

2SSB 5438 - H COMM AMD

By Committee on Health Care & Wellness

NOT CONSIDERED 01/02/2024

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

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24
4 RCW to read as follows:

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

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

12 (a) Every client should have a caring, compassionate family
13 member involved in and advocating for their best treatment, in
14 collaboration with medical professionals, based on their lifelong
15 role in the person's life and their personal knowledge of their past
16 and present welfare;

17 (b) Families who desire to be engaged in their children's
18 behavioral health care should be included when it is in the best
19 interest of the client. Parents should be encouraged to be actively
20 engaged in their children's behavioral health care including decision
21 making and have decision-making rights, when appropriate. Family
22 inclusion with disclosure of health information is possible under RCW
23 70.02.205;

24 (c) State policy and agency practices must be structured so as
25 not to cause unnecessary trauma to a family. Family members should be
26 able to participate in care decisions with medical experts without
27 fear of loss of safety or residence. Parental rights and
28 responsibilities should never be severed without evidence of abuse or
29 neglect as a means for children to access an appropriate level of
30 services, unless it is in the best interest of the client. It is
31 incumbent on the state in such a situation to find ways to provide
32 adequate services while maintaining support for well-bonded families;

1 (d) Whenever it is in the best interest of the client, family
2 rights and responsibilities of parents should be maintained by
3 inclusion in appropriate decision making relating to a child's
4 residence, supervision, schooling, education, and health care while a
5 minor or dependent child is placed in behavioral health out-of-home
6 care pursuant to authority programs or contracts;

7 (e) Within existing legal constraints, the authority should
8 recognize that strong family-like relationships which should be
9 nurtured also arise through nonblood relationships. Consideration of
10 developmental issues should recognize that development continues past
11 the age of 18;

12 (f) The authority must consider that most effective treatment for
13 a child is frequently whole family treatment. Families need
14 assistance building, reestablishing, and strengthening healthy
15 relationships to maximize recovery and resilience. Every effort
16 should be made to assess and provide for the service needs of family
17 members, either separately or in conjunction with their children or
18 dependents;

19 (g) Medication use by children should be closely monitored and
20 frequently evaluated, with expert support given to parents to help
21 understand the risks and anticipated benefits of prescribed
22 psychotropic medications; and

23 (h) The legal system should be employed only as a last resort.
24 Medication management should not be handled through at-risk youth
25 petitions. Advocacy should be employed to minimize court intrusion,
26 such as by releasing restraining orders in behavioral health
27 situations.

28 (3) The authority shall conduct a review of its policies related
29 to behavioral health by June 30, 2024, in consultation with
30 stakeholders, family members, and peers and identify and eliminate
31 policies that undermine integrity and health of the family or
32 discourage family engagement with service providers. The review may
33 not include policies in support of RCW 7.70.065, 70.02.265,
34 70.24.110, 71.34.530, 71.34.600, or 71.34.610. The authority may
35 notify the governor and appropriate committees of the legislature by
36 letter of the completion and outcomes of this review.

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

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

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

7 (a) Every patient should have a caring, compassionate family
8 member involved in and advocating for their best treatment, in
9 collaboration with medical professionals, based on their lifelong
10 role in the person's life and their personal knowledge of their past
11 and present welfare;

12 (b) Families who desire to be engaged in their relative's
13 behavioral health care should be included when it is in the best
14 interest of the patient. Parents should be encouraged to be actively
15 engaged in their children's behavioral health care and have decision-
16 making rights, when appropriate. Family inclusion with disclosure of
17 health information is possible under RCW 70.02.205;

18 (c) State hospital policy and practices must be structured so as
19 not to cause unnecessary trauma to a family. Family members should be
20 able to participate in care decisions with medical experts without
21 fear of reprisal. It is incumbent on the state to find ways to
22 provide adequate services while maintaining support for well-bonded
23 families;

24 (d) Within existing legal constraints, the department should
25 recognize that strong family-like relationships which should be
26 nurtured also arise through nonblood relationships. Consideration of
27 developmental issues should recognize that development continues past
28 the age of 18;

29 (e) Whenever it is in the best interest of the patient, family
30 rights and responsibilities of parents should be maintained by
31 inclusion in appropriate decision making relating to a patient's
32 residence, supervision, schooling, education, and health care;

33 (f) The department must consider the treatment needs of family
34 members and the centrality of family in resilience in recovery for
35 patients. Patients and families need assistance building,
36 reestablishing, and strengthening healthy relationships. Every effort
37 should be made to assess and provide for the needs of family members,
38 either separately or in conjunction with the state hospital patient;
39 and

1 (g) Medication use by children should be closely monitored and
2 frequently evaluated, with expert support given to parents to help
3 understand the risks and anticipated benefits of prescribed
4 psychotropic medications.

5 (3) The department shall conduct a review of its policies related
6 to allowing and facilitating family engagement with state hospital
7 patients by June 30, 2024, in consultation with stakeholders, family
8 members, and peers, and identify and eliminate policies that
9 undermine integrity and health of the family or discourage family
10 engagement. The review may not include policies in support of RCW
11 7.70.065, 70.02.265, 70.24.110, 71.34.530, 71.34.600, or 71.34.610.
12 The department may notify the governor and appropriate committees of
13 the legislature by letter of the completion and outcomes of this
14 review.

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

17 NEW SECTION. **Sec. 4.** This act does not create a private right
18 of action."

19 Correct the title.

EFFECT: Removes the authority provided in the bill for families to be included in the disclosure of health information whenever there is a record of significant involvement and the patient or client does not object and when the patient or client lacks capacity due to psychosis or another reason and, based on professional judgment, family involvement is in the best interest of the patient or client.

Excludes from the Health Care Authority's and Department of Social and Health Services' policy reviews any consideration of identified statutes related to: (1) Informed consent for health care decisions; (2) the release of records related to adolescent behavioral health services; (3) minors age 14 and older consenting to care for a sexually transmitted disease; (4) adolescents requesting outpatient behavioral health treatment without the consent of their parents; (5) parental rights to bring an adolescent to an evaluation and treatment facility or secure withdrawal management and stabilization facility; and (6) standards for provider reviews of adolescents admitted to inpatient treatment.

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