

---

**SECOND SUBSTITUTE SENATE BILL 5807**

---

**State of Washington**

**67th Legislature**

**2022 Regular Session**

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

READ FIRST TIME 02/07/22.

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

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

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 72.23  
8 RCW to read as follows:

9 (1) There is established within each state hospital by January 1,  
10 2024, a bureau of family experience devoted to enhancing engagement  
11 between state hospitals and a patient's family or natural supports.  
12 The mission of the bureau is to provide information, guidance, and  
13 support to family and caregivers to help them be effective in  
14 supporting the patient's recovery, and to provide a source of  
15 training for state hospital staff using cognitive behavioral therapy  
16 principles and the psychosis REACH model.

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

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

1 (b) An overview of hospital systems including unit structure,  
2 treatment team composition, and approach to working with patients;  
3 (c) Discharge process information, including who determines  
4 discharge criteria and how discharge readiness is determined;  
5 (d) An overview of the role of the hospital in relation to  
6 relevant external systems such as corrections systems and social  
7 support systems;  
8 (e) Access to the psychosis REACH training program;  
9 (f) Access to family-to-family peer support from a family  
10 bridger;  
11 (g) Information about patient privacy;  
12 (h) Information about legal processes related to the patient's  
13 commitment status and criminal offense if applicable; and  
14 (i) Preparation to support the patient in the community.  
15 (3) The bureau shall comply with state and federal privacy laws  
16 when contacting a patient's family or natural supports to offer the  
17 services described in subsection (2) of this section. The legislature  
18 finds that disclosure of the following does not violate privacy laws:  
19 (a) The fact that the person contacted has been identified as a  
20 person who may benefit from the information, education, or training  
21 provided under subsection (2) of this section;  
22 (b) Relevant patient health information under circumstances  
23 authorized under RCW 70.02.205;  
24 (c) Relevant patient health information to persons the patient  
25 has involved in their health care with the patient's verbal  
26 agreement, written consent, or lack of objection which can be  
27 reasonably inferred from the circumstances;  
28 (d) Relevant health information if the patient does not have  
29 capacity and based on professional judgment that disclosure to the  
30 patient's family or natural supports is in the best interest of the  
31 patient; or  
32 (e) Matters contained in the public record.  
33 (4) If the patient consents to involvement of family members or  
34 natural supports in the patient's care, services offered by the  
35 bureau under subsection (2) of this section shall additionally  
36 include:  
37 (a) Orientation to visitation policies and procedures and  
38 assistance with navigation, including any needed paperwork;

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

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

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

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

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

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

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

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

19 (c) Mental health stigma;

20 (d) Psychosis REACH training principles; and

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

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

31 (8) Each state hospital shall include in its admission process  
32 identification of family and natural supports for the patient, an  
33 explanation to each patient of the role of the bureau, and  
34 determination of whether informed consent exists for involvement of  
35 family or natural supports in the patient's care. If the patient does  
36 not have the capacity to provide informed consent for this purpose,  
37 the involvement of family or natural supports shall be determined by  
38 consulting the patient's guardian or in a manner consistent with RCW  
39 70.02.205.

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

6 (10) For purposes of this section:

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

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

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

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

21 (e) "Psychosis REACH" means an evidence-based training for family  
22 and friends caring for a loved one with psychosis promoted by the  
23 University of Washington department of psychiatry and behavioral  
24 sciences that incorporates teaching of cognitive behavioral therapy  
25 principles and skills for the purpose of enabling caregivers to  
26 better communicate with and support their loved ones and to connect  
27 them with others who have similar experiences, and which by December  
28 31, 2022, shall be adapted to address the needs of caregivers of  
29 individuals who are either minors or adults.

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

32 (1) The department shall contract with the University of  
33 Washington department of psychiatry and behavioral sciences to assist  
34 with the development and implementation of a bureau of family  
35 experience at each state hospital and other activities under section  
36 1 of this act. The department and each state hospital shall cooperate  
37 with any efforts to monitor fidelity and provide research into  
38 effectiveness.

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

3 **Sec. 3.** RCW 72.23.010 and 2000 c 22 s 2 are each amended to read  
4 as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 **Sec. 4.** RCW 72.23.020 and 1959 c 28 s 72.23.020 are each amended  
7 to read as follows:

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

14 **Sec. 5.** RCW 72.23.025 and 2019 c 325 s 5028 are each amended to  
15 read as follows:

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

32 (2)(a) There is established at eastern state hospital (~~and~~),  
33 western state hospital, and the child study and treatment center  
34 institutes for the study and treatment of mental disorders. The  
35 institutes shall be operated by joint operating agreements between  
36 state colleges and universities and the department of social and  
37 health services. The institutes are intended to conduct training,  
38 research, and clinical program development activities that will

1 directly benefit persons with mental illness who are receiving  
2 treatment in Washington state by performing the following activities:

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

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

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

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

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

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

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

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

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

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

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

1       **Sec. 6.** RCW 72.23.170 and 2003 c 53 s 364 are each amended to  
2 read as follows:

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

11       **Sec. 7.** RCW 72.23.200 and 2012 c 117 s 468 are each amended to  
12 read as follows:

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

--- END ---