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**SECOND SUBSTITUTE SENATE BILL 5807**

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**State of Washington 67th Legislature 2022 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Warnick and Dhingra)

AN ACT Relating to improving behavioral health outcomes for adults and children by enhancing engagement of state hospitals with the patients, their family members, and natural supports; amending RCW 72.23.010, 72.23.020, 72.23.025, 72.23.170, and 72.23.200; and adding new sections to chapter 72.23 RCW.

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

NEW SECTION. **Sec.**  A new section is added to chapter 72.23 RCW to read as follows:

(1) There is established within each state hospital by January 1, 2024, a bureau of family experience devoted to enhancing engagement between state hospitals and a patient's family or natural supports. The mission of the bureau is to provide information, guidance, and support to family and caregivers to help them be effective in supporting the patient's recovery, and to provide a source of training for state hospital staff using cognitive behavioral therapy principles and the psychosis REACH model.

(2) The bureau shall establish contact with at least one family member or natural support and provide them with systems navigation information, education, and training, to include the following:

(a) A checklist of what their loved one can expect in the hospital, starting at admission;

(b) An overview of hospital systems including unit structure, treatment team composition, and approach to working with patients;

(c) Discharge process information, including who determines discharge criteria and how discharge readiness is determined;

(d) An overview of the role of the hospital in relation to relevant external systems such as corrections systems and social support systems;

(e) Access to the psychosis REACH training program;

(f) Access to family-to-family peer support from a family bridger;

(g) Information about patient privacy;

(h) Information about legal processes related to the patient's commitment status and criminal offense if applicable; and

(i) Preparation to support the patient in the community.

(3) The bureau shall comply with state and federal privacy laws when contacting a patient's family or natural supports to offer the services described in subsection (2) of this section. The legislature finds that disclosure of the following does not violate privacy laws:

(a) The fact that the person contacted has been identified as a person who may benefit from the information, education, or training provided under subsection (2) of this section;

(b) Relevant patient health information under circumstances authorized under RCW 70.02.205;

(c) Relevant patient health information to persons the patient has involved in their health care with the patient's verbal agreement, written consent, or lack of objection which can be reasonably inferred from the circumstances;

(d) Relevant health information if the patient does not have capacity and based on professional judgment that disclosure to the patient's family or natural supports is in the best interest of the patient; or

(e) Matters contained in the public record.

(4) If the patient consents to involvement of family members or natural supports in the patient's care, services offered by the bureau under subsection (2) of this section shall additionally include:

(a) Orientation to visitation policies and procedures and assistance with navigation, including any needed paperwork;

(b) Guidance for communicating with the treatment team, including what to expect, best practices, dos and don'ts, and orientation to treatment planning meetings;

(c) Guidance for communication with loved one during treatment;

(d) Development of a family crisis support plan; and

(e) Guidance for working effectively with the social work team on discharge planning.

(5) The bureau shall conduct a needs assessment to determine the kinds of parent and caregiver training under subsection (2) of this section which will be most appropriate and determine how to source this training from relevant experts.

(6) The bureau shall provide or source initial training and annual competency renewal for state hospital staff which incorporates the following topics:

(a) Best practices for engaging families and natural supports in mental health services;

(b) The evidence base and rationale for family interventions for psychosis;

(c) Mental health stigma;

(d) Psychosis REACH training principles; and

(e) Effective coordination with family or natural supports for care and discharge planning.

(7) Subject to the amounts appropriated for this specific purpose, the staffing of each bureau of family experience shall include a director, one or more individuals licensed to provide social work or counseling services, and one or more individuals qualified to provide family peer specialist services. The department shall develop a staffing ratio reflecting an appropriate level of staffing per state hospital patient in consultation with the University of Washington.

(8) Each state hospital shall include in its admission process identification of family and natural supports for the patient, an explanation to each patient of the role of the bureau, and determination of whether informed consent exists for involvement of family or natural supports in the patient's care. If the patient does not have the capacity to provide informed consent for this purpose, the involvement of family or natural supports shall be determined by consulting the patient's guardian or in a manner consistent with RCW 70.02.205.

(9) The bureau shall coordinate with the office of behavioral health consumer advocacy under chapter 71.40 RCW as appropriate and may make appropriate referrals. A state hospital may expand the scope of the bureau to integrate with the activities of any internal consumer advocacy office.

(10) For purposes of this section:

(a) "Bureau" means the bureau of family experience.

(b) "Family bridger" means a family peer specialist who is not a member of the patient's treatment team who works directly with the patient's family members or natural supports, in a manner consistent with the family bridger program developed at the University of Washington.

(c) "Family peer specialist" means a person who self-identifies as a family member of a person with serious mental illness and who receives training specific to this role based on a curriculum developed by the University of Washington.

(d) "Natural support" means an individual who provides support and assistance that naturally flows from the associations and relationships typically developed in natural settings such as the family, school, work, and community.

(e) "Psychosis REACH" means an evidence-based training for family and friends caring for a loved one with psychosis promoted by the University of Washington department of psychiatry and behavioral sciences that incorporates teaching of cognitive behavioral therapy principles and skills for the purpose of enabling caregivers to better communicate with and support their loved ones and to connect them with others who have similar experiences, and which by December 31, 2022, shall be adapted to address the needs of caregivers of individuals who are either minors or adults.

NEW SECTION. **Sec.**  A new section is added to chapter 72.23 RCW to read as follows:

(1) The department shall contract with the University of Washington department of psychiatry and behavioral sciences to assist with the development and implementation of a bureau of family experience at each state hospital and other activities under section 1 of this act. The department and each state hospital shall cooperate with any efforts to monitor fidelity and provide research into effectiveness.

(2) The University of Washington shall develop a training curriculum for family peer specialists by December 31, 2022.

**Sec.**  RCW 72.23.010 and 2000 c 22 s 2 are each amended to read as follows:

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

(1) "Court" means the superior court of the state of Washington.

(2) "Department" means the department of social and health services.

(3) "Employee" means an employee as defined in RCW 49.17.020.

(4) "Licensed physician" means an individual permitted to practice as a physician under the laws of the state, or a medical officer, similarly qualified, of the government of the United States while in this state in performance of his or her official duties.

(5) ((~~"Mentally ill person" means any person who, pursuant to the definitions contained in RCW 71.05.020, as a result of a mental disorder presents a likelihood of serious harm to others or himself or herself or is gravely disabled.~~

~~(6)~~)) "Patient" means a person under observation, care, or treatment in a state hospital, or a person found ((~~mentally ill~~)) to have a mental illness by the court, and not discharged from a state hospital, or other facility, to which such person had been ordered hospitalized.

(6) "Person with mental illness" means any person who, pursuant to the definitions contained in RCW 71.05.020 and 71.34.020, as a result of a mental disorder presents a likelihood of serious harm to others or himself or herself or is gravely disabled, or who is committed to a state hospital under chapter 10.77 RCW.

(7) "Resident" means a resident of the state of Washington.

(8) "Secretary" means the secretary of the department of social and health services.

(9) "State hospital" means any hospital, including a child study and treatment center, operated and maintained by the state of Washington for the care of ((~~the mentally ill~~)) persons with mental illness.

(10) "Superintendent" means the superintendent of a state hospital.

(11) "Violence" or "violent act" means any physical assault or attempted physical assault against an employee or patient of a state hospital.

Wherever used in this chapter, the masculine shall include the feminine and the singular shall include the plural.

**Sec.**  RCW 72.23.020 and 1959 c 28 s 72.23.020 are each amended to read as follows:

There are hereby permanently located and established the following state hospitals: Western state hospital at Fort Steilacoom, Pierce county; eastern state hospital at Medical Lake, Spokane county; and ((~~northern state hospital near Sedro Woolley, Skagit county~~)) the child study and treatment center in Lakewood, Pierce county.

**Sec.**  RCW 72.23.025 and 2019 c 325 s 5028 are each amended to read as follows:

(1) It is the intent of the legislature to improve the quality of service at state hospitals, eliminate overcrowding, and more specifically define the role of the state hospitals. The legislature intends that eastern and western state hospitals and the child study and treatment center shall become clinical centers for handling the most complicated long-term care needs of patients with a primary diagnosis of mental disorder. To this end, the legislature intends that funds appropriated for mental health programs, including funds for behavioral health administrative services organizations, managed care organizations contracted with the health care authority, and the state hospitals, be used for persons with primary diagnosis of mental disorder. The legislature finds that establishment of institutes for the study and treatment of mental disorders at ((~~both~~)) eastern state hospital ((~~and~~)), western state hospital, and the child study and treatment center will be instrumental in implementing the legislative intent.

(2)(a) There is established at eastern state hospital ((~~and~~)), western state hospital, and the child study and treatment center institutes for the study and treatment of mental disorders. The institutes shall be operated by joint operating agreements between state colleges and universities and the department of social and health services. The institutes are intended to conduct training, research, and clinical program development activities that will directly benefit persons with mental illness who are receiving treatment in Washington state by performing the following activities:

(i) Promote recruitment and retention of highly qualified professionals at the state hospitals and community mental health programs;

(ii) Improve clinical care by exploring new, innovative, and scientifically based treatment models for persons presenting particularly difficult and complicated clinical syndromes;

(iii) Provide expanded training opportunities for existing staff at the state hospitals and community mental health programs;

(iv) Promote bilateral understanding of treatment orientation, possibilities, and challenges between state hospital professionals and community mental health professionals.

(b) To accomplish these purposes the institutes may, within funds appropriated for this purpose:

(i) Enter joint operating agreements with state universities or other institutions of higher education to accomplish the placement and training of students and faculty in psychiatry, psychology, social work, occupational therapy, nursing, and other relevant professions at the state hospitals and community mental health programs;

(ii) Design and implement clinical research projects to improve the quality and effectiveness of state hospital services and operations;

(iii) Enter into agreements with community mental health service providers to accomplish the exchange of professional staff between the state hospitals and community mental health service providers;

(iv) Establish a student loan forgiveness and conditional scholarship program to retain qualified professionals at the state hospitals and community mental health providers when the secretary has determined a shortage of such professionals exists.

(c) Notwithstanding any other provisions of law to the contrary, the institutes may enter into agreements with the department or the state hospitals which may involve changes in staffing necessary to implement improved patient care programs contemplated by this section.

(d) The institutes are authorized to seek and accept public or private gifts, grants, contracts, or donations to accomplish their purposes under this section.

**Sec.**  RCW 72.23.170 and 2003 c 53 s 364 are each amended to read as follows:

Any person who procures the escape of any patient of any state hospital ((~~for the mentally ill, or institutions for psychopaths to which such patient has been lawfully committed~~)), or who advises, connives at, aids, or assists in such escape or conceals any such escape, is guilty of a class C felony and shall be punished by imprisonment in a state correctional institution for a term of not more than five years or by a fine of not more than ((~~five hundred dollars~~)) $500 or by both imprisonment and fine.

**Sec.**  RCW 72.23.200 and 2012 c 117 s 468 are each amended to read as follows:

No ((~~mentally ill~~)) person under the age of ((~~sixteen~~)) 16 years shall be regularly confined in any ward in any state hospital which ward is designed and operated for the care of ((~~the mentally ill eighteen~~)) persons 18 years of age or over. No person of the ages of ((~~sixteen~~)) 16 and ((~~seventeen~~)) 17 shall be placed in any such ward, when in the opinion of the superintendent such placement would be detrimental to the mental condition of such a person or would impede his or her recovery or treatment.

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