unless the context clearly requires otherwise, the definitions in 36 this section apply throughout this chapter.

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

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

5 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the 6 case of a child, a gravely disabled minor as defined in RCW 71.34.020; 7 or

8 (c) Presenting a likelihood of serious harm as defined in RCW 9 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

(2) "Available resources" means funds appropriated for the purpose 10 of providing community mental health programs ((under RCW 71.24.045)), 11 federal funds, except those provided according to Title XIX of the 12 13 Social Security Act, and state funds appropriated under this chapter or 14 chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management 15 services, community support services, and other mental health services. 16 17 This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals, except as negotiated 18 according to RCW 71.24.300(1)(((++))) (d). 19

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

(4) "Chronically mentally ill adult" 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 amental 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 by rule consistent with Public Law 92-603, as amended.

33 (5) "Community mental health program" means all mental health34 services, activities, or programs using available resources.

35 (6) "Community mental health service delivery system" means public 36 or private agencies that provide services specifically to persons with 37 mental disorders as defined under RCW 71.05.020 and receive funding 38 from public sources.

(7) "Community support services" means services authorized, 1 2 planned, and coordinated through resource management services 3 including, at a minimum, assessment, diagnosis, emergency crisis intervention available twenty-four hours, week, 4 seven days a prescreening determinations for mentally ill persons being considered 5 for placement in nursing homes as required by federal law, screening 6 for patients being considered for admission to residential services, 7 8 diagnosis and treatment for acutely mentally ill and severely emotionally disturbed children discovered under screening through the 9 federal Title XIX early and periodic screening, diagnosis, and 10 treatment program, investigation, legal, and other nonresidential 11 12 services under chapter 71.05 RCW, case management services, psychiatric 13 treatment including medication supervision, counseling, psychotherapy, 14 assuring transfer of relevant patient information between service 15 providers, <u>recovery services</u>, and other services determined by regional 16 support networks.

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

(9) "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.

27 (((9))) (10) "Department" means the department of social and health 28 services.

29 (((10))) <u>(11) "Designated mental health professional" means a</u> 30 mental health professional designated by the county or other authority 31 authorized in rule to perform the duties specified in this chapter.

32 (12) "Emerging best practice" or "promising practice" means a 33 practice that presents, based on preliminary information, potential for 34 becoming a research-based or consensus-based practice.

35 (13)"Evidence-based" means a program or practice that has had 36 multiple site random controlled trials across heterogeneous populations 37 demonstrating that the program or practice is effective for the 38 population.

(14) "Licensed service provider" means an entity licensed according 1 to this chapter or chapter 71.05 RCW or an entity deemed to meet state 2 minimum standards as a result of accreditation by a recognized 3 behavioral health accrediting body recognized and having a current 4 agreement with the department, that meets state minimum standards or 5 individuals licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, 6 7 as it applies to registered nurses and advanced registered nurse practitioners. 8

9 (((11))) <u>(15)</u> "Mental health services" means all services provided 10 by regional support networks and other services provided by the state 11 for the mentally ill.

12 (((12))) (16) "Mentally ill persons" and "the mentally ill" mean 13 persons and conditions defined in subsections (1), (4), (((17))) (24), 14 and (((18))) (25) of this section.

15 ((((13))) (17) "Recovery" means the process in which people are able 16 to live, work, learn, and participate fully in their communities.

17 (18) "Regional support network" means a county authority or group 18 of county authorities <u>or other entity</u> recognized by the secretary 19 ((that enter into joint operating agreements to contract with the 20 secretary pursuant to this chapter)) in contract in a defined region.

21 ((((14))) (19) "Residential services" means a complete range of 22 residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services 23 24 which support community living, for acutely mentally ill persons, chronically mentally ill adults, severely emotionally disturbed 25 children, or seriously disturbed adults determined by the regional 26 27 support network to be at risk of becoming acutely or chronically The services shall include at least evaluation and mentally ill. 28 treatment services as defined in chapter 71.05 RCW, acute crisis 29 respite care, long-term adaptive and rehabilitative care, and 30 supervised and supported living services, and shall also include any 31 32 residential services developed to service mentally ill persons in nursing homes, boarding homes, and adult family homes. 33 Residential services for children in out-of-home placements related to their mental 34 35 disorder shall not include the costs of food and shelter, except for 36 children's long-term residential facilities existing prior to January 37 1, 1991.

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1 (((15))) (20) "Research-based" means a program or practice that has 2 some research demonstrating effectiveness, but that does not yet meet 3 the standard of evidence-based practices.

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

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

22 (((16))) <u>(23)</u> "Secretary" means the secretary of social and health 23 services.

24 (((17))) <u>(24)</u> "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;

32 (c) Has a mental disorder which causes major impairment in several33 areas of daily living;

34 (d) Exhibits suicidal preoccupation or attempts; or

35 (e) Is a child diagnosed by a mental health professional, as 36 defined in chapter 71.34 RCW, as experiencing a mental disorder which 37 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.

3 (((18))) (25) "Severely emotionally disturbed child" means a child 4 who has been determined by the regional support network to be 5 experiencing a mental disorder as defined in chapter 71.34 RCW, 6 including those mental disorders that result in a behavioral or conduct 7 disorder, that is clearly interfering with the child's functioning in 8 family or school or with peers and who meets at least one of the 9 following criteria:

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

(b) Has undergone involuntary treatment under chapter 71.34 RCWwithin the last two years;

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

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

18 (i) Chronic family dysfunction involving a mentally ill or 19 inadequate caretaker;

20 (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;

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

26 (v) Drug or alcohol abuse; or

27 (vi) Homelessness.

(((19))) (26) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.

34 (((20))) <u>(27)</u> "Tribal authority," for the purposes of this section 35 and RCW 71.24.300 only, means: The federally recognized Indian tribes 36 and the major Indian organizations recognized by the secretary insofar 37 as these organizations do not have a financial relationship with any 38 regional support network that would present a conflict of interest. 1 Sec. 3. RCW 71.24.030 and 2001 c 323 s 9 are each amended to read 2 as follows:

The secretary is authorized to make grants ((to)) and/or purchase services from counties ((or)), combinations of counties ((in the establishment and operation of)), or other entities, to establish and operate community mental health programs.

7 <u>NEW SECTION.</u> Sec. 4. A new section is added to chapter 71.24 RCW 8 to read as follows:

(1) The secretary shall initiate a procurement process for regional 9 10 support networks in 2005. In the first step of the procurement process, existing regional support networks may respond to a request 11 for qualifications developed by the department. The secretary shall 12 issue the request for qualifications not later than October 1, 2005. 13 The request for qualifications shall be based on cost-effectiveness, 14 15 adequate residential and service capabilities, effective collaboration 16 with criminal justice agencies and the chemical dependency treatment system, and the ability to provide the full array of services as stated 17 in the mental health state plan, and shall meet all applicable federal 18 19 and state regulations and standards. An existing regional support network shall be awarded the contract with the department if 20 it 21 substantially meets the requirements of the request for qualifications 22 developed by the department.

(2) If an existing regional support network chooses not to respond to the request for qualifications, or is unable to substantially meet the requirements of the request for qualifications, the department shall utilize a procurement process in which other entities recognized by the secretary may bid to serve as the regional support network in that region. The procurement process shall begin with a request for proposals issued March 1, 2006.

30 *<u>NEW SECTION.</u> Sec. 5. A new section is added to chapter 71.24 RCW
31 to read as follows:

32 There shall be not less than eight and not more than fourteen 33 regional support networks. *Sec. 5 was vetoed. See message at end of chapter.

34 <u>NEW SECTION.</u> Sec. 6. A new section is added to chapter 71.24 RCW 35 to read as follows:

(1) Contracts between a regional support network and the department
 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.

(2) The procurement process shall encourage the preservation of б 7 infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other 8 9 services and delivery systems, and maximization of the use of available funds for services versus profits. The procurement process shall 10 provide that public funds appropriated by the legislature shall not be 11 used to promote or deter, encourage, or discourage employees from 12 exercising their rights under Title 29, chapter 7, subchapter II, 13 United States Code or chapter 41.56 RCW. 14

15 (3) In addition to the requirements of RCW 71.24.035, contracts 16 shall:

17 (a) Define administrative costs and ensure that the regional 18 support network does not exceed an administrative cost of ten percent 19 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 adopted integrated screening and assessment process and matrix of best practices; and

(d) Maintain the decision-making independence of designated mentalhealth professionals.

27 Sec. 7. RCW 71.24.035 and 2001 c 334 s 7 and 2001 c 323 s 10 are 28 each reenacted and amended to read as follows:

29 (1) The department is designated as the state mental health 30 authority.

31 (2) The secretary shall provide for public, client, and licensed 32 service provider participation in developing the state mental health 33 program, developing contracts with regional support networks, and any 34 waiver request to the federal government under medicaid.

35 (3) The secretary shall provide for participation in developing the36 state mental health program for children and other underserved

populations, by including representatives on any committee established
 to provide oversight to the state mental health program.

3 (4) The secretary shall be designated as the ((county authority if 4 a county fails)) regional support network if the regional support 5 <u>network fails</u> to meet state minimum standards or refuses to exercise 6 responsibilities under RCW 71.24.045.

7

(5) The secretary shall:

8 (a) Develop a biennial state mental health program that 9 incorporates ((county)) regional biennial needs assessments and 10 ((county)) regional mental health service plans and state services for 11 mentally ill adults and children. The secretary ((may)) shall also 12 develop a six-year state mental health plan;

(b) Assure that any regional or county community mental health program provides access to treatment for the ((county's)) region's residents in the following order of priority: (i) The acutely mentally ill; (ii) chronically mentally ill adults and severely emotionally disturbed children; and (iii) the seriously disturbed. Such programs shall provide:

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(A) Outpatient services;

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

(C) Day treatment for mentally ill persons which includes training in basic living and social skills, supported work, vocational rehabilitation, and day activities. Such services may include therapeutic treatment. In the case of a child, day treatment includes age-appropriate basic living and social skills, educational and prevocational services, day activities, and therapeutic treatment;

(D) Screening for patients being considered for admission to state
 mental health facilities to determine the appropriateness of admission;

(E) Employment services, which may include supported employment, transitional work, placement in competitive employment, and other workrelated services, that result in mentally ill persons becoming engaged in meaningful and gainful full or part-time work. Other sources of funding such as the division of vocational rehabilitation may be utilized by the secretary to maximize federal funding and provide for integration of services;

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6 (F) Consultation and education services; and

37 (G) Community support services;

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

4 (i) Licensed service providers. <u>These rules shall permit a county-</u> 5 <u>operated mental health program to be licensed as a service provider</u> 6 <u>subject to compliance with applicable statutes and rules</u>. The 7 secretary shall provide for deeming of compliance with state minimum 8 standards for those entities accredited by recognized behavioral health 9 accrediting bodies recognized and having a current agreement with the 10 department;

11

(ii) Regional support networks; and

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

(d) Assure that the special needs of minorities, the elderly, disabled, children, and low-income persons are met within the priorities established in this section;

(e) Establish a standard contract or contracts, consistent with state minimum standards <u>and sections 4 and 6 of this act</u>, which shall be used in contracting with regional support networks ((or counties)). The standard contract shall include a maximum fund balance, which shall ((<u>not exceed ten percent</u>)) <u>be consistent with that required by federal</u> <u>regulations or waiver stipulations</u>;

(f) Establish, to the extent possible, a standardized auditing
procedure which minimizes paperwork requirements of ((county
authorities)) regional support networks and licensed service providers.
The audit procedure shall focus on the outcomes of service and not the
processes for accomplishing them;

(q) Develop and maintain an information system to be used by the 29 state((, counties,)) and regional support networks that includes a 30 31 tracking method which allows the department and regional support 32 networks to identify mental health clients' participation in any mental health service or public program on an immediate basis. 33 The information system shall not include individual patient's case history 34 files. Confidentiality of client information and records shall be 35 maintained as provided in this chapter and in RCW 71.05.390, 71.05.400, 36 37 71.05.410, 71.05.420, 71.05.430, and 71.05.440((. The design of the 38 system and the data elements to be collected shall be reviewed by the

work group appointed by the secretary under section 5(1) of this act and representing the department, regional support networks, service providers, consumers, and advocates. The data elements shall be designed to provide information that is needed to measure performance and achieve the service outcomes identified in section 5 of this act));

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

7 (i) Certify regional support networks that meet state minimum
8 standards;

9 (j) Periodically monitor the compliance of certified regional 10 support networks and their network of licensed service providers for 11 compliance with the contract between the department, the regional 12 support network, and federal and state rules at reasonable times and in 13 a reasonable manner;

14 (k) Fix fees to be paid by evaluation and treatment centers to the 15 secretary for the required inspections;

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

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

21 (n) Assure the availability of an appropriate amount, as determined 22 by the legislature in the operating budget by amounts appropriated for 23 this specific purpose, of community-based, geographically distributed 24 residential services.

(6) The secretary shall use available resources only for regional support networks, except to the extent authorized, and in accordance with any priorities or conditions specified, in the biennial appropriations act.

(7) Each certified regional support network and licensed service 29 provider shall file with the secretary, on request, such data, 30 statistics, schedules, and information as the secretary reasonably 31 32 requires. A certified regional support network or licensed service provider which, without good cause, fails to furnish any data, 33 statistics, schedules, or information as requested, or files fraudulent 34 reports thereof, may have its certification or license revoked or 35 36 suspended.

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

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

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

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

27 (13)(a) The department, in consultation with affected parties, shall establish a distribution formula that reflects ((county)) 28 regional needs assessments based on the number of persons who are 29 acutely mentally ill, chronically mentally ill, severely emotionally 30 disturbed children, and seriously disturbed. The formula shall take 31 32 into consideration the impact on ((counties)) regions of demographic factors ((in counties)) which result in concentrations of priority 33 populations as set forth in subsection (5)(b) of this section. 34 These 35 factors shall include the population concentrations resulting from 36 commitments under chapters 71.05 and 71.34 RCW to state psychiatric 37 hospitals, as well as concentration in urban areas, at border crossings

at state boundaries, and other significant demographic and workload
 factors.

3 (b) The formula shall also include a projection of the funding 4 allocations that will result for each ((county)) region, which 5 specifies allocations according to priority populations, including the 6 allocation for services to children and other underserved populations.

7 (c) After July 1, 2003, the department may allocate up to two percent of total funds to be distributed to the regional support 8 networks for incentive payments to reward the achievement of superior 9 outcomes, or significantly improved outcomes, as measured by a 10 statewide performance measurement system consistent with the framework 11 recommended in the joint legislative audit and review committee's 12 13 performance audit of the mental health system. The department shall 14 annually report to the legislature on its criteria and allocation of the incentives provided under this subsection. 15

16 (14) The secretary shall assume all duties assigned to the 17 nonparticipating ((counties)) regional support networks under chapters 18 71.05, 71.34, and 71.24 RCW. Such responsibilities shall include those 19 which would have been assigned to the nonparticipating counties 20 ((under)) in regions where there are not participating regional support 21 networks.

The regional support networks, or the secretary's assumption of all responsibilities under chapters 71.05, 71.34, and 71.24 RCW, shall be included in all state and federal plans affecting the state mental health program including at least those required by this chapter, the medicaid program, and P.L. 99-660. Nothing in these plans shall be inconsistent with the intent and requirements of this chapter.

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(15) The secretary shall:

(a) Disburse funds for the regional support networks within sixty
days of approval of the biennial contract. The department must either
approve or reject the biennial contract within sixty days of receipt.

(b) Enter into biennial contracts with regional support networks. 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) ((Allocate one hundred percent of available resources to the
 regional support networks in accordance with subsection (13) of this
 section. Incentive payments authorized under subsection (13) of this
 section may be allocated separately from other available resources.

5 (d))) Notify regional support networks of their allocation of 6 available resources at least sixty days prior to the start of a new 7 biennial contract period.

8 (((e))) <u>(d)</u> Deny funding allocations to regional support networks 9 based solely upon formal findings of noncompliance with the terms of 10 the regional support network's contract with the department. Written 11 notice and at least thirty days for corrective action must precede any 12 such action. In such cases, regional support networks shall have full 13 rights to appeal under chapter 34.05 RCW.

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

21 **Sec. 8.** RCW 71.24.045 and 2001 c 323 s 12 are each amended to read 22 as follows:

23 The ((county authority)) regional support network shall:

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

30 (2) Operate as a licensed service provider if it deems that doing 31 so is more efficient and cost effective than contracting for services. 32 When doing so, the ((county authority)) regional support network shall 33 comply with rules promulgated by the secretary that shall provide 34 measurements to determine when a ((county)) regional support network 35 provided service is more efficient and cost effective;

36 (3) Monitor and perform biennial fiscal audits of licensed service
 37 providers who have contracted with the ((county)) regional support

<u>network</u> to provide services required by this chapter. The monitoring and audits shall be performed by means of a formal process which insures that the licensed service providers and professionals designated in this subsection meet the terms of their contracts;

5 (4) Assure that the special needs of minorities, the elderly, 6 disabled, children, and low-income persons are met within the 7 priorities established in this chapter;

8 (5) Maintain patient tracking information in a central location as 9 required for resource management services and the department's 10 information system;

(6) Use not more than two percent of state-appropriated community 11 12 mental health funds, which shall not include federal funds, to administer community mental health programs under RCW 71.24.155: 13 14 PROVIDED, That county authorities serving a county or combination of counties whose population is one hundred twenty-five thousand or more 15 may be entitled to sufficient state-appropriated community mental 16 17 health funds to employ up to one full-time employee or the equivalent thereof in addition to the two percent limit established in this 18 subsection when such employee is providing staff services to a county 19 mental health advisory board; 20

21 (7) <u>Collaborate to ensure that policies do not result in an adverse</u> 22 <u>shift of mentally ill persons into state and local correctional</u> 23 <u>facilities;</u>

24 (8) Work with the department to expedite the enrollment or re-25 enrollment of eligible persons leaving state or local correctional 26 facilities and institutions for mental diseases;

27 (9) If a regional support network is not operated by the county, 28 work closely with the county designated mental health professional or 29 county designated crisis responder to maximize appropriate placement of 30 persons into community services; and

31 (10) Coordinate services for individuals who have received services 32 through the community mental health system and who become patients at 33 a state mental hospital.

34 **Sec. 9.** RCW 71.24.100 and 1982 c 204 s 7 are each amended to read 35 as follows:

A county authority or a group of county authorities may enter into
 a joint operating agreement to form a regional support network. Any

agreement between two or more county authorities for the establishment of a ((community mental health program)) regional support network shall provide:

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

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

11 **Sec. 10.** RCW 71.24.240 and 1982 c 204 s 13 are each amended to 12 read as follows:

In order to establish eligibility for funding under this chapter, any ((county or counties)) regional support network 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 for prior review and approval before such plans are submitted to any federal agency.

19 **Sec. 11.** RCW 71.24.300 and 2001 c 323 s 17 are each amended to 20 read as follows:

21 ((A county authority or a group of county authorities whose 22 combined population is no less than forty thousand may enter into a 23 joint operating agreement to form a regional support network.)) Upon the request of a tribal authority or authorities within a regional 24 25 support network the joint operating agreement or the county authority shall allow for the inclusion of the tribal authority to be represented 26 27 a party to the regional support network. The roles and as responsibilities of the county and tribal authorities shall be 28 29 determined by the terms of that agreement including a determination of 30 membership on the governing board and advisory committees, the number 31 of tribal representatives to be party to the agreement, and the 32 provisions of law and shall assure the provision of culturally competent services to the tribes served. The state mental health 33 34 authority may not determine the roles and responsibilities of county 35 authorities as to each other under regional support networks by rule, 36 except to assure that all duties required of regional support networks

are assigned and that counties and the regional support network do not 1 2 duplicate functions and that а single authority has final responsibility for all available resources and performance under the 3 regional support network's contract with the secretary. If a regional 4 support network is a private entity, the department shall allow for the 5 inclusion of the tribal authority to be represented as a party to the 6 regional support network. The roles and responsibilities of the 7 private entity and the tribal authorities shall be determined by the 8 department, through negotiation with the tribal authority. 9

10 (1) Regional support networks shall submit an overall six-year 11 operating and capital plan, timeline, and budget and submit progress 12 reports and an updated two-year plan biennially thereafter, to assume 13 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.

17 (b) ((Assume the powers and duties of county authorities within its 18 area as described in RCW 71.24.045 (1) through (7).

19 (c)) Administer and provide for the availability of all 20 investigation, transportation, court-related, and other services 21 provided by the state or counties pursuant to chapter 71.05 RCW.

22 ((((d)))) (c) Provide within the boundaries of each regional support network evaluation and treatment services for at least eighty-five 23 24 percent of persons detained or committed for periods up to seventeen 25 days according to chapter 71.05 RCW. Regional support networks with 26 populations of less than one hundred fifty thousand may contract to 27 purchase evaluation and treatment services from other networks. Insofar as the original intent of serving persons in the community is 28 maintained, the secretary is authorized to approve exceptions on a 29 case-by-case basis to the requirement to provide evaluation and 30 treatment services within the boundaries of each regional support 31 32 network. Such exceptions are limited to contracts with neighboring or contiquous regions. 33

34 (((e))) <u>(d)</u> Administer a portion of funds appropriated by the 35 legislature to house mentally ill persons in state institutions from 36 counties within the boundaries of any regional support network, with 37 the exception of persons currently confined at, or under the 38 supervision of, a state mental hospital pursuant to chapter 10.77 RCW,

and provide for the care of all persons needing evaluation and 1 2 treatment services for periods up to seventeen days according to chapter 71.05 RCW in appropriate residential services, which may 3 include state institutions. The regional support networks shall 4 reimburse the state for use of state institutions at a rate equal to 5 that assumed by the legislature when appropriating funds for such care 6 7 at state institutions during the biennium when reimbursement occurs. The secretary shall submit a report to the appropriate committees of 8 the senate and house of representatives on the efforts to implement 9 10 this section by October 1, 2002. The duty of a state hospital to accept persons for evaluation and treatment under chapter 71.05 RCW is 11 12 limited by the responsibilities assigned to regional support networks 13 under this section.

14 (((f))) (e) Administer and provide for the availability of all 15 other mental health services, which shall include patient counseling, 16 day treatment, consultation, education services, employment services as 17 defined in RCW 71.24.035, and mental health services to children ((as 18 provided in this chapter designed to achieve the outcomes specified in 19 section 5 of this act)).

20 (((g))) <u>(f)</u> Establish standards and procedures for reviewing 21 individual service plans and determining when that person may be 22 discharged from resource management services.

(2) ((Regional support networks shall assume all duties assigned to
 county authorities by this chapter and chapter 71.05 RCW.

25 (3)) A regional support network may request that any state-owned 26 land, building, facility, or other capital asset which was ever 27 purchased, deeded, given, or placed in trust for the care of the 28 mentally ill and which is within the boundaries of a regional support 29 network be made available to support the operations of the regional 30 support network. State agencies managing such capital assets shall 31 give first priority to requests for their use pursuant to this chapter.

32 (((4))) (3) Each regional support network shall appoint a mental 33 health advisory board which shall review and provide comments on plans 34 and policies developed under this chapter, provide local oversight 35 regarding the activities of the regional support network, and work with 36 the regional support network to resolve significant concerns regarding 37 service delivery and outcomes. The department shall establish 38 statewide procedures for the operation of regional advisory committees

including mechanisms for advisory board feedback to the department 1 2 regarding regional support network performance. The composition of the board shall be broadly representative of the demographic character of 3 the region and ((the mentally ill persons served therein)) shall 4 include, but not be limited to, representatives of consumers and 5 families, law enforcement, and where the county is not the regional 6 7 support network, county elected officials. Composition and length of terms of board members <u>may differ between regional support networks but</u> 8 shall be ((determined)) included in each regional support network's 9 10 <u>contract</u> and <u>approved</u> by the ((regional support network)) <u>secretary</u>.

11 (((5))) <u>(4)</u> Regional support networks shall assume all duties 12 specified in their plans and joint operating agreements through 13 biennial contractual agreements with the secretary.

14 (((6) Counties or groups of counties participating in a regional 15 support network are not subject to RCW 71.24.045(6).

16 (7)) (5) Regional support networks may receive technical 17 assistance from the housing trust fund and may identify and submit 18 projects for housing and housing support services to the housing trust 19 fund established under chapter 43.185 RCW. Projects identified or 20 submitted under this subsection must be fully integrated with the 21 regional support network six-year operating and capital plan, timeline, 22 and budget required by subsection (1) of this section.

23 <u>NEW SECTION.</u> Sec. 12. A new section is added to chapter 74.09 RCW 24 to read as follows:

(1) The department shall adopt rules and policies providing that when persons with a mental disorder, who were enrolled in medical assistance immediately prior to confinement, are released from confinement, their medical assistance coverage will be fully reinstated on the day of their release, subject to any expedited review of their continued eligibility for medical assistance coverage that is required under federal or state law.

32 (2) The department, in collaboration with the Washington 33 association of sheriffs and police chiefs, the department of 34 corrections, and the regional support networks, shall establish 35 procedures for coordination between department field offices, 36 institutions for mental disease, and correctional institutions, as 37 defined in RCW 9.94.049, that result in prompt reinstatement of

eligibility and speedy eligibility determinations for persons who are likely to be eligible for medical assistance services upon release from confinement. Procedures developed under this subsection must address:

4 (a) Mechanisms for receiving medical assistance services
5 applications on behalf of confined persons in anticipation of their
6 release from confinement;

7 (b) Expeditious review of applications filed by or on behalf of 8 confined persons and, to the extent practicable, completion of the 9 review before the person is released;

10 (c) Mechanisms for providing medical assistance services identity 11 cards to persons eligible for medical assistance services immediately 12 upon their release from confinement; and

(d) Coordination with the federal social security administration, through interagency agreements or otherwise, to expedite processing of applications for federal supplemental security income or social security disability benefits, including federal acceptance of applications on behalf of confined persons.

(3) Where medical or psychiatric examinations during a person's 18 confinement indicate that the person is disabled, the correctional 19 institution or institution for mental diseases shall provide the 20 department with that information for purposes of making medical 21 22 assistance eligibility and enrollment determinations prior to the person's release from confinement. The department shall, to the 23 24 maximum extent permitted by federal law, use the examination in making 25 its determination whether the person is disabled and eligible for medical assistance. 26

(4) For purposes of this section, "confined" or "confinement" means
incarcerated in a correctional institution, as defined in RCW 9.94.049,
or admitted to an institute for mental disease, as defined in 42 C.F.R.
part 435, Sec. 1009 on the effective date of this section.

31 (5) For purposes of this section, "likely to be eligible" means 32 that a person:

(a) Was enrolled in medicaid or supplemental security income or
 general assistance immediately before he or she was confined and his or
 her enrollment was terminated during his or her confinement; or

36 (b) Was enrolled in medicaid or supplemental security income or 37 general assistance at any time during the five years before his or her 38 confinement, and medical or psychiatric examinations during the 1 person's confinement indicate that the person continues to be disabled 2 and the disability is likely to last at least twelve months following 3 release.

4 (6) The economic services administration shall adopt standardized
5 statewide screening and application practices and forms designed to
6 facilitate the application of a confined person who is likely to be
7 eligible for medicaid.

8 <u>NEW SECTION.</u> **Sec. 13.** A new section is added to chapter 71.24 RCW 9 to read as follows:

10 The secretary shall require the regional support networks to 11 develop interlocal agreements pursuant to section 12 of this act. To 12 this end, the regional support networks shall accept referrals for 13 enrollment on behalf of a confined person, prior to the person's 14 release.

15 <u>NEW SECTION.</u> Sec. 14. (1) A joint legislative and executive task 16 force on mental health services delivery and financing is created. The 17 joint task force shall consist of eight members, as follows: The secretary of the department of social and health services or his or her 18 designee; the president of the Washington state association of counties 19 20 or his or her designee; a representative from the governor's office; 21 two members of the senate appointed by the president of the senate, one of whom shall be a member of the majority caucus and one of whom shall 22 be a member of the minority caucus; two members of the house of 23 of 24 representatives appointed by the speaker of the house 25 representatives, one of whom shall be a member of the majority caucus and one of whom shall be a member of the minority caucus; and the chair 26 of the joint legislative audit and review committee or his or her 27 designee. Staff support for the joint task force shall be provided by 28 29 the office of financial management, the house of representatives office 30 of program research, and senate committee services.

31 (2) The joint task force may create advisory committees to assist32 the joint task force in its work.

33 (3) Joint task force members may be reimbursed for travel expenses
34 as authorized under RCW 43.03.050 and 43.03.060 and chapter 44.04 RCW,
35 as appropriate. Advisory committee members, if appointed, shall not
36 receive compensation or reimbursement for travel or expenses.

(4) The joint task force shall oversee and make recommendations
 related to:

3 (a) The reorganization of the mental health administrative
4 structure within the department of social and health services;

5 (b) The standards and correction process and the procurement 6 process established by sections 4 through 6 of this act, including the 7 establishment of regional support networks through a procurement 8 process;

9 (c) The extent to which the current funding distribution 10 methodology achieves equity in funding and access to services for 11 mental health services consumers;

(d) Serving the needs of nonmedicaid consumers for the prioritypopulations under chapter 71.24 RCW; and

(e) The types, numbers, and locations of inpatient psychiatric
 hospital and community residential beds needed to serve persons with a
 mental illness.

17 (5) The joint task force shall report its initial findings and 18 recommendations to the governor and appropriate committees of the 19 legislature by January 1, 2006, and its final findings and 20 recommendations by June 30, 2007.

21 (6) This section expires June 30, 2007.

22 <u>NEW SECTION.</u> Sec. 15. (1) The department of social and health 23 services shall enter into a contract with regional support networks for 24 the period ending August 31, 2006. The department shall issue a 25 request for proposal to the extent required by section 4 of this act 26 and the contract shall be effective September 1, 2006.

27 (2) This section expires June 30, 2007.

28 <u>NEW SECTION.</u> Sec. 16. The code reviser shall replace all 29 references to "county designated mental health professional" with 30 "designated mental health professional" in the Revised Code of 31 Washington.

32 <u>NEW SECTION.</u> Sec. 17. This act does not affect any existing right 33 acquired or liability or obligation incurred under the sections amended 34 or repealed in this act or under any rule or order adopted under those

sections, nor does it affect any proceeding instituted under those
 sections.

3 <u>NEW SECTION.</u> Sec. 18. If any provision of this act or its 4 application to any person or circumstance is held invalid, the 5 remainder of the act or the application of the provision to other 6 persons or circumstances is not affected.

7 <u>NEW SECTION.</u> Sec. 19. Section 4 of this act is necessary for the 8 immediate preservation of the public peace, health, or safety, or 9 support of the state government and its existing public institutions, 10 and takes effect immediately.

Note: Governor's explanation of partial veto is as follows:

"I am returning, without my approval as to Section 5, Engrossed Second Substitute House Bill No. 1290 entitled:

"AN ACT Relating to community mental health services."

Section 5 specifies that there should be a minimum of eight and a maximum of fourteen community mental health Regional Support Networks. This section is also included in Section 805 of Engrossed Second Substitute Senate Bill 5763. It is not necessary to include the same language in both bills.

Sections 12 and 13 of Engrossed Second Substitute House Bill No. 1290 require the Department of Social and Health Services (DSHS) to establish new rules and policies. Those rules and policies concern expediting new applications or reinstating Medicaid benefits for persons with mental health disorders discharged from an institutional setting such as jails, state correction facilities, or state hospitals. The 2005-2007 state operating budget passed by the Legislature may not have provided sufficient funding to implement sections 12 and 13. Rather than veto these sections due to insufficient funding, I am directing the DSHS to phase in the new procedures on a statewide basis and continue to evaluate the funding needs as the program is implemented.

For these reasons, I have vetoed Section 5 of Engrossed Second Substitute House Bill No. 1290. With the exception of Section 5, Engrossed Second Substitute House Bill No. 1290 is approved."