
SENATE BILL 5807

State of Washington

67th Legislature

2022 Regular Session

By Senators Warnick and Dhingra

Read first time 01/11/22. Referred to Committee on Health & Long Term Care.

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. The bureau shall oversee
17 the following activities:

18 (a) Establishing contact with at least one family member or
19 natural support identified by the patient and providing them with
20 systems navigation information, education, and training.

1 (i) The services offered to family members or natural supports
2 shall include the following, regardless of whether the patient
3 consents to their involvement in the patient's care, provided that
4 the bureau shall not disclose health care information without the
5 patient's consent except as permitted under chapter 70.02 RCW:

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

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

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

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

15 (E) Access to the psychosis REACH training program;

16 (F) Access to family-to-family peer support from a family
17 bridger;

18 (G) Information about patient privacy;

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

21 (I) Preparation to support the patient in the community;

22 (ii) If the patient consents to involvement of family members or
23 natural supports in the patient's care, services offered by the
24 bureau shall additionally include:

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

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

30 (C) Guidance for communication with loved one during treatment;

31 (D) Development of a family crisis support plan; and

32 (E) Guidance for working effectively with the social work team on
33 discharge planning;

34 (b) Conducting a needs assessment to determine the kinds of
35 parent and caregiver training under (a) of this subsection which will
36 be most appropriate for the patient population and determining how to
37 source this training from relevant experts; and

38 (c) Providing or sourcing initial training and annual competency
39 renewal for state hospital staff, incorporating the following topics:

1 (i) Best practices for engaging families and natural supports in
2 mental health services;

3 (ii) The evidence base and rationale for family interventions for
4 psychosis;

5 (iii) Mental health stigma;

6 (iv) Psychosis REACH training; and

7 (v) Coordinating effectively with family for care and discharge
8 planning.

9 (2) The staffing of each bureau of family experience shall
10 include a director, one or more individuals licensed to provide
11 social work or counseling services, and one or more individuals
12 qualified to provide family peer specialist services. The department
13 shall develop a staffing ratio reflecting an appropriate level of
14 staffing per state hospital patient in consultation with the
15 University of Washington.

16 (3) Each state hospital shall include in its admission process
17 identification of family and natural supports for the patient, an
18 explanation to each patient of the role of the bureau, and
19 determination of whether informed consent exists for involvement of
20 family or natural supports in the patient's care. If the patient does
21 not have the capacity to provide informed consent for this purpose,
22 the involvement of family or natural supports shall be determined by
23 consulting the patient's guardian or in a manner consistent with RCW
24 70.02.205.

25 (4) For purposes of this section:

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

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

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

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

1 (e) "Psychosis REACH" means an evidence-based training for family
2 and friends caring for a loved one with psychosis promoted by the
3 University of Washington department of psychiatry and behavioral
4 sciences that incorporates teaching of cognitive behavioral therapy
5 principles and skills for the purpose of enabling caregivers to
6 better communicate with and support their loved ones and to connect
7 them with others who have similar experiences, and which by December
8 31, 2022, shall be adapted to address the needs of caregivers of
9 individuals who are either minors or adults.

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

12 (1) The department shall contract with the University of
13 Washington department of psychiatry and behavioral sciences to assist
14 with the development and implementation of a bureau of family
15 experience at each state hospital and other activities under section
16 1 of this act. The department and each state hospital shall cooperate
17 with any efforts to monitor fidelity and provide research into
18 effectiveness.

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

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

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

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

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

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

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

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

37 (6)) "Patient" means a person under observation, care, or
38 treatment in a state hospital, or a person found (~~(mentally ill)~~) to

1 have a mental illness by the court, and not discharged from a state
2 hospital, or other facility, to which such person had been ordered
3 hospitalized.

4 (6) "Person with mental illness" means any person who, pursuant
5 to the definitions contained in RCW 71.05.020, as a result of a
6 mental disorder presents a likelihood of serious harm to others or
7 himself or herself or is gravely disabled.

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

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

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

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

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

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

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

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

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

32 (1) It is the intent of the legislature to improve the quality of
33 service at state hospitals, eliminate overcrowding, and more
34 specifically define the role of the state hospitals. The legislature
35 intends that eastern and western state hospitals and the child study
36 and treatment center shall become clinical centers for handling the
37 most complicated long-term care needs of patients with a primary
38 diagnosis of mental disorder. To this end, the legislature intends

1 that funds appropriated for mental health programs, including funds
2 for behavioral health administrative services organizations, managed
3 care organizations contracted with the health care authority, and the
4 state hospitals, be used for persons with primary diagnosis of mental
5 disorder. The legislature finds that establishment of institutes for
6 the study and treatment of mental disorders at (~~both~~) eastern state
7 hospital (~~and~~), western state hospital, and the child study and
8 treatment center will be instrumental in implementing the legislative
9 intent.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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