

**2SHB 2639 - H AMD 760**

By Representative Cody

ADOPTED 02/17/2014

1 Strike everything after the enacting clause and insert the  
2 following:

3 "Sec. 1. 2013 c 338 s 1 (uncodified) is amended to read as  
4 follows:

5 (1)(a) Beginning (~~May~~) April 1, 2014, the legislature shall  
6 convene a task force to examine reform of the adult behavioral health  
7 system, with voting members as provided in this subsection.

8 (i) The president of the senate shall appoint (~~one~~) two members  
9 from each of the two largest caucuses of the senate.

10 (ii) The speaker of the house of representatives shall appoint  
11 (~~one~~) two members from each of the two largest caucuses in the house  
12 of representatives.

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

20 (iv) The Washington state association of counties shall appoint  
21 three members.

22 (v) The governor shall request participation by a representative of  
23 tribal governments.

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

26 (c) The task force shall adopt a bottom-up approach and welcome  
27 input and participation from all stakeholders interested in the  
28 improvement of the adult behavioral health system. To that end, the  
29 task force must invite participation from, at a minimum, the following:  
30 The department of commerce, behavioral health service recipients and

1 their families; local government; representatives of regional support  
2 networks; representatives of county coordinators; law enforcement; city  
3 and county jails; tribal representatives; behavioral health service  
4 providers; housing providers; labor representatives; counties with  
5 state hospitals; mental health advocates; chemical dependency  
6 advocates; public defenders with involuntary mental health commitment  
7 or mental health court experience; chemical dependency experts working  
8 with drug courts; medicaid managed care plan and associated delivery  
9 system representatives; long-term care service providers; the  
10 Washington state hospital association; and individuals with expertise  
11 in evidence-based and research-based behavioral health service  
12 practices. Leadership of subcommittees formed by the task force may be  
13 drawn from this body of invited participants.

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

17 (a) The means by which services are purchased and delivered for  
18 adults with mental illness and chemical dependency disorders through  
19 the department of social and health services and the health care  
20 authority, including:

21 (i) Guidance for the creation of common regional service areas for  
22 purchasing behavioral health services and medical care services by the  
23 department and the authority, taking into consideration any proposal  
24 submitted by the Washington state association of counties under section  
25 2 of this act; or

26 (ii) Identification of key issues that must be addressed by the  
27 health care authority and the department of social and health services  
28 to achieve the full integration of medical and behavioral health  
29 services by January 1, 2019;

30 (b) Availability of effective means to promote recovery and prevent  
31 harm associated with mental illness and chemical dependency;

32 (c) Crisis services, including boarding of mental health patients  
33 outside of regularly certified treatment beds;

34 (d) Best practices for cross-system collaboration between  
35 behavioral health treatment providers, medical care providers, long-  
36 term care service providers, entities providing health home services to  
37 high-risk medicaid clients, law enforcement, and criminal justice  
38 agencies; and

1 (e) Public safety practices involving persons with mental illness  
2 and chemical dependency with forensic involvement.

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

6 (4) Legislative members of the task force must be reimbursed for  
7 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
8 members, except those representing an employer or organization, are  
9 entitled to be reimbursed for travel expenses in accordance with RCW  
10 43.03.050 and 43.03.060.

11 (5) The expenses of the task force must be paid jointly by the  
12 senate and house of representatives. Task force expenditures are  
13 subject to approval by the senate facilities and operations committee  
14 and the house of representatives executive rules committee, or their  
15 successor committees.

16 (6) The task force shall report its findings and recommendations to  
17 the governor and the appropriate committees of the legislature by  
18 January 1, 2015, except that recommendations under subsection (2)(a)(i)  
19 of this section must be submitted to the governor by August 1, 2014,  
20 and recommendations under subsection (2)(a)(ii) of this section must be  
21 submitted to the governor by September 1, 2014.

22 (7) This section expires June 1, 2015.

23 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.20A RCW  
24 to read as follows:

25 (1) The department and the health care authority shall jointly  
26 establish regional service areas by September 1, 2014, as provided in  
27 this section.

28 (2) Counties, through the Washington state association of counties,  
29 must be given the opportunity to propose the composition of no more  
30 than nine regional service areas. Each service area must:

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

34 (b) Include full counties that are contiguous with one another; and

35 (c) Reflect natural medical and behavioral health service referral  
36 patterns and shared clinical, health care service, behavioral health  
37 service, and behavioral health crisis response resources.

1 (3) The Washington state association of counties must submit their  
2 recommendations to the department, the health care authority, and the  
3 task force described in section 1 of this act on or before July 1,  
4 2014.

5 NEW SECTION. **Sec. 3.** A new section is added to chapter 43.20A RCW  
6 to read as follows:

7 (1) Any agreement or contract by the department or the health care  
8 authority to provide behavioral health services as defined under RCW  
9 71.24.025 to persons eligible for benefits under medicaid, Title XIX of  
10 the social security act, and to persons not eligible for medicaid must  
11 include the following:

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

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

17 (c) Accountability for the client outcomes established in RCW  
18 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked  
19 to those outcomes;

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

27 (e) Provisions to require that behavioral health organizations  
28 offer contracts to managed health care systems under chapter 74.09 RCW  
29 or primary care practice settings to provide access to chemical  
30 dependency professional services and mental health services integrated  
31 in primary care settings for individuals with behavioral health and  
32 medical comorbidities;

33 (f) Provisions to require that medically necessary chemical  
34 dependency treatment services be available to clients;

35 (g) Standards requiring the use of behavioral health service  
36 provider reimbursement methods that incentivize improved performance  
37 with respect to the client outcomes established in RCW 43.20A.895 and

1 71.36.025, integration of behavioral health and primary care services  
2 at the clinical level, and improved care coordination for individuals  
3 with complex care needs;

4 (h) Standards related to the financial integrity of the responding  
5 organization. The department shall adopt rules establishing the  
6 solvency requirements and other financial integrity standards for  
7 behavioral health organizations. This subsection does not limit the  
8 authority of the department to take action under a contract upon  
9 finding that a behavioral health organization's financial status  
10 jeopardizes the organization's ability to meet its contractual  
11 obligations;

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

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

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

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

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

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

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

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

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

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

5 (3) For purposes of purchasing behavioral health services and  
6 medical care services for persons eligible for benefits under medicaid,  
7 Title XIX of the social security act and for persons not eligible for  
8 medicaid, the department and the health care authority must use common  
9 regional service areas. The regional service areas must be established  
10 by the department and the health care authority as provided in section  
11 2 of this act.

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

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

18 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24 RCW  
19 to read as follows:

20 (1) The secretary shall purchase mental health and chemical  
21 dependency treatment services primarily through managed care  
22 contracting.

23 (2)(a) The secretary shall request a detailed plan from the  
24 entities identified in (b) of this subsection that demonstrates  
25 compliance with federal regulations related to medicaid managed care  
26 contracting, including, but not limited to: Having a sufficient  
27 network of providers to provide adequate access to mental health and  
28 chemical dependency services for residents of the regional service area  
29 that meet eligibility criteria for services, ability to maintain and  
30 manage adequate reserves, and maintenance of quality assurance  
31 processes. Any responding entity that submits a detailed plan that  
32 demonstrates that it can meet the requirements of this section must be  
33 awarded the contract to serve as the behavioral health organization.

34 (b)(i) For purposes of responding to the request for a detailed  
35 plan under (a) of this subsection, all counties within a regional  
36 service area that includes more than one county shall form a responding  
37 entity through the adoption of an interlocal agreement. The interlocal

1 agreement must specify the terms by which the responding entity shall  
2 serve as the behavioral health organization within the regional service  
3 area.

4 (ii) In the event that a county has made a decision prior to  
5 January 1, 2014, not to participate in a regional support network, any  
6 private entity that had previously been certified for that county must  
7 be offered the opportunity to serve as the single responding entity for  
8 that county or group of counties.

9 (iii) In the event that a regional service area is comprised of  
10 multiple counties including one that has made a decision prior to  
11 January 1, 2014, not to participate in a regional support network the  
12 counties shall adopt an interlocal agreement and may respond to the  
13 request for a detailed plan under (a) of this subsection and the  
14 private entity may also respond to the request for a detailed plan. If  
15 both responding entities meet the requirements of this section, the  
16 responding entities shall follow the department's procurement process  
17 established in subsection (2) of this section.

18 (2) If an entity that has received a request under this section to  
19 submit a detailed plan does not respond to the request, a responding  
20 entity under subsection (1) of this section is unable to substantially  
21 meet the requirements of the request for a detailed plan, or more than  
22 one responding entity substantially meet the requirements for the  
23 request for a detailed plan, the department shall use a procurement  
24 process in which other entities recognized by the secretary may bid to  
25 serve as the behavioral health organization in that regional service  
26 area.

27 (3) Contracts for behavioral health organizations must begin on  
28 April 1, 2016.

29 (4) Upon request of one or more county authorities, the department  
30 and the health care authority may jointly purchase behavioral health  
31 services through an integrated medical and behavioral health services  
32 contract with a behavioral health organization or a managed health care  
33 system as defined in RCW 74.09.522. Any contract for such a purchase  
34 must comply with all federal medicaid and state law requirements  
35 related to managed health care contracting.

36 **Sec. 5.** RCW 71.24.015 and 2005 c 503 s 1 are each amended to read  
37 as follows:

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

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

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

36           (3) Accountability of efficient and effective services through  
37 state-of-the-art outcome and performance measures and statewide  
38 standards for monitoring client and system outcomes, performance, and



1 reporting of client and system outcome information. These processes  
2 shall be designed so as to maximize the use of available resources for  
3 direct care of people with a mental illness and to assure uniform data  
4 collection across the state;

5 (4) Minimum service delivery standards;

6 (5) Priorities for the use of available resources for the care of  
7 ~~((the mentally ill))~~ individuals with mental illness consistent with  
8 the priorities defined in the statute;

9 (6) Coordination of services within the department, including those  
10 divisions within the department that provide services to children,  
11 between the department and the office of the superintendent of public  
12 instruction, and among state mental hospitals, county authorities,  
13 ~~((regional support networks))~~ behavioral health organizations,  
14 community mental health services, and other support services, which  
15 shall to the maximum extent feasible also include the families of ~~((the~~  
16 ~~mentally ill))~~ individuals with mental illness, and other service  
17 providers; and

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

21 It is the policy of the state to encourage the provision of a full  
22 range of treatment and rehabilitation services in the state for mental  
23 disorders including services operated by consumers and advocates. The  
24 legislature intends to encourage the development of regional mental  
25 health services with adequate local flexibility to assure eligible  
26 people in need of care access to the least-restrictive treatment  
27 alternative appropriate to their needs, and the availability of  
28 treatment components to assure continuity of care. To this end,  
29 counties ~~((are encouraged to))~~ must enter into joint operating  
30 agreements with other counties to form regional systems of care that  
31 are consistent with the regional service areas established under  
32 section 2 of this act. Regional systems of care, whether operated by  
33 a county, group of counties, or another entity shall integrate  
34 planning, administration, and service delivery duties under chapters  
35 71.05 and 71.24 RCW to consolidate administration, reduce  
36 administrative layering, and reduce administrative costs. The  
37 legislature hereby finds and declares that sound fiscal management  
38 requires vigilance to ensure that funds appropriated by the legislature

1 for the provision of needed community mental health programs and  
2 services are ultimately expended solely for the purpose for which they  
3 were appropriated, and not for any other purpose.

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

9 **Sec. 6.** RCW 71.24.016 and 2006 c 333 s 102 are each amended to  
10 read as follows:

11 (1) The legislature intends that eastern and western state  
12 hospitals shall operate as clinical centers for handling the most  
13 complicated long-term care needs of patients with a primary diagnosis  
14 of mental disorder. It is further the intent of the legislature that  
15 the community mental health service delivery system focus on  
16 maintaining ~~((mentally ill))~~ individuals with mental illness in the  
17 community. The program shall be evaluated and managed through a  
18 limited number of outcome and performance measures ~~((designed to hold  
19 each regional support network accountable for program success))~~, as  
20 provided in RCW 43.20A.895, 70.320.020, and 71.36.025.

21 (2) The legislature intends to address the needs of people with  
22 mental disorders with a targeted, coordinated, and comprehensive set of  
23 evidence-based practices that are effective in serving individuals in  
24 their community and will reduce the need for placements in state mental  
25 hospitals. The legislature further intends to explicitly hold  
26 ~~((regional support networks))~~ behavioral health organizations  
27 accountable for serving people with mental disorders within the  
28 boundaries of their ~~((geographic boundaries))~~ regional service area and  
29 for not exceeding their allocation of state hospital beds. ~~((Within  
30 funds appropriated by the legislature for this purpose, regional  
31 support networks shall develop the means to serve the needs of people  
32 with mental disorders within their geographic boundaries. Elements of  
33 the program may include:~~

34 ~~(a) Crisis triage;~~

35 ~~(b) Evaluation and treatment and community hospital beds;~~

36 ~~(c) Residential beds;~~

37 ~~(d) Programs for community treatment teams; and~~

1       ~~(e) Outpatient services.~~

2       ~~(3) The regional support network shall have the flexibility, within~~  
3 ~~the funds appropriated by the legislature for this purpose, to design~~  
4 ~~the mix of services that will be most effective within their service~~  
5 ~~area of meeting the needs of people with mental disorders and avoiding~~  
6 ~~placement of such individuals at the state mental hospital. Regional~~  
7 ~~support networks are encouraged to maximize the use of evidence-based~~  
8 ~~practices and alternative resources with the goal of substantially~~  
9 ~~reducing and potentially eliminating the use of institutions for mental~~  
10 ~~diseases.))~~

11       NEW SECTION.   **Sec. 7.** A new section is added to chapter 71.24 RCW  
12 to read as follows:

13       By January 1, 2019, the department and the health care authority  
14 must transition community behavioral health services to a system of  
15 fully integrated managed health care purchasing that provides mental  
16 health services, chemical dependency services, and medical care  
17 services to medicaid clients.

18       NEW SECTION.   **Sec. 8.** A new section is added to chapter 71.24 RCW  
19 to read as follows:

20       (1) Within funds appropriated by the legislature for this purpose,  
21 behavioral health organizations shall develop the means to serve the  
22 needs of people with mental disorders within the boundaries of their  
23 regional service area. Elements of the program may include:

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

33       (2) The behavioral health organization shall have the flexibility,  
34 within the funds appropriated by the legislature for this purpose and  
35 the terms of their contract, to design the mix of services that will be  
36 most effective within their service area of meeting the needs of people

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

6 **Sec. 9.** RCW 71.24.025 and 2013 c 338 s 5 are each amended to read  
7 as follows:

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

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

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

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

17 (c) Presenting a likelihood of serious harm as defined in RCW  
18 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

1 (c) Has been unable to engage in any substantial gainful activity  
2 by reason of any mental disorder which has lasted for a continuous  
3 period of not less than twelve months. "Substantial gainful activity"  
4 shall be defined by the department by rule consistent with Public Law  
5 92-603, as amended.

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

9 (6) "Community mental health program" means all mental health  
10 services, activities, or programs using available resources.

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

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

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

36 (10) "County authority" means the board of county commissioners,  
37 county council, or county executive having authority to establish a

1 community mental health program, or two or more of the county  
2 authorities specified in this subsection which have entered into an  
3 agreement to provide a community mental health program.

4 (11) "Department" means the department of social and health  
5 services.

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

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

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

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

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

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

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

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

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

12 (20) "~~(Regional support network)~~ Behavioral health organization"  
13 means ((a)) any county authority or group of county authorities or  
14 other entity recognized by the secretary in contract in a defined  
15 region.

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

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

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

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

9 (24) "Resilience" means the personal and community qualities that  
10 enable individuals to rebound from adversity, trauma, tragedy, threats,  
11 or other stresses, and to live productive lives.

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

29 (26) "Secretary" means the secretary of social and health services.

30 (27) "Seriously disturbed person" means a person who:

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

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



1 (c) Has a mental disorder which causes major impairment in several  
2 areas of daily living;

3 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

27 (ii) Changes in custodial adult;

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

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

33 (v) Drug or alcohol abuse; or

34 (vi) Homelessness.

35 (29) "State minimum standards" means minimum requirements  
36 established by rules adopted by the secretary and necessary to  
37 implement this chapter for: (a) Delivery of mental health services;

1 (b) licensed service providers for the provision of mental health  
2 services; (c) residential services; and (d) community support services  
3 and resource management services.

4 (30) "Treatment records" include registration and all other records  
5 concerning persons who are receiving or who at any time have received  
6 services for mental illness, which are maintained by the department, by  
7 (~~regional support networks~~) behavioral health organizations and their  
8 staffs, and by treatment facilities. Treatment records do not include  
9 notes or records maintained for personal use by a person providing  
10 treatment services for the department, (~~regional support networks~~)  
11 behavioral health organizations, or a treatment facility if the notes  
12 or records are not available to others.

13 (31) "Tribal authority," for the purposes of this section and RCW  
14 71.24.300 only, means: The federally recognized Indian tribes and the  
15 major Indian organizations recognized by the secretary insofar as these  
16 organizations do not have a financial relationship with any (~~regional  
17 support network~~) behavioral health organization that would present a  
18 conflict of interest.

19 (32) "Behavioral health services" means mental health services as  
20 described in this chapter and chapter 71.36 RCW and chemical dependency  
21 treatment services as described in chapter 70.96A RCW.

22 **Sec. 10.** RCW 71.24.035 and 2013 c 200 s 24 are each amended to  
23 read as follows:

24 (1) The department is designated as the state mental health  
25 authority.

26 (2) The secretary shall provide for public, client, and licensed  
27 service provider participation in developing the state mental health  
28 program, developing contracts with (~~regional support networks~~)  
29 behavioral health organizations, and any waiver request to the federal  
30 government under medicaid.

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

35 (4) The secretary shall be designated as the (~~regional support  
36 network~~) behavioral health organization if the (~~regional support  
37 network~~) behavioral health organization fails to meet state minimum

1 standards or refuses to exercise responsibilities under RCW 71.24.045,  
2 until such time as a new (~~regional support network~~) behavioral health  
3 organization is designated (~~under RCW 71.24.320~~).

4 (5) The secretary shall:

5 (a) Develop a biennial state mental health program that  
6 incorporates regional biennial needs assessments and regional mental  
7 health service plans and state services for adults and children with  
8 mental illness(~~. The secretary shall also develop a six-year state~~  
9 ~~mental health plan~~);

10 (b) Assure that any (~~regional~~) behavioral health organization or  
11 county community mental health program provides (~~access to treatment~~  
12 ~~for the region's residents, including parents who are respondents in~~  
13 ~~dependency cases, in the following order of priority: (i) Persons with~~  
14 ~~acute mental illness; (ii) adults with chronic mental illness and~~  
15 ~~children who are severely emotionally disturbed; and (iii) persons who~~  
16 ~~are seriously disturbed. Such programs shall provide:~~

17 ~~(A) Outpatient services;~~

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

19 ~~(C) Day treatment for persons with mental illness which includes~~  
20 ~~training in basic living and social skills, supported work, vocational~~  
21 ~~rehabilitation, and day activities. Such services may include~~  
22 ~~therapeutic treatment. In the case of a child, day treatment includes~~  
23 ~~age-appropriate basic living and social skills, educational and~~  
24 ~~prevocational services, day activities, and therapeutic treatment;~~

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

27 ~~(E) Employment services, which may include supported employment,~~  
28 ~~transitional work, placement in competitive employment, and other work-~~  
29 ~~related services, that result in persons with mental illness becoming~~  
30 ~~engaged in meaningful and gainful full or part-time work. Other~~  
31 ~~sources of funding such as the division of vocational rehabilitation~~  
32 ~~may be utilized by the secretary to maximize federal funding and~~  
33 ~~provide for integration of services;~~

34 ~~(F) Consultation and education services; and~~

35 ~~(G) Community support services)) medically necessary services to  
36 medicaid recipients consistent with the state's medicaid state plan or  
37 federal waiver authorities, and nonmedicaid services consistent with  
38 priorities established by the department;~~

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

4 (i) Licensed service providers. These rules shall permit a county-  
5 operated mental health program to be licensed as a service provider  
6 subject to compliance with applicable statutes and rules. 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~~) Behavioral health organizations;  
12 and

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

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

20 (e) Establish a standard contract or contracts, consistent with  
21 state minimum standards(~~(, RCW 71.24.320 and 71.24.330,)~~) which shall  
22 be used in contracting with (~~regional support networks~~) behavioral  
23 health organizations. The standard contract shall include a maximum  
24 fund balance, which shall be consistent with that required by federal  
25 regulations or waiver stipulations;

26 (f) Establish, to the extent possible, a standardized auditing  
27 procedure which is designed to assure compliance with contractual  
28 agreements authorized by this chapter and minimizes paperwork  
29 requirements of (~~regional support networks~~) behavioral health  
30 organizations and licensed service providers. The audit procedure  
31 shall focus on the outcomes of service (~~and not the processes for~~  
32 ~~accomplishing them~~) as provided in RCW 43.20A.895, 70.320.020, and  
33 71.36.025;

34 (g) Develop and maintain an information system to be used by the  
35 state and (~~regional support networks~~) behavioral health organizations  
36 that includes a tracking method which allows the department and  
37 (~~regional support networks~~) behavioral health organizations to  
38 identify mental health clients' participation in any mental health

1 service or public program on an immediate basis. The information  
2 system shall not include individual patient's case history files.  
3 Confidentiality of client information and records shall be maintained  
4 as provided in this chapter and chapter 70.02 RCW;

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

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

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

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

16 ~~((+l))~~ (k) Monitor and audit ~~((regional support networks))~~  
17 behavioral health organizations and licensed service providers as  
18 needed to assure compliance with contractual agreements authorized by  
19 this chapter;

20 ~~((+m))~~ (l) Adopt such rules as are necessary to implement the  
21 department's responsibilities under this chapter;

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

26 ~~((+o))~~ (n) Certify crisis stabilization units that meet state  
27 minimum standards;

28 ~~((+p))~~ (o) Certify clubhouses that meet state minimum standards;  
29 and

30 ~~((+q))~~ (p) Certify triage facilities that meet state minimum  
31 standards.

32 (6) The secretary shall use available resources only for ~~((regional  
33 support networks))~~ behavioral health organizations, except:

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

36 (b) To incentivize improved performance with respect to the client  
37 outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025,

1 integration of behavioral health and medical services at the clinical  
2 level, and improved care coordination for individuals with complex care  
3 needs.

4 (7) Each (~~certified regional support network~~) behavioral health  
5 organization and licensed service provider shall file with the  
6 secretary, on request, such data, statistics, schedules, and  
7 information as the secretary reasonably requires. A (~~certified~~  
8 ~~regional support network~~) behavioral health organization or licensed  
9 service provider which, without good cause, fails to furnish any data,  
10 statistics, schedules, or information as requested, or files fraudulent  
11 reports thereof, may have its certification or license revoked or  
12 suspended.

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

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

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

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

37 (12) The standards for certification of evaluation and treatment  
38 facilities shall include standards relating to maintenance of good

1 physical and mental health and other services to be afforded persons  
2 pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall  
3 otherwise assure the effectuation of the purposes of these chapters.

4 (13) The standards for certification of crisis stabilization units  
5 shall include standards that:

6 (a) Permit location of the units at a jail facility if the unit is  
7 physically separate from the general population of the jail;

8 (b) Require administration of the unit by mental health  
9 professionals who direct the stabilization and rehabilitation efforts;  
10 and

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

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

15 (a) The facilities may be peer-operated and must be  
16 recovery-focused;

17 (b) Members and employees must work together;

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

22 (d) Members and staff and ultimately the clubhouse director must be  
23 responsible for the operation of the clubhouse, central to this  
24 responsibility is the engagement of members and staff in all aspects of  
25 clubhouse operations;

26 (e) Clubhouse programs must be comprised of structured activities  
27 including but not limited to social skills training, vocational  
28 rehabilitation, employment training and job placement, and community  
29 resource development;

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

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

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

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

4 (16) The secretary shall assume all duties assigned to the  
5 nonparticipating ((~~regional support networks~~)) behavioral health  
6 organizations under chapters 71.05 and 71.34 RCW and this chapter.  
7 Such responsibilities shall include those which would have been  
8 assigned to the nonparticipating counties in regions where there are  
9 not participating ((~~regional support networks~~)) behavioral health  
10 organizations.

11 The ((~~regional support networks~~)) behavioral health organizations,  
12 or the secretary's assumption of all responsibilities under chapters  
13 71.05 and 71.34 RCW and this chapter, shall be included in all state  
14 and federal plans affecting the state mental health program including  
15 at least those required by this chapter, the medicaid program, and P.L.  
16 99-660. Nothing in these plans shall be inconsistent with the intent  
17 and requirements of this chapter.

18 (17) The secretary shall:

19 (a) Disburse funds for the ((~~regional support networks~~)) behavioral  
20 health organizations within sixty days of approval of the biennial  
21 contract. The department must either approve or reject the biennial  
22 contract within sixty days of receipt.

23 (b) Enter into biennial contracts with ((~~regional support~~  
24 ~~networks~~)) behavioral health organizations. The contracts shall be  
25 consistent with available resources. No contract shall be approved  
26 that does not include progress toward meeting the goals of this chapter  
27 by taking responsibility for: (i) Short-term commitments; (ii)  
28 residential care; and (iii) emergency response systems.

29 (c) Notify ((~~regional support networks~~)) behavioral health  
30 organizations of their allocation of available resources at least sixty  
31 days prior to the start of a new biennial contract period.

32 (d) Deny all or part of the funding allocations to ((~~regional~~  
33 ~~support networks~~)) behavioral health organizations based solely upon  
34 formal findings of noncompliance with the terms of the ((~~regional~~  
35 ~~support network's~~)) behavioral health organization's contract with the  
36 department. ((~~Regional support networks~~)) Behavioral health  
37 organizations disputing the decision of the secretary to withhold



1 funding allocations are limited to the remedies provided in the  
2 department's contracts with the ((~~regional support networks~~))  
3 behavioral health organizations.

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

11 **Sec. 11.** RCW 71.24.045 and 2006 c 333 s 105 are each amended to  
12 read as follows:

13 The ((~~regional support network~~)) behavioral health organization  
14 shall:

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

21 (2) Operate as a licensed service provider if it deems that doing  
22 so is more efficient and cost effective than contracting for services.  
23 When doing so, the ((~~regional support network~~)) behavioral health  
24 organization shall comply with rules promulgated by the secretary that  
25 shall provide measurements to determine when a ((~~regional support~~  
26 ~~network~~)) behavioral health organization provided service is more  
27 efficient and cost effective;

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

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

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

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

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

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

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

20 **Sec. 12.** RCW 71.24.100 and 2012 c 117 s 442 are each amended to  
21 read as follows:

22 A county authority or a group of county authorities may enter into  
23 a joint operating agreement to (~~form~~) respond to a request for a  
24 detailed plan and contract with the state to operate a (~~regional~~  
25 ~~support network~~) behavioral health organization whose boundaries are  
26 consistent with the regional service areas established under section 2  
27 of this act. Any agreement between two or more county authorities  
28 (~~for the establishment of a regional support network~~) shall provide:

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

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



1 (3) The department shall implement strategies that accomplish the  
2 outcome measures (~~(identified in section 5 of this act that are within~~  
3 ~~the funding constraints in this section))~~ established in RCW  
4 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked  
5 to those outcomes.

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

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

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

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

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

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

24 (4) "Chemical dependency" means:

25 (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol  
26 and one or more other psychoactive chemicals, as the context requires.

27 (5) "Chemical dependency program" means expenditures and activities  
28 of the department designed and conducted to prevent or treat alcoholism  
29 and other drug addiction, including reasonable administration and  
30 overhead.

31 (6) "Department" means the department of social and health  
32 services.

33 (7) "Designated chemical dependency specialist" or "specialist"  
34 means a person designated by the county alcoholism and other drug  
35 addiction program coordinator designated under RCW 70.96A.310 to  
36 perform the commitment duties described in RCW 70.96A.140 and qualified  
37 to do so by meeting standards adopted by the department.

- 1 (8) "Director" means the person administering the chemical  
2 dependency program within the department.
- 3 (9) "Drug addict" means a person who suffers from the disease of  
4 drug addiction.
- 5 (10) "Drug addiction" means a disease characterized by a dependency  
6 on psychoactive chemicals, loss of control over the amount and  
7 circumstances of use, symptoms of tolerance, physiological or  
8 psychological withdrawal, or both, if use is reduced or discontinued,  
9 and impairment of health or disruption of social or economic  
10 functioning.
- 11 (11) "Emergency service patrol" means a patrol established under  
12 RCW 70.96A.170.
- 13 (12) "Gravely disabled by alcohol or other psychoactive chemicals"  
14 or "gravely disabled" means that a person, as a result of the use of  
15 alcohol or other psychoactive chemicals: (a) Is in danger of serious  
16 physical harm resulting from a failure to provide for his or her  
17 essential human needs of health or safety; or (b) manifests severe  
18 deterioration in routine functioning evidenced by a repeated and  
19 escalating loss of cognition or volitional control over his or her  
20 actions and is not receiving care as essential for his or her health or  
21 safety.
- 22 (13) "History of one or more violent acts" refers to the period of  
23 time ten years prior to the filing of a petition under this chapter,  
24 excluding any time spent, but not any violent acts committed, in a  
25 mental health facility, or a long-term alcoholism or drug treatment  
26 facility, or in confinement.
- 27 (14) "Incapacitated by alcohol or other psychoactive chemicals"  
28 means that a person, as a result of the use of alcohol or other  
29 psychoactive chemicals, is gravely disabled or presents a likelihood of  
30 serious harm to himself or herself, to any other person, or to  
31 property.
- 32 (15) "Incompetent person" means a person who has been adjudged  
33 incompetent by the superior court.
- 34 (16) "Intoxicated person" means a person whose mental or physical  
35 functioning is substantially impaired as a result of the use of alcohol  
36 or other psychoactive chemicals.
- 37 (17) "Licensed physician" means a person licensed to practice

1 medicine or osteopathic medicine and surgery in the state of  
2 Washington.

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

4 (a) A substantial risk that: (i) Physical harm will be inflicted  
5 by an individual upon his or her own person, as evidenced by threats or  
6 attempts to commit suicide or inflict physical harm on one's self; (ii)  
7 physical harm will be inflicted by an individual upon another, as  
8 evidenced by behavior that has caused the harm or that places another  
9 person or persons in reasonable fear of sustaining the harm; or (iii)  
10 physical harm will be inflicted by an individual upon the property of  
11 others, as evidenced by behavior that has caused substantial loss or  
12 damage to the property of others; or

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

15 (19) "Medical necessity" for inpatient care of a minor means a  
16 requested certified inpatient service that is reasonably calculated to:

17 (a) Diagnose, arrest, or alleviate a chemical dependency; or (b)  
18 prevent the worsening of chemical dependency conditions that endanger  
19 life or cause suffering and pain, or result in illness or infirmity or  
20 threaten to cause or aggravate a handicap, or cause physical deformity  
21 or malfunction, and there is no adequate less restrictive alternative  
22 available.

23 (20) "Minor" means a person less than eighteen years of age.

24 (21) "Parent" means the parent or parents who have the legal right  
25 to custody of the child. Parent includes custodian or guardian.

26 (22) "Peace officer" means a law enforcement official of a public  
27 agency or governmental unit, and includes persons specifically given  
28 peace officer powers by any state law, local ordinance, or judicial  
29 order of appointment.

30 (23) "Person" means an individual, including a minor.

31 (24) "Professional person in charge" or "professional person" means  
32 a physician or chemical dependency counselor as defined in rule by the  
33 department, who is empowered by a certified treatment program with  
34 authority to make assessment, admission, continuing care, and discharge  
35 decisions on behalf of the certified program.

36 (25) "Secretary" means the secretary of the department of social  
37 and health services.

1 (26) "Treatment" means the broad range of emergency,  
2 detoxification, residential, and outpatient services and care,  
3 including diagnostic evaluation, chemical dependency education and  
4 counseling, medical, psychiatric, psychological, and social service  
5 care, vocational rehabilitation and career counseling, which may be  
6 extended to alcoholics and other drug addicts and their families,  
7 persons incapacitated by alcohol or other psychoactive chemicals, and  
8 intoxicated persons.

9 (27) "Treatment program" means an organization, institution, or  
10 corporation, public or private, engaged in the care, treatment, or  
11 rehabilitation of alcoholics or other drug addicts.

12 (28) "Violent act" means behavior that resulted in homicide,  
13 attempted suicide, nonfatal injuries, or substantial damage to  
14 property.

15 (29) "Behavioral health organization" means a county authority or  
16 group of county authorities or other entity recognized by the secretary  
17 in contract in a defined regional service area.

18 (30) "Behavioral health services" means mental health services as  
19 described in chapters 71.24 and 71.36 RCW and chemical dependency  
20 treatment services as described in this chapter.

21 **Sec. 17.** RCW 70.96A.040 and 1989 c 270 s 5 are each amended to  
22 read as follows:

23 The department, in the operation of the chemical dependency program  
24 may:

25 (1) Plan, establish, and maintain prevention and treatment programs  
26 as necessary or desirable;

27 (2) Make contracts necessary or incidental to the performance of  
28 its duties and the execution of its powers, including managed care  
29 contracts for behavioral health services, contracts entered into under  
30 RCW 74.09.522, and contracts with public and private agencies,  
31 organizations, and individuals to pay them for services rendered or  
32 furnished to alcoholics or other drug addicts, persons incapacitated by  
33 alcohol or other psychoactive chemicals, or intoxicated persons;

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

36 (4) Adopt rules under chapter 34.05 RCW to carry out the provisions

1 and purposes of this chapter and contract, cooperate, and coordinate  
2 with other public or private agencies or individuals for those  
3 purposes;

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

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

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

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

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

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

27 **Sec. 18.** RCW 70.96A.050 and 2001 c 13 s 2 are each amended to read  
28 as follows:

29 The department shall:

30 (1) Develop, encourage, and foster statewide, regional, and local  
31 plans and programs for the prevention of alcoholism and other drug  
32 addiction, treatment of alcoholics and other drug addicts and their  
33 families, persons incapacitated by alcohol or other psychoactive  
34 chemicals, and intoxicated persons in cooperation with public and  
35 private agencies, organizations, and individuals and provide technical  
36 assistance and consultation services for these purposes;



1       (2) Assure that any behavioral health organization contract or  
2 managed care contract under RCW 74.09.522 for behavioral health  
3 services or program for the treatment of persons with alcohol or drug  
4 use disorders provides medically necessary services to medicaid  
5 recipients. This must include a continuum of mental health and  
6 chemical dependency services consistent with the state's medicaid plan  
7 or federal waiver authorities, and nonmedicaid services consistent with  
8 priorities established by the department;

9       (3) Coordinate the efforts and enlist the assistance of all public  
10 and private agencies, organizations, and individuals interested in  
11 prevention of alcoholism and drug addiction, and treatment of  
12 alcoholics and other drug addicts and their families, persons  
13 incapacitated by alcohol or other psychoactive chemicals, and  
14 intoxicated persons;

15       (~~(3)~~) (4) Cooperate with public and private agencies in  
16 establishing and conducting programs to provide treatment for  
17 alcoholics and other drug addicts and their families, persons  
18 incapacitated by alcohol or other psychoactive chemicals, and  
19 intoxicated persons who are clients of the correctional system;

20       (~~(4)~~) (5) Cooperate with the superintendent of public  
21 instruction, state board of education, schools, police departments,  
22 courts, and other public and private agencies, organizations and  
23 individuals in establishing programs for the prevention of alcoholism  
24 and other drug addiction, treatment of alcoholics or other drug addicts  
25 and their families, persons incapacitated by alcohol or other  
26 psychoactive chemicals, and intoxicated persons, and preparing  
27 curriculum materials thereon for use at all levels of school education;

28       (~~(5)~~) (6) Prepare, publish, evaluate, and disseminate educational  
29 material dealing with the nature and effects of alcohol and other  
30 psychoactive chemicals and the consequences of their use;

31       (~~(6)~~) (7) Develop and implement, as an integral part of treatment  
32 programs, an educational program for use in the treatment of alcoholics  
33 or other drug addicts, persons incapacitated by alcohol or other  
34 psychoactive chemicals, and intoxicated persons, which program shall  
35 include the dissemination of information concerning the nature and  
36 effects of alcohol and other psychoactive chemicals, the consequences  
37 of their use, the principles of recovery, and HIV and AIDS;

1        ~~((+7))~~ (8) Organize and foster training programs for persons  
2 engaged in treatment of alcoholics or other drug addicts, persons  
3 incapacitated by alcohol or other psychoactive chemicals, and  
4 intoxicated persons;

5        ~~((+8))~~ (9) Sponsor and encourage research into the causes and  
6 nature of alcoholism and other drug addiction, treatment of alcoholics  
7 and other drug addicts, persons incapacitated by alcohol or other  
8 psychoactive chemicals, and intoxicated persons, and serve as a  
9 clearinghouse for information relating to alcoholism or other drug  
10 addiction;

11       ~~((+9))~~ (10) Specify uniform methods for keeping statistical  
12 information by public and private agencies, organizations, and  
13 individuals, and collect and make available relevant statistical  
14 information, including number of persons treated, frequency of  
15 admission and readmission, and frequency and duration of treatment;

16       ~~((+10))~~ (11) Advise the governor in the preparation of a  
17 comprehensive plan for treatment of alcoholics and other drug addicts,  
18 persons incapacitated by alcohol or other psychoactive chemicals, and  
19 intoxicated persons for inclusion in the state's comprehensive health  
20 plan;

21       ~~((+11))~~ (12) Review all state health, welfare, and treatment plans  
22 to be submitted for federal funding under federal legislation, and  
23 advise the governor on provisions to be included relating to alcoholism  
24 and other drug addiction, persons incapacitated by alcohol or other  
25 psychoactive chemicals, and intoxicated persons;

26       ~~((+12))~~ (13) Assist in the development of, and cooperate with,  
27 programs for alcohol and other psychoactive chemical education and  
28 treatment for employees of state and local governments and businesses  
29 and industries in the state;

30       ~~((+13))~~ (14) Use the support and assistance of interested persons  
31 in the community to encourage alcoholics and other drug addicts  
32 voluntarily to undergo treatment;

33       ~~((+14))~~ (15) Cooperate with public and private agencies in  
34 establishing and conducting programs designed to deal with the problem  
35 of persons operating motor vehicles while intoxicated;

36       ~~((+15))~~ (16) Encourage general hospitals and other appropriate  
37 health facilities to admit without discrimination alcoholics and other

1 drug addicts, persons incapacitated by alcohol or other psychoactive  
2 chemicals, and intoxicated persons and to provide them with adequate  
3 and appropriate treatment;

4 ~~((+16))~~ (17) Encourage all health and disability insurance  
5 programs to include alcoholism and other drug addiction as a covered  
6 illness; and

7 ~~((+17))~~ (18) Organize and sponsor a statewide program to help  
8 court personnel, including judges, better understand the disease of  
9 alcoholism and other drug addiction and the uses of chemical dependency  
10 treatment programs.

11 **Sec. 19.** RCW 70.96A.080 and 1989 c 270 s 18 are each amended to  
12 read as follows:

13 (1) In coordination with the health care authority, the department  
14 shall establish by ~~((all))~~ appropriate means, ~~((including contracting~~  
15 for services,)) a comprehensive and coordinated ~~((discrete))~~ program  
16 for the treatment of ~~((alcoholics and other drug addicts and their~~  
17 families, persons incapacitated by alcohol or other psychoactive  
18 chemicals, and intoxicated)) persons with chemical dependency.

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

22 ~~((+a))~~ (i) Detoxification services available twenty-four hours a  
23 day;

24 ~~((+b))~~ (ii) Residential treatment; ~~((and~~  
25 +e)) (iii) Outpatient treatment, including medication assisted  
26 treatment; and

27 (iv) Contracts with at least one provider in operation as of  
28 January 1, 2014, for case management and residential treatment services  
29 for pregnant and parenting women.

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

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

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

1       (5) By April 1, 2016, treatment provided under this chapter must be  
2 purchased primarily through managed care contracts.

3       **Sec. 20.** RCW 70.96A.320 and 2013 c 320 s 8 are each amended to  
4 read as follows:

5       (1) A county legislative authority, or two or more counties acting  
6 jointly, may establish an alcoholism and other drug addiction program.  
7 If two or more counties jointly establish the program, they shall  
8 designate one county to provide administrative and financial services.

9       (2) To be eligible for funds from the department for the support of  
10 the county alcoholism and other drug addiction program, the county  
11 legislative authority shall establish a county alcoholism and other  
12 drug addiction board under RCW 70.96A.300 and appoint a county  
13 alcoholism and other drug addiction program coordinator under RCW  
14 70.96A.310.

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

19       (a) It shall describe the prevention, early intervention, or  
20 recovery support services and activities to be provided;

21       (b) It shall include anticipated expenditures and revenues;

22       (c) It shall be prepared by the county alcoholism and other drug  
23 addiction program board and be adopted by the county legislative  
24 authority;

25       (d) It shall reflect maximum effective use of existing services and  
26 programs; and

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

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

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

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

4 (7) To continue to be eligible for financial support from the  
5 department for the county alcoholism and other drug addiction program,  
6 an increase in state financial support shall not be used to supplant  
7 local funds from a source that was used to support the county  
8 alcoholism and other drug addiction program before the effective date  
9 of the increase.

10 **Sec. 21.** RCW 71.24.049 and 2001 c 323 s 13 are each amended to  
11 read as follows:

12 By January 1st of each odd-numbered year, the (~~regional support~~  
13 ~~network~~) behavioral health organization shall identify: (1) The  
14 number of children in each priority group, as defined by this chapter,  
15 who are receiving mental health services funded in part or in whole  
16 under this chapter, (2) the amount of funds under this chapter used for  
17 children's mental health services, (3) an estimate of the number of  
18 unserved children in each priority group, and (4) the estimated cost of  
19 serving these additional children and their families.

20 **Sec. 22.** RCW 71.24.061 and 2007 c 359 s 7 are each amended to read  
21 as follows:

22 (1) The department shall provide flexibility in provider  
23 contracting to (~~regional support networks~~) behavioral health  
24 organizations for children's mental health services. Beginning with  
25 2007-2009 biennium contracts, (~~regional support network~~) behavioral  
26 health organization contracts shall authorize (~~regional support~~  
27 ~~networks~~) behavioral health organizations to allow and encourage  
28 licensed community mental health centers to subcontract with individual  
29 licensed mental health professionals when necessary to meet the need  
30 for an adequate, culturally competent, and qualified children's mental  
31 health provider network.

32 (2) To the extent that funds are specifically appropriated for this  
33 purpose or that nonstate funds are available, a children's mental  
34 health evidence-based practice institute shall be established at the  
35 University of Washington division of public behavioral health and  
36 justice policy. The institute shall closely collaborate with entities

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

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

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

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

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

36 (e) Serve as a statewide resource to the department and other  
37 entities on child and adolescent evidence-based, research-based,  
38 promising, or consensus-based practices for children's mental health

1 treatment, maintaining a working knowledge through ongoing review of  
2 academic and professional literature, and knowledge of other evidence-  
3 based practice implementation efforts in Washington and other states.

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

14 **Sec. 23.** RCW 71.24.155 and 2001 c 323 s 14 are each amended to  
15 read as follows:

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

24 **Sec. 24.** RCW 71.24.160 and 2011 c 343 s 6 are each amended to read  
25 as follows:

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

34 **Sec. 25.** RCW 71.24.250 and 2001 c 323 s 16 are each amended to  
35 read as follows:





1 biennially thereafter, to assume within available resources all of the  
2 following duties:

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

6 (b) Administer and provide for the availability of all  
7 investigation, transportation, court-related, and other services  
8 provided by the state or counties pursuant to chapter 71.05 RCW.

9 (c) Provide within the boundaries of each (~~regional support~~  
10 ~~network~~) behavioral health organization evaluation and treatment  
11 services for at least ninety percent of persons detained or committed  
12 for periods up to seventeen days according to chapter 71.05 RCW.  
13 (~~Regional support networks~~) Behavioral health organizations may  
14 contract to purchase evaluation and treatment services from other  
15 (~~networks~~) organizations if they are unable to provide for  
16 appropriate resources within their boundaries. Insofar as the original  
17 intent of serving persons in the community is maintained, the secretary  
18 is authorized to approve exceptions on a case-by-case basis to the  
19 requirement to provide evaluation and treatment services within the  
20 boundaries of each (~~regional support network~~) behavioral health  
21 organization. Such exceptions are limited to:

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

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

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

32 (7) A (~~regional support network~~) behavioral health organization  
33 may request that any state-owned land, building, facility, or other  
34 capital asset which was ever purchased, deeded, given, or placed in  
35 trust for the care of the persons with mental illness and which is  
36 within the boundaries of a (~~regional support network~~) behavioral  
37 health organization be made available to support the operations of the

1 ((~~regional support network~~)) behavioral health organization. State  
2 agencies managing such capital assets shall give first priority to  
3 requests for their use pursuant to this chapter.

4 (8) Each ((~~regional support network~~)) behavioral health  
5 organization shall appoint a mental health advisory board which shall  
6 review and provide comments on plans and policies developed under this  
7 chapter, provide local oversight regarding the activities of the  
8 ((~~regional support network~~)) behavioral health organization, and work  
9 with the ((~~regional support network~~)) behavioral health organization to  
10 resolve significant concerns regarding service delivery and outcomes.  
11 The department shall establish statewide procedures for the operation  
12 of regional advisory committees including mechanisms for advisory board  
13 feedback to the department regarding ((~~regional support network~~))  
14 behavioral health organization performance. The composition of the  
15 board shall be broadly representative of the demographic character of  
16 the region and shall include, but not be limited to, representatives of  
17 consumers and families, law enforcement, and where the county is not  
18 the ((~~regional support network~~)) behavioral health organization, county  
19 elected officials. Composition and length of terms of board members  
20 may differ between ((~~regional support networks~~)) behavioral health  
21 organizations but shall be included in each ((~~regional support~~  
22 ~~network's~~)) behavioral health organization's contract and approved by  
23 the secretary.

24 (9) ((~~Regional support networks~~)) Behavioral health organizations  
25 shall assume all duties specified in their plans and joint operating  
26 agreements through biennial contractual agreements with the secretary.

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

35 **Sec. 27.** RCW 71.24.310 and 2013 2nd sp.s. c 4 s 994 are each  
36 amended to read as follows:

37 The legislature finds that administration of chapter 71.05 RCW and

1 this chapter can be most efficiently and effectively implemented as  
2 part of the (~~regional support network~~) behavioral health organization  
3 defined in RCW 71.24.025. For this reason, the legislature intends  
4 that the department and the (~~regional support networks~~) behavioral  
5 health organizations shall work together to implement chapter 71.05 RCW  
6 as follows:

7 (1) By June 1, 2006, (~~regional support networks~~) behavioral  
8 health organizations shall recommend to the department the number of  
9 state hospital beds that should be allocated for use by each (~~regional~~  
10 ~~support network~~) behavioral health organization. The statewide total  
11 allocation shall not exceed the number of state hospital beds offering  
12 long-term inpatient care, as defined in this chapter, for which funding  
13 is provided in the biennial appropriations act.

14 (2) If there is consensus among the (~~regional support networks~~)  
15 behavioral health organizations regarding the number of state hospital  
16 beds that should be allocated for use by each (~~regional support~~  
17 ~~network~~) behavioral health organization, the department shall contract  
18 with each (~~regional support network~~) behavioral health organization  
19 accordingly.

20 (3) If there is not consensus among the (~~regional support~~  
21 ~~networks~~) behavioral health organizations regarding the number of beds  
22 that should be allocated for use by each (~~regional support network~~)  
23 behavioral health organization, the department shall establish by  
24 emergency rule the number of state hospital beds that are available for  
25 use by each (~~regional support network~~) behavioral health  
26 organization. The emergency rule shall be effective September 1, 2006.  
27 The primary factor used in the allocation shall be the estimated number  
28 of adults with acute and chronic mental illness in each (~~regional~~  
29 ~~support network~~) behavioral health organization area, based upon  
30 population-adjusted incidence and utilization.

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

1 diversion services contracted in accordance with subsection (5) of this  
2 section.

3 (5) The department is encouraged to enter performance-based  
4 contracts with (~~regional support networks~~) behavioral health  
5 organizations to provide some or all of the (~~regional support~~  
6 ~~network's~~) behavioral health organization's allocated long-term  
7 inpatient treatment capacity in the community, rather than in the state  
8 hospital. The performance contracts shall specify the number of  
9 patient days of care available for use by the (~~regional support~~  
10 ~~network~~) behavioral health organization in the state hospital.

11 (6) If a (~~regional support network~~) behavioral health  
12 organization uses more state hospital patient days of care than it has  
13 been allocated under subsection (3) or (4) of this section, or than it  
14 has contracted to use under subsection (5) of this section, whichever  
15 is less, it shall reimburse the department for that care, except during  
16 the period of July 1, 2012, through December 31, 2013, where  
17 reimbursements may be temporarily altered per section 204, chapter 4,  
18 Laws of 2013 2nd sp. sess. The reimbursement rate per day shall be the  
19 hospital's total annual budget for long-term inpatient care, divided by  
20 the total patient days of care assumed in development of that budget.

21 (7) One-half of any reimbursements received pursuant to subsection  
22 (6) of this section shall be used to support the cost of operating the  
23 state hospital and, during the 2007-2009 fiscal biennium, implementing  
24 new services that will enable a (~~regional support network~~) behavioral  
25 health organization to reduce its utilization of the state hospital.  
26 The department shall distribute the remaining half of such  
27 reimbursements among (~~regional support networks~~) behavioral health  
28 organizations that have used less than their allocated or contracted  
29 patient days of care at that hospital, proportional to the number of  
30 patient days of care not used.

31 **Sec. 28.** RCW 71.24.350 and 2013 c 23 s 189 are each amended to  
32 read as follows:

33 The department shall require each (~~regional support network~~)  
34 behavioral health organization to provide for a separately funded  
35 mental health ombuds office in each (~~regional support network~~)  
36 behavioral health organization that is independent of the (~~regional~~

1 ~~support network~~) behavioral health organization. The ombuds office  
2 shall maximize the use of consumer advocates.

3 **Sec. 29.** RCW 71.24.370 and 2006 c 333 s 103 are each amended to  
4 read as follows:

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

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

20 (3) This section applies to counties, (~~regional support networks~~)  
21 behavioral health organizations, and entities which contract to provide  
22 (~~regional support network~~) behavioral health organization services  
23 and their subcontractors, agents, or employees.

24 **Sec. 30.** RCW 71.24.455 and 1997 c 342 s 2 are each amended to read  
25 as follows:

26 (1) The secretary shall select and contract with a (~~regional~~  
27 ~~support network~~) behavioral health organization or private provider to  
28 provide specialized access and services to (~~mentally ill~~) offenders  
29 with mental illness upon release from total confinement within the  
30 department of corrections who have been identified by the department of  
31 corrections and selected by the (~~regional support network~~) behavioral  
32 health organization or private provider as high-priority clients for  
33 services and who meet service program entrance criteria. The program  
34 shall enroll no more than twenty-five offenders at any one time, or a  
35 number of offenders that can be accommodated within the appropriated  
36 funding level, and shall seek to fill any vacancies that occur.

1 (2) Criteria shall include a determination by department of  
2 corrections staff that:

3 (a) The offender suffers from a major mental illness and needs  
4 continued mental health treatment;

5 (b) The offender's previous crime or crimes have been determined by  
6 either the court or department of corrections staff to have been  
7 substantially influenced by the offender's mental illness;

8 (c) It is believed the offender will be less likely to commit  
9 further criminal acts if provided ongoing mental health care;

10 (d) The offender is unable or unlikely to obtain housing and/or  
11 treatment from other sources for any reason; and

12 (e) The offender has at least one year remaining before his or her  
13 sentence expires but is within six months of release to community  
14 housing and is currently housed within a work release facility or any  
15 department of corrections' division of prisons facility.

16 (3) The (~~regional support network~~) behavioral health organization  
17 or private provider shall provide specialized access and services to  
18 the selected offenders. The services shall be aimed at lowering the  
19 risk of recidivism. An oversight committee composed of a  
20 representative of the department, a representative of the selected  
21 (~~regional support network~~) behavioral health organization or private  
22 provider, and a representative of the department of corrections shall  
23 develop policies to guide the pilot program, provide dispute resolution  
24 including making determinations as to when entrance criteria or  
25 required services may be waived in individual cases, advise the  
26 department of corrections and the (~~regional support network~~)  
27 behavioral health organization or private provider on the selection of  
28 eligible offenders, and set minimum requirements for service contracts.  
29 The selected (~~regional support network~~) behavioral health  
30 organization or private provider shall implement the policies and  
31 service contracts. The following services shall be provided:

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

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

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

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

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

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

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

29 (h) The offender shall be provided access to daily activities such  
30 as drop-in centers, prevocational and vocational training and jobs, and  
31 volunteer activities.

32 (4) Once an offender has been selected into the pilot program, the  
33 offender shall remain in the program until the end of his or her  
34 sentence or unless the offender is released from the pilot program  
35 earlier by the department of corrections.

36 (5) Specialized training in the management and supervision of high-  
37 crime risk (~~mentally ill~~) offenders with mental illness shall be

1 provided to all participating mental health providers by the department  
2 and the department of corrections prior to their participation in the  
3 program and as requested thereafter.

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

6 **Sec. 31.** RCW 71.24.470 and 2009 c 319 s 1 are each amended to read  
7 as follows:

8 (1) The secretary shall contract, to the extent that funds are  
9 appropriated for this purpose, for case management services and such  
10 other services as the secretary deems necessary to assist offenders  
11 identified under RCW 72.09.370 for participation in the offender  
12 reentry community safety program. The contracts may be with (~~regional~~  
13 ~~support networks~~) behavioral health organizations or any other  
14 qualified and appropriate entities.

15 (2) The case manager has the authority to assist these offenders in  
16 obtaining the services, as set forth in the plan created under RCW  
17 72.09.370(2), for up to five years. The services may include  
18 coordination of mental health services, assistance with unfunded  
19 medical expenses, obtaining chemical dependency treatment, housing,  
20 employment services, educational or vocational training, independent  
21 living skills, parenting education, anger management services, and such  
22 other services as the case manager deems necessary.

23 (3) The legislature intends that funds appropriated for the  
24 purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section  
25 and distributed to the (~~regional support networks~~) behavioral health  
26 organizations are to supplement and not to supplant general funding.  
27 Funds appropriated to implement RCW 72.09.370, 71.05.145, and  
28 71.05.212, and this section are not to be considered available  
29 resources as defined in RCW 71.24.025 and are not subject to the  
30 priorities, terms, or conditions in the appropriations act established  
31 pursuant to RCW 71.24.035.

32 (4) The offender reentry community safety program was formerly  
33 known as the community integration assistance program.

34 **Sec. 32.** RCW 71.24.480 and 2009 c 319 s 2 are each amended to read  
35 as follows:

36 (1) A licensed service provider or (~~regional support network~~)



1 behavioral health organization, acting in the course of the provider's  
2 or (~~network's~~) organization's duties under this chapter, is not  
3 liable for civil damages resulting from the injury or death of another  
4 caused by a participant in the offender reentry community safety  
5 program who is a client of the provider or (~~network~~) organization,  
6 unless the act or omission of the provider or (~~network~~) organization  
7 constitutes:

8 (a) Gross negligence;

9 (b) Willful or wanton misconduct; or

10 (c) A breach of the duty to warn of and protect from a client's  
11 threatened violent behavior if the client has communicated a serious  
12 threat of physical violence against a reasonably ascertainable victim  
13 or victims.

14 (2) In addition to any other requirements to report violations, the  
15 licensed service provider and (~~regional support network~~) behavioral  
16 health organization shall report an offender's expressions of intent to  
17 harm or other predatory behavior, regardless of whether there is an  
18 ascertainable victim, in progress reports and other established  
19 processes that enable courts and supervising entities to assess and  
20 address the progress and appropriateness of treatment.

21 (3) A licensed service provider's or (~~regional support network's~~)  
22 behavioral health organization's mere act of treating a participant in  
23 the offender reentry community safety program is not negligence.  
24 Nothing in this subsection alters the licensed service provider's or  
25 (~~regional support network's~~) behavioral health organization's normal  
26 duty of care with regard to the client.

27 (4) The limited liability provided by this section applies only to  
28 the conduct of licensed service providers and (~~regional support~~  
29 ~~networks~~) behavioral health organizations and does not apply to  
30 conduct of the state.

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

36 **Sec. 33.** RCW 71.24.845 and 2013 c 230 s 1 are each amended to read  
37 as follows:

1       The (~~regional support networks~~) behavioral health organizations  
2 shall jointly develop a uniform transfer agreement to govern the  
3 transfer of clients between (~~regional support networks~~) behavioral  
4 health organizations. By September 1, 2013, the (~~regional support~~  
5 ~~networks~~) behavioral health organizations shall submit the uniform  
6 transfer agreement to the department. By December 1, 2013, the  
7 department shall establish guidelines to implement the uniform transfer  
8 agreement and may modify the uniform transfer agreement as necessary to  
9 avoid impacts on state administrative systems.

10       **Sec. 34.** RCW 71.24.055 and 2007 c 359 s 4 are each amended to read  
11 as follows:

12       As part of the system transformation initiative, the department of  
13 social and health services shall undertake the following activities  
14 related specifically to children's mental health services:

15       (1) The development of recommended revisions to the access to care  
16 standards for children. The recommended revisions shall reflect the  
17 policies and principles set out in RCW 71.36.005, 71.36.010, and  
18 71.36.025, and recognize that early identification, intervention and  
19 prevention services, and brief intervention services may be provided  
20 outside of the (~~regional support network~~) behavioral health  
21 organization system. Revised access to care standards shall assess a  
22 child's need for mental health services based upon the child's  
23 diagnosis and its negative impact upon his or her persistent impaired  
24 functioning in family, school, or the community, and should not solely  
25 condition the receipt of services upon a determination that a child is  
26 engaged in high risk behavior or is in imminent need of hospitalization  
27 or out-of-home placement. Assessment and diagnosis for children under  
28 five years of age shall be determined using a nationally accepted  
29 assessment tool designed specifically for children of that age. The  
30 recommendations shall also address whether amendments to RCW 71.24.025  
31 (~~(26) and~~) (27) and (28) and 71.24.035(5) are necessary to implement  
32 revised access to care standards;

33       (2) Development of a revised children's mental health benefit  
34 package. The department shall ensure that services included in the  
35 children's mental health benefit package reflect the policies and  
36 principles included in RCW 71.36.005 and 71.36.025, to the extent  
37 allowable under medicaid, Title XIX of the federal social security act.

1 Strong consideration shall be given to developmentally appropriate  
2 evidence-based and research-based practices, family-based  
3 interventions, the use of natural and peer supports, and community  
4 support services. This effort shall include a review of other states'  
5 efforts to fund family-centered children's mental health services  
6 through their medicaid programs;

7 (3) Consistent with the timeline developed for the system  
8 transformation initiative, recommendations for revisions to the  
9 children's access to care standards and the children's mental health  
10 services benefits package shall be presented to the legislature by  
11 January 1, 2009.

12 **Sec. 35.** RCW 71.24.065 and 2007 c 359 s 10 are each amended to  
13 read as follows:

14 To the extent funds are specifically appropriated for this purpose,  
15 the department of social and health services shall contract for  
16 implementation of a wraparound model of integrated children's mental  
17 health services delivery in up to four (~~regional support network~~)  
18 behavioral health organization regions in Washington state in which  
19 wraparound programs are not currently operating, and in up to two  
20 (~~regional support network~~) behavioral health organization regions in  
21 which wraparound programs are currently operating. Contracts in  
22 regions with existing wraparound programs shall be for the purpose of  
23 expanding the number of children served.

24 (1) Funding provided may be expended for: Costs associated with a  
25 request for proposal and contracting process; administrative costs  
26 associated with successful bidders' operation of the wraparound model;  
27 the evaluation under subsection (5) of this section; and funding for  
28 services needed by children enrolled in wraparound model sites that are  
29 not otherwise covered under existing state programs. The services  
30 provided through the wraparound model sites shall include, but not be  
31 limited to, services covered under the medicaid program. The  
32 department shall maximize the use of medicaid and other existing state-  
33 funded programs as a funding source. However, state funds provided may  
34 be used to develop a broader service package to meet needs identified  
35 in a child's care plan. Amounts provided shall supplement, and not  
36 supplant, state, local, or other funding for services that a child

1 being served through a wraparound site would otherwise be eligible to  
2 receive.

3 (2) The wraparound model sites shall serve children with serious  
4 emotional or behavioral disturbances who are at high risk of  
5 residential or correctional placement or psychiatric hospitalization,  
6 and who have been referred for services from the department, a county  
7 juvenile court, a tribal court, a school, or a licensed mental health  
8 provider or agency.

9 (3) Through a request for proposal process, the department shall  
10 contract, with (~~regional support networks~~) behavioral health  
11 organizations, alone or in partnership with either educational service  
12 districts or entities licensed to provide mental health services to  
13 children with serious emotional or behavioral disturbances, to operate  
14 the wraparound model sites. The contractor shall provide care  
15 coordination and facilitate the delivery of services and other supports  
16 to families using a strength-based, highly individualized wraparound  
17 process. The request for proposal shall require that:

18 (a) The (~~regional support network~~) behavioral health organization  
19 agree to use its medicaid revenues to fund services included in the  
20 existing (~~regional support network's~~) behavioral health  
21 organization's benefit package that a medicaid-eligible child  
22 participating in the wraparound model site is determined to need;

23 (b) The contractor provide evidence of commitments from at least  
24 the following entities to participate in wraparound care plan  
25 development and service provision when appropriate: Community mental  
26 health agencies, schools, the department of social and health services  
27 children's administration, juvenile courts, the department of social  
28 and health services juvenile rehabilitation administration, and managed  
29 health care systems contracting with the department under RCW  
30 74.09.522; and

31 (c) The contractor will operate the wraparound model site in a  
32 manner that maintains fidelity to the wraparound process as defined in  
33 RCW 71.36.010.

34 (4) Contracts for operation of the wraparound model sites shall be  
35 executed on or before April 1, 2008, with enrollment and service  
36 delivery beginning on or before July 1, 2008.

37 (5) The evidence-based practice institute established in RCW  
38 71.24.061 shall evaluate the wraparound model sites, measuring outcomes

1 for children served. Outcomes measured shall include, but are not  
2 limited to: Decreased out-of-home placement, including residential,  
3 group, and foster care, and increased stability of such placements,  
4 school attendance, school performance, recidivism, emergency room  
5 utilization, involvement with the juvenile justice system, decreased  
6 use of psychotropic medication, and decreased hospitalization.

7 (6) The evidence-based practice institute shall provide a report  
8 and recommendations to the appropriate committees of the legislature by  
9 December 1, 2010.

10 **Sec. 36.** RCW 71.24.240 and 2005 c 503 s 10 are each amended to  
11 read as follows:

12 In order to establish eligibility for funding under this chapter,  
13 any ((~~regional support network~~)) behavioral health organization seeking  
14 to obtain federal funds for the support of any aspect of a community  
15 mental health program as defined in this chapter shall submit program  
16 plans to the secretary for prior review and approval before such plans  
17 are submitted to any federal agency.

18 **Sec. 37.** RCW 71.24.320 and 2008 c 261 s 5 are each amended to read  
19 as follows:

20 (1) If an existing ((~~regional support network~~)) behavioral health  
21 organization chooses not to respond to a request for qualifications, or  
22 is unable to substantially meet the requirements of a request for  
23 qualifications, or notifies the department of social and health  
24 services it will no longer serve as a ((~~regional support network~~))  
25 behavioral health organization, the department shall utilize a  
26 procurement process in which other entities recognized by the secretary  
27 may bid to serve as the ((~~regional support network~~)) behavioral health  
28 organization.

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

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

34 (c) The request for proposal shall also include a scoring factor  
35 for proposals submitted by nonprofit entities that include a component

1 to maximize the utilization of state provided resources and the  
2 leverage of other funds for the support of mental health services to  
3 persons with mental illness.

4 (2) A (~~regional support network~~) behavioral health organization  
5 that voluntarily terminates, refuses to renew, or refuses to sign a  
6 mandatory amendment to its contract to act as a (~~regional support~~  
7 ~~network~~) behavioral health organization is prohibited from responding  
8 to a procurement under this section or serving as a (~~regional support~~  
9 ~~network~~) behavioral health organization for five years from the date  
10 that the department signs a contract with the entity that will serve as  
11 the (~~regional support network~~) behavioral health organization.

12 **Sec. 38.** RCW 71.24.330 and 2013 c 320 s 9 are each amended to read  
13 as follows:

14 (1)(a) Contracts between a (~~regional support network~~) behavioral  
15 health organization and the department shall include mechanisms for  
16 monitoring performance under the contract and remedies for failure to  
17 substantially comply with the requirements of the contract including,  
18 but not limited to, financial penalties, termination of the contract,  
19 and reprocurement of the contract.

20 (b) The department shall incorporate the criteria to measure the  
21 performance of service coordination organizations into contracts with  
22 (~~regional support networks~~) behavioral health organizations as  
23 provided in chapter 70.320 RCW.

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

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

3 (a) Define administrative costs and ensure that the ((~~regional~~  
4 ~~support network~~)) behavioral health organization does not exceed an  
5 administrative cost of ten percent of available funds;

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

8 (c) Require substantial implementation of department adopted  
9 integrated screening and assessment process and matrix of best  
10 practices;

11 (d) Maintain the decision-making independence of designated mental  
12 health professionals;

13 (e) Except at the discretion of the secretary or as specified in  
14 the biennial budget, require ((~~regional support networks~~)) behavioral  
15 health organizations to pay the state for the costs associated with  
16 individuals who are being served on the grounds of the state hospitals  
17 and who are not receiving long-term inpatient care as defined in RCW  
18 71.24.025;

19 (f) Include a negotiated alternative dispute resolution clause; and

20 (g) Include a provision requiring either party to provide one  
21 hundred eighty days' notice of any issue that may cause either party to  
22 voluntarily terminate, refuse to renew, or refuse to sign a mandatory  
23 amendment to the contract to act as a ((~~regional support network~~))  
24 behavioral health organization. If either party decides to voluntarily  
25 terminate, refuse to renew, or refuse to sign a mandatory amendment to  
26 the contract to serve as a ((~~regional support network~~)) behavioral  
27 health organization they shall provide ninety days' advance notice in  
28 writing to the other party.

29 **Sec. 39.** RCW 71.24.360 and 2012 c 91 s 1 are each amended to read  
30 as follows:

31 (1) The department may establish new ((~~regional support network~~))  
32 behavioral health organization boundaries in any part of the state:

33 (a) Where more than one ((~~network~~)) organization chooses not to  
34 respond to, or is unable to substantially meet the requirements of, the  
35 request for qualifications under RCW 71.24.320;

36 (b) Where a ((~~regional support network~~)) behavioral health  
37 organization is subject to procurement under RCW 71.24.330; or

1 (c) Where two or more (~~regional support networks~~) behavioral  
2 health organizations propose to reconfigure themselves to achieve  
3 consolidation, in which case the procurement process described in RCW  
4 71.24.320 and 71.24.330(2) does not apply.

5 (2) The department may establish no fewer than six and no more than  
6 fourteen (~~regional support networks~~) behavioral health organizations  
7 under this chapter. No entity shall be responsible for more than three  
8 (~~regional support networks~~) behavioral health organizations.

9 **Sec. 40.** RCW 71.24.405 and 2001 c 323 s 19 are each amended to  
10 read as follows:

11 The department shall establish a comprehensive and collaborative  
12 effort within (~~regional support networks~~) behavioral health  
13 organizations and with local mental health service providers aimed at  
14 creating innovative and streamlined community mental health service  
15 delivery systems, in order to carry out the purposes set forth in RCW  
16 71.24.400 and to capture the diversity of the community mental health  
17 service delivery system.

18 The department must accomplish the following:

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

24 (2) The systematic and incremental development of a single system  
25 of accountability for all federal, state, and local funds provided to  
26 the community mental health service delivery system. Systematic  
27 efforts should be made to include federal and local funds into the  
28 single system of accountability;

29 (3) The elimination of process regulations and related contract and  
30 reporting requirements. In place of the regulations and requirements,  
31 a set of outcomes for mental health adult and children clients  
32 according to chapter 71.24 RCW must be used to measure the performance  
33 of mental health service providers and (~~regional support networks~~)  
34 behavioral health organizations. Such outcomes shall focus on  
35 stabilizing out-of-home and hospital care, increasing stable community  
36 living, increasing age-appropriate activities, achieving family and  
37 consumer satisfaction with services, and system efficiencies;



1 (4) Evaluation of the feasibility of contractual agreements between  
2 the department of social and health services and (~~regional support~~  
3 ~~networks~~) behavioral health organizations and mental health service  
4 providers that link financial incentives to the success or failure of  
5 mental health service providers and (~~regional support networks~~)  
6 behavioral health organizations to meet outcomes established for mental  
7 health service clients;

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

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

15 **Sec. 41.** RCW 71.24.430 and 2001 c 323 s 3 are each amended to read  
16 as follows:

17 (1) The department shall ensure the coordination of allied services  
18 for mental health clients. The department shall implement strategies  
19 for resolving organizational, regulatory, and funding issues at all  
20 levels of the system, including the state, the (~~regional support~~  
21 ~~networks~~) behavioral health organizations, and local service  
22 providers.

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

29 **Sec. 42.** RCW 74.09.522 and 2013 2nd sp.s. c 17 s 13 are each  
30 amended to read as follows:

31 (1) For the purposes of this section:

32 (a) "Managed health care system" means any health care  
33 organization, including health care providers, insurers, health care  
34 service contractors, health maintenance organizations, health insuring  
35 organizations, or any combination thereof, that provides directly or by  
36 contract health care services covered under this chapter and rendered

1 by licensed providers, on a prepaid capitated basis and that meets the  
2 requirements of section 1903(m)(1)(A) of Title XIX of the federal  
3 social security act or federal demonstration waivers granted under  
4 section 1115(a) of Title XI of the federal social security act;

5 (b) "Nonparticipating provider" means a person, health care  
6 provider, practitioner, facility, or entity, acting within their scope  
7 of practice, that does not have a written contract to participate in a  
8 managed health care system's provider network, but provides health care  
9 services to enrollees of programs authorized under this chapter whose  
10 health care services are provided by the managed health care system.

11 (2) The authority shall enter into agreements with managed health  
12 care systems to provide health care services to recipients of temporary  
13 assistance for needy families under the following conditions:

14 (a) Agreements shall be made for at least thirty thousand  
15 recipients statewide;

16 (b) Agreements in at least one county shall include enrollment of  
17 all recipients of temporary assistance for needy families;

18 (c) To the extent that this provision is consistent with section  
19 1903(m) of Title XIX of the federal social security act or federal  
20 demonstration waivers granted under section 1115(a) of Title XI of the  
21 federal social security act, recipients shall have a choice of systems  
22 in which to enroll and shall have the right to terminate their  
23 enrollment in a system: PROVIDED, That the authority may limit  
24 recipient termination of enrollment without cause to the first month of  
25 a period of enrollment, which period shall not exceed twelve months:  
26 AND PROVIDED FURTHER, That the authority shall not restrict a  
27 recipient's right to terminate enrollment in a system for good cause as  
28 established by the authority by rule;

29 (d) To the extent that this provision is consistent with section  
30 1903(m) of Title XIX of the federal social security act, participating  
31 managed health care systems shall not enroll a disproportionate number  
32 of medical assistance recipients within the total numbers of persons  
33 served by the managed health care systems, except as authorized by the  
34 authority under federal demonstration waivers granted under section  
35 1115(a) of Title XI of the federal social security act;

36 (e)(i) In negotiating with managed health care systems the  
37 authority shall adopt a uniform procedure to enter into contractual

1 arrangements, to be included in contracts issued or renewed on or after  
2 January 1, 2015, including:

3 (A) Standards regarding the quality of services to be provided;

4 (B) The financial integrity of the responding system;

5 (C) Provider reimbursement methods that incentivize chronic care  
6 management within health homes, including comprehensive medication  
7 management services for patients with multiple chronic conditions  
8 consistent with the findings and goals established in RCW 74.09.5223;

9 (D) Provider reimbursement methods that reward health homes that,  
10 by using chronic care management, reduce emergency department and  
11 inpatient use;

12 (E) Promoting provider participation in the program of training and  
13 technical assistance regarding care of people with chronic conditions  
14 described in RCW 43.70.533, including allocation of funds to support  
15 provider participation in the training, unless the managed care system  
16 is an integrated health delivery system that has programs in place for  
17 chronic care management;

18 (F) Provider reimbursement methods within the medical billing  
19 processes that incentivize pharmacists or other qualified providers  
20 licensed in Washington state to provide comprehensive medication  
21 management services consistent with the findings and goals established  
22 in RCW 74.09.5223; (~~and~~)

23 (G) Evaluation and reporting on the impact of comprehensive  
24 medication management services on patient clinical outcomes and total  
25 health care costs, including reductions in emergency department  
26 utilization, hospitalization, and drug costs; and

27 (H) Established consistent processes to incentivize integration of  
28 behavioral health services in the primary care setting, promoting care  
29 that is integrated, collaborative, co-located, and preventive.

30 (ii)(A) Health home services contracted for under this subsection  
31 may be prioritized to enrollees with complex, high cost, or multiple  
32 chronic conditions.

33 (B) Contracts that include the items in (e)(i)(C) through (G) of  
34 this subsection must not exceed the rates that would be paid in the  
35 absence of these provisions;

36 (f) The authority shall seek waivers from federal requirements as  
37 necessary to implement this chapter;

1 (g) The authority shall, wherever possible, enter into prepaid  
2 capitation contracts that include inpatient care. However, if this is  
3 not possible or feasible, the authority may enter into prepaid  
4 capitation contracts that do not include inpatient care;

5 (h) The authority shall define those circumstances under which a  
6 managed health care system is responsible for out-of-plan services and  
7 assure that recipients shall not be charged for such services;

8 (i) Nothing in this section prevents the authority from entering  
9 into similar agreements for other groups of people eligible to receive  
10 services under this chapter; and

11 (j) The authority must consult with the federal center for medicare  
12 and medicaid innovation and seek funding opportunities to support  
13 health homes.

14 (3) The authority shall ensure that publicly supported community  
15 health centers and providers in rural areas, who show serious intent  
16 and apparent capability to participate as managed health care systems  
17 are seriously considered as contractors. The authority shall  
18 coordinate its managed care activities with activities under chapter  
19 70.47 RCW.

20 (4) The authority shall work jointly with the state of Oregon and  
21 other states in this geographical region in order to develop  
22 recommendations to be presented to the appropriate federal agencies and  
23 the United States congress for improving health care of the poor, while  
24 controlling related costs.

25 (5) The legislature finds that competition in the managed health  
26 care marketplace is enhanced, in the long term, by the existence of a  
27 large number of managed health care system options for medicaid  
28 clients. In a managed care delivery system, whose goal is to focus on  
29 prevention, primary care, and improved enrollee health status,  
30 continuity in care relationships is of substantial importance, and  
31 disruption to clients and health care providers should be minimized.  
32 To help ensure these goals are met, the following principles shall  
33 guide the authority in its healthy options managed health care  
34 purchasing efforts:

35 (a) All managed health care systems should have an opportunity to  
36 contract with the authority to the extent that minimum contracting  
37 requirements defined by the authority are met, at payment rates that

1 enable the authority to operate as far below appropriated spending  
2 levels as possible, consistent with the principles established in this  
3 section.

4 (b) Managed health care systems should compete for the award of  
5 contracts and assignment of medicaid beneficiaries who do not  
6 voluntarily select a contracting system, based upon:

7 (i) Demonstrated commitment to or experience in serving low-income  
8 populations;

9 (ii) Quality of services provided to enrollees;

10 (iii) Accessibility, including appropriate utilization, of services  
11 offered to enrollees;

12 (iv) Demonstrated capability to perform contracted services,  
13 including ability to supply an adequate provider network;

14 (v) Payment rates; and

15 (vi) The ability to meet other specifically defined contract  
16 requirements established by the authority, including consideration of  
17 past and current performance and participation in other state or  
18 federal health programs as a contractor.

19 (c) Consideration should be given to using multiple year  
20 contracting periods.

21 (d) Quality, accessibility, and demonstrated commitment to serving  
22 low-income populations shall be given significant weight in the  
23 contracting, evaluation, and assignment process.

24 (e) All contractors that are regulated health carriers must meet  
25 state minimum net worth requirements as defined in applicable state  
26 laws. The authority shall adopt rules establishing the minimum net  
27 worth requirements for contractors that are not regulated health  
28 carriers. This subsection does not limit the authority of the  
29 Washington state health care authority to take action under a contract  
30 upon finding that a contractor's financial status seriously jeopardizes  
31 the contractor's ability to meet its contract obligations.

32 (f) Procedures for resolution of disputes between the authority and  
33 contract bidders or the authority and contracting carriers related to  
34 the award of, or failure to award, a managed care contract must be  
35 clearly set out in the procurement document.

36 (6) The authority may apply the principles set forth in subsection  
37 (5) of this section to its managed health care purchasing efforts on

1 behalf of clients receiving supplemental security income benefits to  
2 the extent appropriate.

3 (7) By April 1, 2016, any contract with a managed health care  
4 system to provide services to medical assistance enrollees shall  
5 require that managed health care systems offer contracts to behavioral  
6 health organizations, mental health providers, or chemical dependency  
7 treatment providers to provide access to primary care services  
8 integrated into behavioral health clinical settings, for individuals  
9 with behavioral health and medical comorbidities.

10 (8) Managed health care system contracts effective on or after  
11 April 1, 2016, shall serve geographic areas that correspond to the  
12 regional service areas established in section 2 of this act.

13 (9) A managed health care system shall pay a nonparticipating  
14 provider that provides a service covered under this chapter to the  
15 system's enrollee no more than the lowest amount paid for that service  
16 under the managed health care system's contracts with similar providers  
17 in the state.

18 ~~((+8))~~ (10) For services covered under this chapter to medical  
19 assistance or medical care services enrollees and provided on or after  
20 August 24, 2011, nonparticipating providers must accept as payment in  
21 full the amount paid by the managed health care system under subsection  
22 (7) of this section in addition to any deductible, coinsurance, or  
23 copayment that is due from the enrollee for the service provided. An  
24 enrollee is not liable to any nonparticipating provider for covered  
25 services, except for amounts due for any deductible, coinsurance, or  
26 copayment under the terms and conditions set forth in the managed  
27 health care system contract to provide services under this section.

28 ~~((+9))~~ (11) Pursuant to federal managed care access standards, 42  
29 C.F.R. Sec. 438, managed health care systems must maintain a network of  
30 appropriate providers that is supported by written agreements  
31 sufficient to provide adequate access to all services covered under the  
32 contract with the authority, including hospital-based physician  
33 services. The authority will monitor and periodically report on the  
34 proportion of services provided by contracted providers and  
35 nonparticipating providers, by county, for each managed health care  
36 system to ensure that managed health care systems are meeting network  
37 adequacy requirements. No later than January 1st of each year, the

1 authority will review and report its findings to the appropriate policy  
2 and fiscal committees of the legislature for the preceding state fiscal  
3 year.

4 ~~((+10))~~ (12) Payments under RCW 74.60.130 are exempt from this  
5 section.

6 ~~((+11))~~ (13) Subsections ~~((+7))~~ (9) through ~~((+9))~~ (11) of this  
7 section expire July 1, 2016.

8 NEW SECTION. **Sec. 43.** Section 1 of this act is necessary for the  
9 immediate preservation of the public peace, health, or safety, or  
10 support of the state government and its existing public institutions,  
11 and takes effect immediately.

12 NEW SECTION. **Sec. 44.** Sections 6, 7, and 9 through 41 of this act  
13 take effect April 1, 2016."

14 Correct the title.

EFFECT: Requires the full integration of medical and behavioral health services to occur by January 1, 2019, instead of 2020.

Requires entities submitting detailed plans to serve as a behavioral health organization to demonstrate that they comply with federal regulations regarding managed care contracting, including provider network adequacy, ability to maintain adequate reserves, and the maintenance of quality assurance processes. Adds that the Department of Social and Health Services' (DSHS) procurement process that applies to cases of multiple qualified entities and entities that do not meet qualifications, also applies to case in which no entity submits a detailed plan.

Requires that behavioral health organizations offer contracts to Medicaid managed health care systems or primary care practice settings to provide chemical dependency and mental health services integrated into primary care settings for persons with behavioral health and medical comorbidities.

Authorizes county authorities to request that DSHS and the Health Care Authority jointly purchase behavioral health services through an integrated medical and behavioral health contract with a behavioral health organization or a managed health care system.

Requires contracts with behavioral health organizations to authorize DSHS to take action when the behavioral health organization's financial status jeopardizes, rather than seriously jeopardizes, the ability to meet contractual obligations.

Requires contracts with behavioral health organizations to allow

for remedies for noncompliance including injunctive remedies and financial deductions.

Requires chemical dependency treatment services to be purchased primarily through managed care contracts by April 1, 2016.

Adds the Department of Commerce to the list of stakeholders to be consulted by the Adult Behavioral Health Systems Task Force.

Corrects terminology and statutory references.

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