
SUBSTITUTE SENATE BILL 5412

State of Washington

67th Legislature

2021 Regular Session

By Senate Behavioral Health Subcommittee to Health & Long Term Care
(originally sponsored by Senators Warnick, Holy, and Keiser)

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) Within existing legal constraints, the authority should
22 recognize that strong family-like relationships which should be
23 nurtured also arise through nonblood relationships. Consideration of
24 developmental issues should recognize that development continues past
25 the age of 18;

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

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

37 (h) The legal system should be employed only as a last resort.
38 Medication management should not be handled through at-risk youth
39 petitions. Advocacy should be employed to minimize court intrusion,

1 such as by releasing restraining orders in behavioral health
2 situations.

3 (3) The authority shall conduct a review of its policies related
4 to behavioral health by June 30, 2022, in consultation with
5 stakeholders, family members, and peers and identify and eliminate
6 policies that undermine integrity and health of the family or
7 discourage family engagement with service providers. The authority
8 may notify the governor and appropriate committees of the legislature
9 by letter of the completion and outcomes of this review.

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 administer state hospitals in a manner
13 that is aware of, nurtures, and protects significant relationships in
14 the life of state hospital patients. These relationships may involve
15 family, friends, and others who play a significant role.

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

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

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

32 (c) State hospital policy and practices must be structured so as
33 not to cause unnecessary trauma to a family. Family members should be
34 able to participate in care decisions without fear of reprisal. It is
35 incumbent on the state to find ways to provide adequate services
36 while maintaining support for well-bonded families;

37 (d) Within existing legal constraints, the department should
38 recognize that strong family-like relationships which should be
39 nurtured also arise through nonblood relationships. Consideration of

1 developmental issues should recognize that development continues past
2 the age of 18;

3 (e) 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 (f) 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 (g) 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 NEW SECTION. **Sec. 3.** This act may be known and cited as the
27 family care act.

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