
SENATE BILL 5412

State of Washington

67th Legislature

2021 Regular Session

By Senators Warnick, Holy, and Keiser

Read first time 02/03/21. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to facilitating supportive relationships with
2 family and significant individuals within the behavioral health
3 system; adding a new section to chapter 71.24 RCW; adding a new
4 section to chapter 72.23 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24
7 RCW to read as follows:

8 (1) The authority shall conduct its oversight of the community
9 behavioral health system in a manner that is aware of, nurtures, and
10 protects significant relationships in the life of behavioral health
11 system clients. These relationships may involve family, friends, and
12 others who play a significant role.

13 (2) The authority shall consider the following principles when
14 administering programs and contracts and making policy:

15 (a) Every client has the right to have a caring, compassionate
16 family member involved in and advocating for their best treatment,
17 based on their lifelong role in the person's life and their personal
18 knowledge of their past and present welfare;

19 (b) Families who desire to be engaged in their children's
20 behavioral health care should be included wherever possible. Parents
21 should be encouraged to be actively engaged in their children's

1 behavioral health care including decision making and have appropriate
2 decision-making rights. Family inclusion with disclosure of health
3 information is possible under this section and RCW 70.02.205 whenever
4 there is a record of significant involvement and the client does not
5 object, and when the client lacks capacity due to psychosis or
6 another reason and, based on professional judgment, family
7 involvement is in the best interest of the client;

8 (c) State policy and agency practices must be structured so as
9 not to cause unnecessary trauma to a family. Family members should be
10 able to participate in care decisions without fear of loss of safety
11 or residence. Parental rights and responsibilities should never be
12 severed without evidence of abuse or neglect as a means for children
13 to access an appropriate level of services. It is incumbent on the
14 state in such a situation to find ways to provide adequate services
15 while maintaining support for well-bonded families;

16 (d) Whenever possible, family rights and responsibilities of
17 parents should be maintained by inclusion in decision making relating
18 to a child's residence, supervision, schooling, education, and health
19 care while a minor or dependent child is placed in behavioral health
20 out-of-home care pursuant to authority programs or contracts;

21 (e) The authority must consider that most effective treatment for
22 a child is frequently whole family treatment. Families need
23 assistance building, reestablishing, and strengthening healthy
24 relationships to maximize recovery and resilience. Every effort
25 should be made to assess and provide for the service needs of family
26 members, either separately or in conjunction with their children or
27 dependents;

28 (f) Medication use by children should be closely monitored and
29 frequently evaluated, with expert support given to parents to help
30 understand the risks and anticipated benefits of prescribed
31 psychotropic medications; and

32 (g) The legal system should be employed only as a last resort.
33 Medication management should not be handled through at-risk youth
34 petitions. Advocacy should be employed to minimize court intrusion,
35 such as by releasing restraining orders in behavioral health
36 situations.

37 (3) The authority shall conduct a review of its policies related
38 to behavioral health by June 30, 2022, in consultation with
39 stakeholders, family members, and peers and identify and eliminate
40 policies that undermine integrity and health of the family or

1 discourage family engagement with service providers. The authority
2 may notify the governor and appropriate committees of the legislature
3 by letter of the completion and outcomes of this review.

4 (4) For the purpose of this section:

5 (a) "Parent" has the same meaning as in RCW 71.34.020 for the
6 purpose of family-initiated treatment.

7 (b) "Family" shall be construed to include nonblood relationships
8 where there is interdependence and a caregiving or mutual support
9 relationship.

10 (c) "Child" shall be construed to include minors, adolescents,
11 young adults through age 25, and older dependent adults who have a
12 parent/caregiver relationship or guardianship involving family
13 members.

14 NEW SECTION. **Sec. 2.** A new section is added to chapter 72.23
15 RCW to read as follows:

16 (1) The department shall administer state hospitals in a manner
17 that is aware of, nurtures, and protects significant relationships in
18 the life of state hospital patients. These relationships may involve
19 family, friends, and others who play a significant role.

20 (2) The department shall consider the following principles when
21 administering programs and making policy:

22 (a) Every patient has the right to have a caring, compassionate
23 family member involved in and advocating for their best treatment,
24 based on their lifelong role in the person's life and their personal
25 knowledge of their past and present welfare;

26 (b) Families who desire to be engaged in their relative's
27 behavioral health care should be included wherever possible. Parents
28 should be encouraged to be actively engaged in their children's
29 behavioral health care and have appropriate decision-making rights.
30 Family inclusion with disclosure of health information is possible
31 under this section and RCW 70.02.205 whenever there is a record of
32 significant involvement and the patient does not object, and when the
33 patient lacks capacity due to psychosis or another reason and, based
34 on professional judgment, family involvement is in the best interest
35 of the patient;

36 (c) State hospital policy and practices must be structured so as
37 not to cause unnecessary trauma to a family. Family members should be
38 able to participate in care decisions without fear of reprisal. It is

1 incumbent on the state to find ways to provide adequate services
2 while maintaining support for well-bonded families;

3 (d) Whenever possible, family rights and responsibilities of
4 parents should be maintained by inclusion in decision making relating
5 to a patient's residence, supervision, schooling, education, and
6 health care;

7 (e) The department must consider the treatment needs of family
8 members and the centrality of family in resilience in recovery for
9 patients. Patients and families need assistance building,
10 reestablishing, and strengthening healthy relationships. Every effort
11 should be made to assess and provide for the needs of family members,
12 either separately or in conjunction with the state hospital patient;
13 and

14 (f) Medication use by children should be closely monitored and
15 frequently evaluated, with expert support given to parents to help
16 understand the risks and anticipated benefits of prescribed
17 psychotropic medications.

18 (3) The department shall conduct a review of its policies related
19 to allowing and facilitating family engagement with state hospital
20 patients by June 30, 2022, in consultation with stakeholders, family
21 members, and peers, and identify and eliminate policies that
22 undermine integrity and health of the family or discourage family
23 engagement. The department may notify the governor and appropriate
24 committees of the legislature by letter of the completion and
25 outcomes of this review.

26 (4) For the purpose of this section:

27 (a) "Parent" has the same meaning as in RCW 71.34.020 for the
28 purpose of family-initiated treatment.

29 (b) "Family" shall be construed to include nonblood relationships
30 where there is interdependence and a caregiving or mutual support
31 relationship.

32 (c) "Child" shall be construed to include minors, adolescents,
33 young adults through age 25, and older dependent adults who have a
34 parent/caregiver relationship or guardianship involving family
35 members.

36 NEW SECTION. **Sec. 3.** This act may be known and cited as the
37 family care act.

--- END ---