

SENATE BILL REPORT

SB 5807

As Reported by Senate Committee On:
Health & Long Term Care, January 19, 2022
Behavioral Health Subcommittee to Health & Long Term Care, January 28, 2022
Ways & Means, February 7, 2022

Title: 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.

Brief Description: Improving behavioral health outcomes by enhancing engagement of state hospitals.

Sponsors: Senators Warnick and Dhingra.

Brief History:

Committee Activity: Health & Long Term Care: 1/19/22 [w/oRec-BH].
Behavioral Health Subcommittee to Health & Long Term Care: 1/21/22, 1/28/22 [DPS-WM].
Ways & Means: 2/04/22, 2/07/22 [DP2S].

Brief Summary of Second Substitute Bill

- Requires each state hospital to establish a Bureau of Family Experience (Bureau) by January 1, 2024, to enhance the engagement between state hospitals and a patient's family or natural supports.
- Requires each Bureau to offer support and training to family members or other caregivers, including access to the Psychosis REACH program and a trained family bridger.
- Requires the University of Washington to provide support to the Bureaus and to develop a training curriculum for family peer specialists.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

& LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5807 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Frockt, Chair; Wagoner, Ranking Member; Dhingra, Nobles and Warnick.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5807 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Schoesler, Assistant Ranking Member, Capital; Honeyford, Ranking Minority Member, Capital; Billig, Braun, Carlyle, Conway, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Mullet, Muzzall, Pedersen, Rivers, Van De Wege, Wagoner, Warnick and Wellman.

Staff: Corban Nemeth (786-7736)

Background: State Hospitals. There are three state hospitals in Washington under the administration of the Department of Social and Health Services (DSHS): Western State Hospital and the Child Study & Treatment Center in Lakewood, and Eastern State Hospital in Medical Lake. The Child Study & Treatment Center treats minors aged 5 to 17 who are committed or referred for up to six months of inpatient treatment through the Children's Long-Term Inpatient Program, by managed care organizations or behavioral health administrative services organizations, or by the courts. The remaining two state hospitals treat adult involuntary patients who are either civilly committed for treatment through the Involuntary Treatment Act, or forensically committed for treatment related to criminal insanity or competency to stand trial through the criminal courts.

Psychosis REACH. Psychosis REACH is a family intervention for psychosis co-developed by faculty at the University of Washington Department of Psychiatry and Behavioral Sciences that delivers psychoeducation and illness management skills training to family caregivers in the community. The training, which is based in cognitive behavioral therapy principles, is currently offered to participants with an on-demand virtual training component followed by a live training event. Individuals who complete the training are provided access to a community board to connect with other caregivers who have completed the training. A family ambassador program offers family members who have completed the Psychosis REACH training program a structured opportunity to share their experiences, tips, and strategies with other families.

Family Bridger Program. The Family Bridger Program uses a model whereby families with

lived experience with a loved one who has experienced psychosis are trained to provide support and resources to other families when their loved one with psychosis enters an emergency department, outpatient treatment, or inpatient care. The Family Bridger Program was developed at the University of Washington Department of Psychiatry and Behavioral Sciences using focus groups and a small-scale research study with support from anonymous donors, scheduled for dissemination in 2022.

Summary of Bill (Second Substitute): Each state hospital must establish a Bureau of Family Experience (Bureau) by January 1, 2024, 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.

The Bureau must establish contact with at least one family member or natural support and provide them with systems navigation information, education, and training, including a overview of state hospital systems, discharge process information, information about patient privacy, information about legal processes, and preparation to support the patient in the community. The Bureau must provide these persons with access to the Psychosis REACH training program and to family-to-family peer support from a family bridger. If the patient consents to the involvement of the family member or natural support in their care, the family member or natural support must also receive orientation to visitation policies, guidance for communicating with the treatment team and the patient, and development of a family crisis support plan.

The Bureau must comply with state and federal privacy laws when contacting a patient's family or natural supports. The Legislature finds that disclosure of the following does not violate privacy laws:

- the fact that the person contacted has been identified as someone who would benefit from information, education or training from the Bureau;
- relevant patient health information to a person who a patient has involved in their care, if the patient agrees orally or in writing or the patients' lack of objection can reasonably be inferred from the circumstances;
- relevant patient health information if the patient does not have capacity and based on professional judgment disclosure is in the best interest of the patient;
- disclosures allowed under the Uniform Health Care Information Act; or
- matters of public record.

DSHS must contract with the University of Washington Department of Psychiatry and Behavioral Sciences to assist with the development of the Bureau. Subject to appropriation, the staffing in each Bureau must 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. DSHS must develop a staffing ratio in consultation with the

University of Washington.

The University of Washington must develop a training curriculum for family peer specialists by December 31, 2022.

The Bureau may coordinate with the Office of Behavioral Health Consumer Advocacy. A state hospital may expand the scope of the Bureau to integrate with the activities of an internal consumer advocacy office.

Technical amendments clarify that the three state hospitals are Western State Hospital, Eastern State Hospital, and the Child Study & Treatment Center and update statutes to use respectful language.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Second Substitute):

- Adds language specifying that the staffing of each Bureau is subject to appropriation.
- Updates technical language to include minors and individuals committed for forensic treatment to a definition of "persons with mental illness."

EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Provides instructions to the Bureau and findings related to compliance with state and federal privacy laws.
- Allows the Bureau to coordinate with the Office of Behavioral Health Consumer Advocacy and to integrate its activities with any internal state hospital consumer advocacy office.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill (Behavioral Health Subcommittee to Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: Families are the missing link. Encouraging hospitals to engage with patient's family members will lead to better care for everyone. I am confident we can work through the privacy concerns. In the Family Bridger model, family peers are trained to support other families during times of crisis. It brings support during a critical time. We heard many stories interviewing families indicating how

desperately they need support. The University of Washington is willing and able to work with state hospitals to implement this bill. These interventions can help families even when patients do not consent to their involvement in their care. These solutions are sustainable and empirically supported. Psychosis REACH is founded on cognitive behavioral therapy. It is a radically different, respectful approach, and was a lifesaver for our family. All stakeholders benefit when families, patients, and care teams work together using evidence based-treatments. This would place Washington at the vanguard of whole-person care to state hospital patients and their caregivers. Family members know their loved ones best, but feel shut out when their family members are hospitalized. They rarely receive recovery-oriented or hope-generating information. Medication is only part of the solution, and using it as a sole strategy increases family conflict. Shorter hospital stays put increased pressure on families. The emergency room can feel like an alien planet. No one should ever have to do this alone. This bill will help families to not endure this alone without hope. Families are effective and important in recovery from mental illness. Please consider aligning the Bureau with the Office of Consumer Partnerships created in legislation last year. A child in crisis is a family in crisis, and a family in treatment is a child in treatment. Our family's experience shows that the strategies in this bill can succeed.

OTHER: Please remove language that creates an implication that state hospital patients typically shut out their family members.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):

PRO: Senator Judy Warnick, Prime Sponsor; Maria Monroe-DeVita, University of Washington; Sarah Kopelovich, University of Washington; Akansha Vaswani-Bye, University of Washington; Karen Schilde; Jim Bloss; Melanie Smith, NAMI Washington; Penny Quist.

OTHER: Darya Farivar, Disability Rights Washington.

Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: This bill incorporates and integrates family experience into the treatment process, which is sorely missing and very valuable for recovery.

OTHER: We have concerns about violations of privacy rights. This should only be used for individuals who specifically agree to these services. Some individuals may not be able to give consent for these services, and in that case guardianship may be an option.

Persons Testifying (Ways & Means): PRO: Senator Judy Warnick, Prime Sponsor.

OTHER: Kari Reardon, WDA/WACDL.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.