
THIRD SUBSTITUTE SENATE BILL 5438

State of Washington

68th Legislature

2024 Regular Session

By Senate Human Services (originally sponsored by Senators Warnick, Boehnke, Braun, Dhingra, Van De Wege, and J. Wilson)

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 new sections.

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 should have a caring, compassionate family
16 member involved in and advocating for their best treatment, in
17 collaboration with medical professionals, based on their lifelong
18 role in the person's life and their personal knowledge of their past
19 and present welfare;

20 (b) Families who desire to be engaged in their children's
21 behavioral health care should be included when it is in the best

1 interest of the client. Parents should be encouraged to be actively
2 engaged in their children's behavioral health care including decision
3 making and have decision-making rights, when appropriate. Family
4 inclusion with disclosure of health information is possible under RCW
5 70.02.205;

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

15 (d) Whenever it is in the best interest of the client, family
16 rights and responsibilities of parents should be maintained by
17 inclusion in appropriate decision making relating to a child's
18 residence, supervision, schooling, education, and health care while a
19 minor or dependent child is placed in behavioral health out-of-home
20 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, 2025, 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 review may
8 not include policies in support of RCW 7.70.065, 70.02.265,
9 70.24.110, 71.34.530, 71.34.600, or 71.34.610. The authority may
10 notify the governor and appropriate committees of the legislature by
11 letter of the completion and outcomes of this review.

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

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

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

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

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

31 (c) State hospital policy and practices must be structured so as
32 not to cause unnecessary trauma to a family. Family members should be
33 able to participate in care decisions with medical experts without
34 fear of reprisal. It is incumbent on the state to find ways to
35 provide adequate services while maintaining support for well-bonded
36 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 it is in the best interest of the patient, family
4 rights and responsibilities of parents should be maintained by
5 inclusion in appropriate decision making relating to a patient's
6 residence, supervision, schooling, education, and 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, 2025, 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 review may not include policies in support of RCW
24 7.70.065, 70.02.265, 70.24.110, 71.34.530, 71.34.600, or 71.34.610.
25 The department may notify the governor and appropriate committees of
26 the legislature by letter of the completion and outcomes of this
27 review.

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

30 NEW SECTION. **Sec. 4.** This act does not create a private right
31 of action.

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