

Patient and Family Handbook

WESTERN STATE HOSPITAL
Washington State Department of Social and Health Services

A Handbook for Patients and
Families on the Road to Recovery



Washington State
Department of Social
& Health Services

Transforming lives

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Mission / Vision / Values

*Western State Hospital's Civil Center of Excellence
follows BHA's Mission, Vision and Values:*

Our Mission

To transform lives through dedication to the wellness of individuals, their families and the community through behavioral health intervention, treatment, and education.

Our Vision

People are healthy because we provide safe treatment and recovery resources,
Communities are safe because of the services we provide,
People in our care and custody are safe and supported,
Taxpayer Resources are guarded.

Our Values

Compassion and Hope
Safety and Concern for Others
Teamwork and Stewardship
Transparency, Integrity, and Respect
Quality and Innovation

Definitions of commonly used Acronyms

180-day petition or 180-day hold: The longest period an individual may be held under a court order without another hearing is 180 days.

Acute: Acute Mental Illness means a crisis state or an acute phase of one or more specific psychiatric disorders in which a person displays one or more specific psychiatric symptoms of such severity as to prohibit effective functioning in any community setting.

ADL: Activities of Daily Living, this usually includes self-hygiene, dressing oneself, maintaining a clean space.

AL: Authorized Leave

BHA: Behavioral Health Administration

DC or D/C: Discharge

DCR: A mental health professional who determines if:

- the person presents a harm to self/others/property,
- the person is gravely disabled and is at imminent risk,
- there is a non-emergent risk due to a substance use disorder or mental disorder, or
- the person is in need of assisted outpatient behavioral health treatment.

The designated crisis responder can recommend detainment for evaluation or treatment to the court.

DOC: Department of Corrections

DSHS: Department of Social and Health Services

EOC: Environment of Care: the space the patient resides in and maintains.

ESH: Eastern State Hospital

ETC: Evaluation and Treatment Conference is a meeting that occurs at set intervals when a treatment team and patient review and update the patient's individualized treatment plan goals and strategies to assist the patient in working towards discharge.

DTO/DTS: Danger to others/danger to self.

GP: Grounds Privilege. Patients level 3 and above can independently spend time in the fenced in quadrangle.

ITA: Involuntary Treatment Act. The Involuntary Treatment Act process may be initiated for anyone within the state of Washington. An individual is typically referred by family members, first responders, care givers, medical providers, and care providers for an ITA investigation/evaluation.

IM: Injection/Injectable Medication

Liaison: Communication or cooperation which facilitates a close working relationship between people or organizations. A BHA liaison coordinates aftercare services with the social worker. This service is provided by medical insurance providers.

LRA: Least Restrictive Alternative

HMH: Habilitative Mental Health Treatment Program, which is a treatment program for clients with intellectual and developmental disabilities that teaches developmental skills and abilities such as learning activities of daily living, coping strategies for boredom, anger, stress, anxiety, frustration and anger, and other skills, like job readiness/vocational, recreational, and other skills that enhance overall functioning and quality of life.

PSRP: Public Safety Review Panel

PRN: Latin term "pro re nata," which means "as the situation demands," or simply, "as needed."

MD: Medical Doctor

TBI: Traumatic Brain Injury. Brain dysfunction caused by an outside force, usually a violent blow to the head. Traumatic brain injury often occurs as a result of a severe sports injury or car accident. Immediate or delayed symptoms may include confusion, blurry vision, and concentration difficulty. Infants may cry persistently or be irritable. Treatment may involve rest, medication, and surgery.

TRC: Treatment Recovery Center

ROI: Release of Information

WSH: Western State Hospital

UL: Unauthorized leave. When a patient exits the hospital without being discharged or when a patient has escaped or leaves a visitation without approval.

Greetings and welcome to Western State Hospital (WSH)

To better accommodate patients, Western State Hospital is transitioning into two separate centers of operation – the Civil Center of Excellence and the Gage Center of Forensic Excellence. This transition will eventually include building a new 350-bed forensic hospital to provide the most up-to-date treatments and therapies.

This handbook focuses on the hospital's Civil Center of operation, whose goal is to assist patients with recovery and discharge back into their own communities, instead of remaining institutionalized in a state psychiatric hospital.



Hospital staff hope that this handbook will give patients and families information needed to understand the importance of participating in treatment and therapy so patients have a successful and sustainable transition back to the community with the support of family and friends.

This Civil Center handbook will also assist patients in better understanding:

- Their rights and responsibilities
- Getting necessary treatment and services
- The civil commitment process
- Tools and resources to further recovery and resiliency

We believe patient participation in their treatment is critical to discharge and community living. Treatment teams, friends, family, and community stakeholders all work together to help move patients toward wellness, healthy living, and recovery.

We encourage patients to fully engage in their classes, groups and individual treatment – learning new skills will provide numerous tools to use in recovery and return to the community.

Western State Hospital looks forward to supporting and partnering with you in your treatment and recovery.

Sincerely,

Charles Southerland

WSH Civil Center of Excellence Chief Executive Officer

Introduction

About the Hospital

Western State Hospital is an inpatient, psychiatric hospital located in Lakewood, Washington, south of Tacoma.

WSH is divided into two centers of operation – the Civil Center of Excellence and the Gage Center of Forensic Excellence.

The WSH Civil Center of Excellence serves adults who have been court ordered to receive inpatient psychiatric treatment for mental disorders. Being court-ordered for treatment under the law governing Behavioral Health Disorders, RCW 71.05, is referred to as civil commitment. Patients are typically referred to the Civil Center from the Gage Forensic Center of Excellence (also on WSH grounds) once those patients' civil commitment under RCW 10.77 is converted to RCW 71.05. A minority of patients, who have received a civil commitment for 90 or 180 days under RCW 71.05, are directly admitted to the Civil Center through community hospitals.

Please note, in the face of changing circumstances (such as a present public health concern) hospital policies and procedures may be temporarily changed as needed to best protect patients and staff.



Civil Commitment

Civil Center of Excellence Admission Process

The admission process to the Civil Center of Excellence occurs in two ways. The first, and primary way, is through transfer from the Gage Center of Forensic Excellence. Patients are admitted there after they committed a felony offense, and went to court, where it was determined that they were unable to participate in the court process. The court recognized that behavioral health challenges may have contributed to their difficulty and civilly committed them under RCW 10.77 (Criminally Insane-Procedures) for treatment to restore their competence so that they can participate in court. If after a period of time, the treatment does not help to restore competency, the court may determine that the patient needs more extensive treatment for their mental disorder and dismiss the charges while ordering the patient to be civilly committed under RCW 71.05 (Behavioral Health Disorders). Civil commitment occurs when a person represents a danger to themselves or others, is gravely disabled (unable to provide for their own basic health and safety), or due to a special finding of felony violence with a risk of committing similar criminal acts that led to their arrest. When the civil commitment is converted from 10.77 to 71.05, the patient is admitted to the Civil Center of Excellence.

On the second admission path, the Civil Center of Excellence occasionally admits patients from community hospitals/facilities who have been civilly committed for up to 90 or 180 days under RCW 71.05, typically being gravely disabled or a danger to themselves or others, and who are experiencing challenges. Additionally, patients who are enrolled for services from the Developmental Disabilities Administration (DDA) may be admitted to the Civil Center of Excellence's Habilitative Mental Health Treatment Program (HMH).

Patients civilly committed under RCW 71.05, whether arriving from the Gage Center or community, may be civilly committed for up to 180 days. While discharge planning begins on admission, the discharge process accelerates once the patient meets their treatment plan goals. At that time, the patient would no longer need an inpatient level of care and could be successful in a less restrictive setting in the community. It is important to stress that when the court orders civil commitment for 90 or 180 days, it is always for up to 90 or 180 days. The patient can be discharged at any time during a civil commitment period based on the recommendations of their treatment team.



Whenever possible, discharge to the community close to where the patient resided prior to admission is the goal. Discharge plans are developed to support efforts to live successfully in the community. The plan usually includes developing connections to help with the transition to the community, such as connecting with a Peer Bridger prior to discharge, arranging behavioral healthcare services, housing options, and other supports, such as job hunting, to help sustain recovery and avoid returning to WSH.

Civil Center Wards

Wards where patients are civilly committed to treatment under RCW 71.05 are referred to as Civil Center wards. The Civil Center of Excellence's wards are located in the Central Campus building and at the Habilitative Mental Health Treatment Program.

Habilitative Mental Health Treatment Program

Serves up to 30 clients with intellectual or developmental disabilities with co-occurring mental health needs or severely challenging behaviors and are enrolled for services with the DSHS Developmental Disabilities Administration (DDA).

The patients have a been civilly committed under RCW 71.05 due to grave disability, being unable to provide for their health and safety needs or having been found to be at risk of harming themselves or others.

HMH patients typically have a variety of challenges in addition to an intellectual disability, such as: engaging in social interactions, tolerating frustration, and managing anger, controlling impulsivity, maintaining acceptable boundaries with others, and managing stress. Many HMH clients also have physical health challenges, including metabolic and neurological issues.

A habilitative approach is used to meet the unique challenges of this client group. It teaches new developmental skills such as learning basic skills to take care of themselves, coping skills for managing stress and frustration/anger, managing boredom, job readiness/vocational skills, recreational skills, and self-management skills to live as independently as possible after discharge to prevent re-hospitalization.

Designation of Special Finding of Violent Felony (SFVF, formerly known as HB1114)

Some patients in the Civil Center were initially detained under RCW 10.77 and then found incompetent to stand trial (they could not understand the charges against them and participate in their own defense due to their behavioral health disorder). They were also found to meet criteria for civil commitment under RCW 71.05. There is a subgroup of those patients the court determined present a likelihood of serious harm, or substantial likelihood of repeating similar acts of violence that led to their initial commitment. These individuals were detained by the court under RCW 71.05.280 and designated as Special Finding of Violent Felony (SFVF, formerly



designated as “HB 1114”). The general treatment goal for patients with SFVF is to no longer be at substantial likelihood of repeating similar acts (violent felony) that led to their initial commitment, and transition to a less restrictive setting in the community.

Behavioral Health Administration (BHA) Policy 10.12 prioritizes patients with SFVF for placement at the state hospital. An independent Public Safety Review Panel (PSRP) reviews events that represent a change in commitment status for SFVF patients and advises the Secretary of DSHS (or their designee) about potential risk to public safety related to the event. The Secretary (or their designee) makes the final decision on these requests. Such events that change commitment status include:

- Independent grounds privileges outside of secure areas.
- Authorized leave with or without staff accompaniment.
- Attending off-grounds treatment, pre-placement visits, outings to visit family/support systems, and participation in ongoing rehabilitative activities.
- Discharge from the hospital on a Conditional Release (CR) or Less Restrictive Alternative Order (LRA).
- Intent by the treatment team to not re-file for civil commitment under RCW 71.05.

Civil Center leadership reviews all requests prior to being sent to the PSRP. A notification letter must be sent by the hospital to the Prosecutor in the county of commitment a minimum of 45 days prior to consideration for off grounds/independent grounds (outside secure area) privileges. The Secretary of DSHS (or their designee) must approve the above requests prior to the patient engaging in the requested activity. The BHA policy details procedures for the SFVF ward staff in requesting decreasing levels of supervision (change in commitment status).

Review by the PSRP and approval by the Secretary of DSHS (or their designee) is not required prior to:

- Emergency medical attention.
- Routine medical appointments.
- Court-related activities.

Supportive Recovery

What to Expect During a Stay at Western State Hospital, is a question many patients have, whether this is your first admission, or a return admission.

Patients will get to know the members of their treatment team who will assist them in their recovery; a psychiatrist, psychologist and/or psychology associate, social workers, nurses, and other trained professionals, who will work together with you to provide individualized care and assistance with recovery so that you can be discharged to the community. The team will develop a treatment plan with you that addresses behavioral health needs; and, if you prefer, your family's involvement. Your treatment plan will also focus on your medical care needs; vocational and legal concerns. Families are encouraged to participate in the process with the patient's consent. Medical responsibility is maintained through 24-hour physician and registered nurse care.

How Treatment Can Facilitate Recovery

Having a mental health disorder means that a person shows signs of having struggles with feelings, thoughts and behaviors with symptoms that interfere in their social, occupational and other areas of life. These symptoms can be mild and brief, like adjusting to a new situation, or they can be serious and chronic, as in bipolar, schizophrenia spectrum, depressive and anxiety disorders. In untreated chronic disorders, the symptoms can lead to difficulty providing for health and safety needs or becoming a danger to others or themselves. The course the symptoms takes depends on many factors, including the person, their resiliency, the severity of the symptoms, and level of community support.

Behavioral health treatment helps patients manage their symptoms so they may achieve recovery, develop resilience, and live a meaningful life. Medication is one way to treat symptoms, and is often necessary, but not the only ingredient to success. Another aspect is to learn how to effectively deal with thoughts and feelings while at WSH, and to continue using those skills after discharge. Taking medications only is often insufficient to sustain a healthy lifestyle. When medication is combined with, group activities, and individual and group therapies, a person is more likely to feel better faster and stay better longer. For this reason, it is important to continue to take medications as prescribed, attend appropriate individual or group therapy, and continue to practice the skills learned in therapy once discharged back to your community home.

What is Recovery?

Recovery is a process that includes growth and learning that can be interrupted with occasional obstacles. The first step is to understand that your symptoms are due to a mix of things, including genetics,



temperament, family circumstances, trauma, biology, environmental stress, and more. The next step is to better understand your symptoms and ways to manage them. Your psychiatrist will work with you to find the most effective medications and doses to reduce your symptoms and help you feel better. Your treatment team will help you choose therapy groups and other interventions that help reduce symptoms and encourage recovery.

Things that can help you in recovery include remaining hopeful, taking your medication as recommended, participating in treatment, making personal choices, strengthening your support systems, learning about your illness, and pursuing worthwhile activities, such as recreational or leisure activities and finding a job. Good nutrition, getting enough sleep, and exercising also help with recovery.

The Level System

The Civil Center of Excellence Level System is designed to promote higher level of personal responsibility along the path to discharge and includes eligibility for ward-based activities, accessing the ward's courtyard, attending treatment activities in the quadrangle, having unsupervised access to the quadrangle, and activities, such as pre-placement visits to potential discharge locations. The level system is being revised, and more information will be provided as soon as it is available.

Treatment and Discharge Planning

While the treatment team helps in providing treatment and planning for discharge, the patient has the most important role on the team. It is their opinions, likes and dislikes that guide the plan. Patients are encouraged to:

- Share their ideas, concerns and goals with their teams for more positive recovery outcomes.
- Ask questions.
- Attend treatment plan meetings.

Patients receive a copy of their Treatment Plan. It is a roadmap to discharge and is meant to help with understanding the way of reintegrating back into the community. Patients should study their plan carefully, work the plan and ask questions or raise concerns at their Evaluation and Treatment Conference (ETC).

Considering discharge options, patients and the team determine the best options for community living.

Issues considered for guiding a successful discharge include:

- Ensuring that community living options can provide the necessary level of care needed by a particular patient and is in an area desirable to the patient.
- The patient having availability of living options and resources provided in the least restrictive setting as possible.
- Managing symptoms, taking medication as prescribed, and using healthy strategies to cope with struggles.



- Showing independent self-care by practicing good hygiene and maintaining a clean room and clothing.
- Behavioral support plans that address, wrap-around services and resources, such as medical, behavioral health, and substance use disorder treatment.
- Financial support such as Social Security and public assistance.
- Court-ordered mandates.

The Treatment Team

Patients should get to know their treatment team members because they will assist with their recovery.

Psychiatrist:

- Head of the treatment team.
- Prescribes psychiatric medications.
- Discusses diagnosis, symptoms, medications, and side effects with the patient.
- Talks with the patient about treatment and recovery.

Clinical Pharmacist:

- Works closely with the psychiatrist regarding medications.
- Helps the medical staff make decisions on medication therapy.
- Monitors the medication safety of patients.
- Meets with the treatment team as needed.

Psychologist:

- Recommends groups and other interventions that meet the patient's treatment needs.
- Works with patients to develop treatment goals.
- Assists patients solve difficulties and learn to handle thoughts and feelings in a healthy way.
- Explains information to patients regarding their legal status.
- Can facilitate psychological testing for diagnoses and identifying additional behavioral supports.

Social Worker:

- Talks with patients about putting their discharge plan into action.
- Facilitates guardian and family involvement with care – with patient permission – about their concerns, visitations, and participation in treatment plan meetings.
- Supports patients' clinical treatment by providing one-on-one counseling, check-ins, and group therapy.

- When necessary, assists with establishing additional supports such as financial payeeship and legal guardianship.
- Facilitates the progress of the discharge process by establishing visitations with outpatient services and placement visitations.

Registered Nurse 2 (RN2):

- Answer questions about patient's symptoms, treatment, medications, and any other health-related problems.
- Assists with hygiene, grooming, meals, or other activities of daily living (ADLs).
- Listen and talk with patients about recovery, diagnosis, and how to avoid relapse.
- Provides direct patient care and assessments
- Directs the ward milieu
- Answers questions about symptoms, treatment, medications, and health-related problems
- Communicates with the medical doctor, requests dental and vision appointments, communicates with the dietician, etc.
- Assists patients in making healthy choices.
- Works with patients to help them use coping skills when needed.
- If patient is acting unsafe, may place you on monitoring or use least restrictive methods as able to assist you in regaining self-control.
- Attends all treatment team meetings and provides treatment team with updates on your progress

Registered Nurse 3 (RN3):

- Supervises nursing personnel.
- Oversees all clinical ward activities.

Psychology Associate (PA):

- Runs ward based groups.
- Enrolls patients in vocational training programs on and off the ward.

Other treatment team members (staff that) have skills and training. These members include rehabilitation staff, institutional counselors, mental health technicians, dietitians, and other staff.

Treatment and Recovery Centers (TRC)

The Civil Center as a treatment mall, where group treatment and classes are offered on a variety of topics. The groups and classes assist patients in the recovery process and build the skills to meet

individual treatment goals. Groups and classes can focus on relapse prevention, symptom management, medication education, emotional regulation, and vocational training.

Services are individualized to promote recovery, increase wellness and improve the patient's ability to thrive in the world. Services are provided in a culturally sensitive environment.

About Medications

Currently, the most effective treatment for mental illness is to combine medication with therapy and education. Patients may also be prescribed medications for medical conditions, such as diabetes.

A psychotropic medication is one that will help improve a patient's thoughts, emotions, and behavior. They can help patients better manage auditory and visual hallucinations, among other symptoms.

Medication may be in the form of a capsule, tablet, liquid, or injection.

Written information about each patient's medication is available from their ward nurse or doctor. Medication counseling can be provided by a pharmacist. Medication education classes are scheduled at the TRC.

The following are questions patients may have about their medication:

How long will the medication be needed?

Many mental illnesses are chronic, much like diabetes is a chronic medical condition, so the patient and psychiatrist will discuss how





long the medications are needed. It is likely patients will need to take the medication while at WSH as well as after discharging into community living.

What will happen if a patient stops taking psychotropic medication?

Most likely a patient's symptoms will return. The timing of the return is uncertain; it may be quick or may take weeks. Suddenly stopping medications could result in withdrawal symptoms. Patients should always ask their psychiatrist or physician before stopping medications.

Patients should talk with their pharmacist, physician, or nurse to learn which foods and over-the-counter medications should not be used when taking a prescribed medication.

Can family bring the patient other medications?

WSH does not allow anyone to bring in medications or supplements. If a patient brings medications when admitted to WSH, the nurse will send them home with the patient's family or guardian. If this is not possible, medications will be kept in the pharmacy for two months, after which they will be destroyed.

Controlled substance medications are destroyed immediately and cannot be returned.

Your Health and Safety

Our health care partnership begins with our commitment to patient safety. Patients who are involved with their care in the hospital heal better. By working together with their health care team, patients can lower risk of harm and make for a safer hospitalization.

Preventing Infections

Wash, wash and wash your hands. Hands can be cleaned by washing with soap and water or by using hand sanitizer. Use soap and water to clean hands before eating, after using the bathroom, and when hands look dirty. Hands should be washed for 15-20 seconds.

To prevent the spread of respiratory infections like COVID-19, colds and flu, patients, staff, and visitors should cover their mouth and nose with a tissue when coughing and sneezing. Tissues should only be used once then thrown away, followed by a hand washing. If tissue is unavailable, cough or sneeze into your upper arm or bend of the elbow, not into your hand.

Laundry

There is a washer and dryer located on wards. Patients use the washer/dryers per the sign-up sheet. WSH provides patients with laundry detergent. Some patients prefer to order their own detergent, which is permitted. However, laundry detergent is stored in a closet the way hygiene products are. Check with the ward staff to verify the laundry procedure on the ward.

What to do in Emergencies and Natural Disasters

The noise of the emergency (fire alarms, flashing lights, loud voices and items falling during an earthquake) along with the sudden activity of staff may scare patients and visitors. The most important thing to do is take direction from staff because they are trained on what to do.

Stay calm, listen to directions, and let staff know if you are hurt or need help.

By law, we must practice fire drills every month. Once every three months, the practice must include the use of the lights and audible alarms. The required drills can feel obnoxious, but the practice helps keep patients, visitors, and the staff safe if there is a real fire.

Patients' Rights and Responsibilities

Patients Basic Rights

Patients have the right to:

1. Be treated in a safe and secure environment
2. Be free from all forms of abuse and harassment
3. Be treated with dignity and respect, consistent with the principles of recovery
4. Live in an environment that affords protection from harm
5. Use the services of a signing or language interpreter, if needed, both to understand these rights and participate in the planning, care, and treatment provided for you. This includes any revisions made to your Treatment Plan
6. Have impartial access to treatment regardless of citizenship, race, religion, gender, sexual preference, ethnicity, age, handicap, color, or creed
7. Be presumed competent (i.e., with full civil rights) regardless of your current or past admissions to a state mental hospital
8. Dispose of property and sign contracts, unless a court proceeding directed to that issue has taken away those rights
9. Have the hospital's rules and expectations explained in an understandable way

Access to Professional Help

Patients have the right to:

1. Be told the names and professions of the members of the treatment team, other clinical staff, and their roles in patients treatment plans.
2. Discuss with treatment staff the reason(s) for any transfer (prior to that transfer) to another program or ward, or for a transfer to another hospital. Patients have the right to know.
3. Know who will be in charge of patient care and treatment.
4. Request the opinion of a consultant (mental health professional) at the patient's expense. Patients may also request an in-house review of their treatment plan at no charge to the patient.

5. Talk to a priest, rabbi, minister, or religious counselor of the patient's choice. To request this service, call the Chaplain's Office or ask a treatment staff member for help.
6. Contact their attorney, seek legal assistance, or contact the Director of Patient Grievance Investigations at any time.

Rights That Depend on Patient Treatment Needs

The treatment team may limit some rights. If it does so, the reasons will be discussed with patients and their appointed guardians and will be a part of the treatment plan. The clinically responsible staff will review the restrictions at least once every seven days. The reasons for the restrictions will be documented in patients' medical records. Patients are entitled to the rights listed below, as long as the exercise of these rights does not constitute a safety or security issue, create a danger to patients or others, or interfere with patient treatment.

Patients have the right to:

1. Wear their own clothes and use their own possessions
2. Keep and be allowed to spend a reasonable sum of money
3. Have family and others (caseworker, friends, etc.) visit during regularly published visiting hours
4. Have reasonable access to a telephone and to make and receive calls



5. Ready access to letter-writing materials (including stamps) and ability to send and receive uncensored correspondence through the mail. Staff can answer additional questions about mail or policies regarding what may or may not be sent.
6. Maintain privacy with regard to personal needs.
7. Have access to reasonable individual storage space for private use.

Rights of Civilly Committed Patients

Patients have the right to:

1. Be given the option to refuse psychiatric medication, beginning 24 hours prior to any court hearing. Also, to the extent the law allows, patients have the right to refuse medication at other times.

Patients who do refuse medications, will be told the medical and legal consequences and the medications will not be administered except as authorized by law. If there is a court hearing, an attorney will be appointed at no charge for patients without funds.

2. Be free from all forms of abuse or harassment, including personal neglect.
3. Access information contained in their own medical record within a reasonable time frame, except as authorized by law.



4. The assessment and management of physical pain.
6. Be informed about the outcomes of care so the patient and family members can participate in treatment decisions.

Treatment Rights

Patients have the right to:

1. Receive individualized, appropriate care and treatment from qualified and experienced professional clinical staff, regardless of the source of a patient's financial support. Patients also have the right to request a second professional opinion at their expense.
2. Treatment plans supportive of their personal liberty within the limits of the law.
3. An individualized treatment plan with scheduled reviews, appropriate revisions, and a description of services needed after discharge.
4. Be provided with a clear explanation of their treatment plan, including:
 - a. A general mental and physical condition.
 - b. Knowing treatment objectives.
 - c. The nature of recommended treatments and significant adverse effects.
 - d. The reasons why particular treatments are considered appropriate, as well as their risks and benefits.
 - e. Any appropriate and available alternative treatments, services, and types of providers of mental health services.
 - f. Have any treatment order restricting patients to bed rest reviewed every three days by their physician.
 - g. Request medically justified treatment and to refuse treatment that is not medically justified.

Patient responsibilities:

1. Abide by the rules and regulations of this facility.
2. Respect the rights and property of patients and staff.
3. Participate in treatment planning and the treatment program.
4. Take care of physical needs, such as grooming, bathing, and dressing, insofar as physically and psychologically able.
5. Tend to normal housekeeping chores in living areas, such as making the bed, caring for clothing, and keeping community area clean and neat.

6. Protect and care for personal property.
7. Pay bills on time within ability to do so.
8. Familiarize self with rights.
9. Follow hospital policy by not smoking or taking non-prescribed medications/drugs on campus.
10. Respecting hospital property by not damaging or destroying property and using designated trash cans as intended.

The Right to Express Oneself and Be Heard

Patients have the right to:

1. Have access to attorneys, courts, and legal redress (assistance). This includes reasonable contact with attorneys by telephone.
2. Request release, and if request is denied, to have access to attorneys, courts, and other legal assistance.

The Right to Make Complaints and File Grievances

Patients have the right to:

Submit complaints without being subject to retaliation or interruption of their care. A full description of the hospital's complaint/grievance resolution process is found in CCE Policy and Procedure 12.01 on Patient Comment, Grievance, and Resolution and is available upon request.

The grievance process includes the following:

1. Seek out a member of your treatment team to discuss concerns or fill out a comment form. Staff members work with patients to resolve complaints at the ward level. If the complaint cannot be resolved at the ward level, it becomes a grievance and will be forwarded to the Patient Rights and Grievances (PRG) office to determine if a rights violation has occurred, and investigation is needed.
 - a. Place comment form in the locked comment box located on each ward and recovery mall. Comment forms are readily available behind all nursing stations. If patients submit their comments and complaints on unofficial pieces of paper to the locked comment box, PRG will still collect these and process them the same as the standard CCE Form which are checked each business day.

- b. Grievances can also be mailed to:
 - Western State Hospital
 - Attention: CCE Patient Rights and Grievances
 - 9601 Steilacoom Blvd SW, Lakewood, WA 98498
 - c. If the complaint cannot be closed within 7 business days, the PRG office will send an acknowledgment letter to the patient letting them know their complaint has been received and that they will receive their results in a closure letter within 30 days. Closure letters will contain the name of the hospital contact person, steps taken on behalf of the patient to investigate the grievance, results of the grievance process, and date of completion.
 - d. If not satisfied with the outcome of the investigation patients can contact the PRG office at 253-984-6597 or write to the PRG office at:
 - Western State Hospital
 - Attention: CCE Patient Rights and Grievances
 - 9601 Steilacoom Blvd SW, Lakewood, WA 98498
 - e. Patients receive a letter from the PRG office within 7 business days of PRG receiving their disagreement that says their grievance will be presented to the Grievance Committee. After the grievance has been presented to the committee, the patient receives a letter within 30 days from the PRG office informing them of the committee's decision.
 - f. The hospital's Governing Body ensures a process exists for the effective oversight of the grievance process and the effective operation of the grievance process. The Governing Body has delegated the responsibility in writing to a grievance committee.
2. Report any abuse or neglect concerns to the Abuse/Neglect phone line at (253) 984-6565. You are not required to leave your name, but you do want to leave enough information for a thorough investigation. You may also call the Director of PRG Investigations at (253) 984-6597.

Patient Rights Advocate

The Patient Advocate serves as an advocate and central resource for patients, families, and representatives to share their concerns, complaints, and suggestions, helps provide needed visibility to issues, and refers patients/family/representatives to appropriate services to address their concerns. Also, the advocate is here to help in upholding patients' rights, be an agent of change to ensure patient issues are addressed.

CONTACT INFORMATION:

WSH Patient Advocate

Jacqueline Lopez (Jackie)
Office x5744 (253-984-5744)
jacqueline.lopez@dshs.wa.gov

Ombuds

Office of the Patient Rights Ombuds

This office addresses patient/family/staff patient rights concerns regarding the use of seclusion and restraint, retaliation, access to personal property, strip searches, access to treatment planning and exercising religious liberties. It also address when NGRI patients are prevented from achieving access to court ordered privileges.

CONTACT INFORMATION:

WSH Ombuds

Michelle Frasu
360-819-0867
michelle.frasu@dshs.wa.gov

Director of the Office of Patient Rights Ombuds:

Darrin Hall
253-691-5293
darrin.hall@dshs.wa.gov

Patient Privacy and Release of Information

Protecting patient privacy is vital to the hospital's mission and helps increase patients' satisfaction and sense of dignity. It also helps ensure patients receive the most effective care possible.

Patients are guaranteed the right to privacy and confidentiality. They will have as much privacy as possible when talking with a visitor, treatment team member, or therapist while at Western State Hospital. Please note that according to HIPAA, disclosures can be made without written consent in the case of continuity of care, as

well as for billing and business purposes. Computerized information is never shared with other organizations; thus, individual patient names are not identified.

Patient privacy generally refers to a patient's right to:

- Decide what personal health information can be shared with others
- Decide how that information is shared and with whom
- Not have information about them discussed in areas where others can overhear

To help protect patient rights, the federal government passed the Health Insurance Portability and Accountability Act (HIPAA). HIPAA mandated Congress and federal and state agencies pass laws to protect the confidentiality of every patient's records. Due to these laws, hospital staff cannot share any patient information with family members or friends without first having a patient-signed Release of Information form.

If an Release of Information (ROI) is not in place and a family member or friend wishes to contact a patient, they can call the Control Center at (253) 582-8900 and leave their name and the name of the person they want to contact.

While hospital staff cannot confirm that family members or friends are patients at the hospital, information provided to the Control Center will be given to the appropriate staff member.





Obtaining a Release of Information

In accordance with WSH Policy, patients may request to sign a Release of Information with the ward Social Worker, for family/friends to contact them. The patient may choose what information can or cannot be shared with friends/family or outside agencies. The patient also has the right to rescind the ROI at any point.

Medical Records (Health Information Management)

WSH Policy states that a patient may request to review their own record through the Social Worker or Provider. The treatment team has 15 working days after receiving the request to:

- a. Make the information available for examination during regular business hours and provide a copy, if requested, to the patient.
- b. Inform the patient the information does not exist or cannot be found. If WSH does not maintain a record of the information, give the patient the name and address, if known, of the healthcare provider who maintains the record.
- c. If the information is in use, unusual circumstances have delayed handling the request, or the request has been denied to due information restrictions, the Social Worker will tell the patient and specify in writing the reason(s) for the delay/denial.

Restricted Information:

- A. The patient does not have access to the following:
 - 1. Psychotherapy notes;
 - 2. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings other than the patient's commitment proceedings.
 - 3. Protected Health Information subject to the Clinical Laboratory Improvement Amendments (CLIA) of 1988; and
 - 4. Information obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information. The patient does not have the right to appeal a denial of access in these instances.

- B. Records may be denied if it is reasonably likely to cause substantial harm to the patient or another person. Denials must be documented.

Additional information about WSH Policy regarding authorization and requests of clinical records can be requested through a staff member or through Medical Records (HIMs).

Medical Records

Phone: (253) 756-2641

Fax: (253) 879-7901 and (253) 761-7579

Phone Calls

Patients have the right to conduct private telephone conversations. These calls are intended to maintain and foster ties between patients and significant others. Significant others may include, but are not limited to, patients and their families, the community, their attorney and legal teams, and clergy.

A patient's telephone rights may be denied or restricted when incoming and outgoing telephone calls constitute harassment or endanger the health and safety of the patient, other patients, employees, or the public. Additional information can be located in the Patient Telephone Rights policy.

Nursing Services

Making up a majority of WSH's workforce, the Nursing Department is a vital component of the hospital system and actively participates in nearly all aspects of psychiatric and medical care and treatment interventions for patients.

The Department of Nursing employs registered nurses (RN), clinical nurse specialists (CNS), medical nurse consultants, licensed practical nurses/psychiatric security nurses (LPN/PSN) mental health technicians/psychiatric security attendants (MHT/PSA) with nursing assistant registration (NAR) and certification. Institutional counselors (IC) in the Nursing Department provide nursing and counseling care and have a NAR and affiliated counselor license.

Patient Health Care Decisions

While being treated at the hospital, the patient or people designated by the patient may have to make decisions about the patient's medical treatment. We want to respect patient decisions concerning their health care treatments. It is important that patients are informed of the treatment choices available so they can make decisions about how these treatments or therapies should be used.

In accordance with state and federal law, it is a patient's right to make an advance health care decision and prepare advance health care directives. These directives include documents such as a Living Will, a Durable Power of Attorney for Health Care, a Do Not Attempt Resuscitation (DNAR) Order, and Anatomical Gifts (organ/tissue donation). These documents are designed help patients make health care decisions consistent with their wishes in the event that a patient becomes incapacitated and cannot let their wishes be known.

Patients who would like more information or would like to prepare a health care directive may request more information from staff. Forms are available through a social worker or the WSH's legal services.



Living Will and Power of Attorney

Two documents can help patients plan ahead and indicate their future medical care wishes:

1. A Living Will is a document that states what medical treatment – if any – a patient wants if diagnosed as terminally ill.
2. The Durable Power of Attorney for Health Care is a document that allows the patient to appoint a person, such as a relative or friend, to make the patient's health care decisions if he or she is unable to do so. It includes what treatments a patient wants or doesn't want. Patients can ask ward staff for a copy of "Health Care Powers of Attorney."

Patients who desire to speak to an attorney regarding either the Living Will or Durable Power of Attorney for Health Care may call the Northwest Justice Project offices at (866) 280-4095.

Additional details regarding patient rights are included in hospital policies.

Storage of Personal Possessions

All patient personal possessions are inventoried upon admission to take reasonable precautions to safeguard patient's personal property. Patient personal possessions will be searched for contraband per center policy and placed into a storage area on the ward. It is encouraged that family member(s) take possession of the patient's valuable property (e.g., jewelry, identification cards, credit cards, coin collections, foreign currency, radios, TV's, expensive clothing, etc.). Valuable possessions are items that can be misplaced or stolen, and for which WSH cannot provide or guarantee security, particularly when a patient wants to keep the item with them or in their room.

Generally, patients are discouraged from keeping valuables in their possession, but understandably need to keep personal articles for self-care and quality of life (dentures, glasses, contact lenses, hearing aid, prosthesis, etc.); for a sense of belonging and independence.

At discharge, any property that is retrieved from accounting, ward storage, security, or inventory control, is accounted for as:

- Returned to the patient
- Returned to the patient's guardian
- Disposed — permission given by the patient or guardian to dispose of any unwanted property

The patient or guardian is notified that property not retrieved or removed from WSH within 90 days of admission will be considered abandoned and lawfully disposed of or donated.

Western State Hospital is not staffed to secure, safeguard, or otherwise guarantee the security and continuous accountability of patient property. The hospital will store up to three boxes (16x16x16) per patient.

Patients whose items are damaged or lost may submit a Tort Claim Form with the help of ward staff:

Department of Enterprise Services
Office of Risk Management 1500 Jefferson Street SE
MS 41466
Olympia, WA 98504-1466
Fax: 360-507-9251

Patient Finances

Personal Funds

Western State Hospital policy refers to funds kept by patients as a “reasonable” amount of money for their own purchases. Upon admission, Western State Hospital policy allows the patient to keep up to \$25. The treatment team determines a “reasonable” amount based on its evaluation of the patient.

In addition to the \$25 limit, the hospital places other protections on fund withdrawals:

1. Weekly withdrawals are set at no more than \$15.
2. Patients who earn can draw an additional \$15 to the weekly limit.
3. The accounting office, when permitted by law, will make deductions from the patient’s account for cost of care, based on the ability to pay.

Exceptions to withdrawal of funds limitations are:

1. The Center Director may authorize patient fund expenditures for personal needs in excess of limits described above.
2. At the patient’s request, a treatment team member may prepare a fund withdrawal request for approval by the clinical director or a designee. The patient is required to sign all requests for personal funds and sign forms acknowledging receipt of funds.

3. The medical director, at the patient's written request, shall review any personal funds withdrawal requests by the patient not approved by the designated treatment staff or treatment team.

Patient Financial Services (PFS)

Assists with investigating and determining financial responsibility for patients admitted to Western State Hospital and securing financial benefits for WSH patients placed in the community (social security benefits, EBT, ABD, etc.). They work closely with Healthcare Liaisons, Social Workers, families, guardians, etc, in order to establish benefits to assist patients discharged from the hospital. Collection work is coordinated with the Office of Financial Recovery in order to recover monies due to the State from patients admitted or committed to the hospital.

Phone: (253) 756-2651.

Legal Assistance

Assigned Counsel

Responsibilities and Services

The Department of Assigned Counsel (DAC) is responsible for the delivery of mandated legal services to persons detained for involuntary civil commitment proceedings at WSH and other evaluation and treatment facilities.



Pierce County Department of Assigned Counsel
949 Market St. Ste 334
Tacoma, WA 98402
(253) 798-6062

Patients may access legal services at any time by calling the WSH assigned counsel line and leaving their name and ward number on the voicemail. The assigned counsel will back the ward to speak with the patient Monday-Friday 8:30 am to 4:30 pm: (253) 798-6988.

Northwest Justice Project

Provides free legal assistance to address fundamental human needs such as housing, family safety, income security, health care, education and more to eligible low-income families and individuals needing help with civil (non-criminal) legal problems in Washington state.

Legal issues in King County:

Call 2-1-1

Open weekdays from 8:00 am to 6:00 pm. They will refer you to a legal aid provider.

Legal issues outside of King County:

Call the CLEAR Hotline at (888) 201-1014 weekdays 9:15 am to 12:15 pm. Seniors (age 60 and over) can also call CLEAR*Sr at (888) 387-7111



Hospital Services

Art Center

The Art Center is an open art studio within the Percy Center where patients participate in group and self-directed arts activities. Instructors provide reflective techniques and technical instruction. Group activities and self-directed art exploration provide patients with alternative modes of receptive and expressive communication.

Salon Services

Haircuts and braiding services are provided free to patients by the Salon Services. Haircuts are provided on patient wards or the treatment mall center. Ward staff can provide hours that services are available on each ward.

Behavior Management Team

The BMT is a united team whose purpose is to support improved patient care for referred patients and increase staff safety through providing multi-disciplinary expertise. Ward treatment teams can request assistance with patients experiencing challenging behaviors that include aggressive or assaultive behavior, frequent episodes of seclusion and restraint, and other complex behavior patterns. The BMT may also be referred to assist treatment teams by clinical leadership. The goal is to provide all members of the treatment teams with interventions to decrease the patient's challenging behaviors so they can optimize the implementation of effective treatment recommendations. The level of BMT involvement may be brief, from two or three weeks to up to three months, depending on the patient's needs.

Dental Services

Dental Services assists patients in maintaining oral health through dental cleanings, restorations, dentures, and simple oral surgery procedures. Advanced services such as orthodontics, cast crown or fixed bridges and implants are not available at WSH but an outside referral can be done for dental services unavailable on site. To meet with a dentist, contact a member of the treatment team.

Diabetes Care Team

The Diabetes Care Team includes highly trained pharmaceutical, medical, nutrition and nursing staff, who collaboratively educate patients diagnosed with diabetes and pre-diabetes. Patients pending



discharge are personally trained and provided with a glucose meter and supplies to last at least two weeks following discharge. Patients receive instructions on self-monitoring blood glucose, self-injecting insulin, recognizing and treating signs and symptoms of low blood glucose, and management of high glucose by healthy eating, being active, glucose monitoring, and taking medications.

WSH has a Certified Diabetes Educator Pharmacist who personally reviews glucose and laboratory values and assists physicians with adjusting therapy for patients with diabetes and pre-diabetes.

Contact the Diabetes Care Team at (253) 761-3392.

Equity, Diversity, Access, and Inclusion (EDAI)

Leads and manages an organizational-wide effort to support and further develop a diverse behavioral health community, by providing guidance, recommendations, and support to accomplish the centers' priorities on respect and zero tolerance for discrimination, harassment, or retaliation. The office of EDAI is committed to ensuring that all patients and potential patients will have equal access to the full range of care and treatment services offered at WSH, based on the diagnosed individual treatment needs and be free of discrimination based on race, color, creed, religion, national origin, sexual orientation, age, gender, presence of any sensory, mental, or physical disability, or use of a trained dog guide or service animal by a person with a disability.

Contact information: WSHEDAI@dshs.wa.gov.

Education Services

Education Services is a program contracted through Pierce College. Instructors are teachers, licensed and certified by the State of Washington who provide education to patients throughout the hospital. Referred students work in classrooms on computer skills, English as a second language, GED preparation and testing, adult basic education, and college-level courses. Students have individualized learning and behavioral goals that are part of their treatment plan.

Classes focus on functional skills such as reading and comprehending information related to one's illness and treatment; networking and applying for a job; and improving communication, math, and writing skills. Education is a cornerstone to the most vital tenet of recovery: to live a full and satisfying life.

Additional information regarding education services are available in the TRC.

Tribal Services

The Behavioral Health Administration (BHA) Tribal Affairs Administrator's role is to advocate on behalf of Native American clients/residents in BHA facilities to ensure culturally competent service delivery and government-to-government relations with the 29 tribes in Washington State.

For any tribal related questions or concerns, contact:

Marie Natrall-Ackles, Ph.D.

Canadian First Nations: Squamish and Northern Tutchone
Tribal Affairs Administrator / Behavioral Health Administration
marie.natrall-ackles@dshs.wa.gov

360-790-0950 (business hours Monday-Friday 8:00 am-5:00 pm)

Substance Use Disorder (SUD) Services

SUD assessments and groups are provided to patients through the licensed services of a shared program at WSH. Currently, AA/NA group opportunities are limited to a pilot program not available to civilly committed patients. Assessments are open to all patients through referral by the treatment team.

Group work includes psychoeducation, skills development, and problem-solving tools; including the identification of individual problem areas that should be identified and mitigated in each participants relapse prevention plan. The overall goal of this group is to help the participants become aware of the harmful consequences

of addiction and the need for change strategies to gain and maintain community living.

Although Alcoholics Anonymous will provide community members to WSH patients for the purpose of holding regularly scheduled meetings, Covid-19 closed our hospital to volunteers until recently. The SUD program at WSH is currently working to re-establish these meetings and plans to continue to support ward based/patient led meetings as appropriate.

Voting

Voter registration forms are available to patients. Ward staff can assist with getting the registration forms to patients. Voting in Washington is done by absentee ballot, which is mailed to the patient's registered address. Absentee ballots can be filled out in advance of any election.

Fashion Center

Free patient clothing is available at the Fashion Center. Some patients work in the Fashion Center to learn retail skills that prepare them for employment after discharge as they practice social skills during interactions with others. For more information, patients can speak to Fashion Center staff at Ext. 3940.

Psychiatric Emergency Response Team (PERT)

PERT responds to emergent inpatient psychiatric situations, and all Code Gray incidents throughout the center, using evidence-based therapeutic intervention techniques.

The team provides crisis-management intervention directly to patients experiencing psychiatric or self-harm emergencies and they assist ward staff with milieu management. The team also utilizes various communication intervention techniques to reduce the potential of deploying restraint or seclusion techniques.

Peer Bridgers/Volunteers

Peer Bridgers are contracted through Behavioral Health Organizations by the Health Care Authority to give hospital residents assistance and support with the process of re-entering the community. Peer Bridgers are State certified peer specialists who have lived experience and have successfully managed their recovery. Although Peer Bridgers are not case managers, counselors or friends, they serve as a mentor or ally, who uses their lived experience to provide support and guidance to individuals discharging from a state

hospital to ease their transition to the community. Peer Bridging provides hospital residents with a “match” to a Peer Bridger for intensive personal support services in preparing for discharge and during the initial period of community adjustment. Peer Bridgers help to provide social support and build community connections, linking hospital residents with important community resources. Receiving support of a Peer Bridger is voluntary, and many find their support helpful in the process of moving back into the community. The Peer Bridger begins working with a hospital resident prior to discharge, and after their return to the community, to help the hospital resident to advocate for themselves. Please speak to your Ward Social Worker for more information.

Food and Nutrition

The Food and Nutrition Department provides patient meals and snacks that are balanced and comply with Academy of Dietetics and Nutrition recommendations. The department is staffed with full-time registered dietitian nutritionists who are available to work with patients on meal planning, weight loss, diabetes management, heart-healthy choices, exercise, coping with hunger caused by medications, food allergies, renal management, wound management, dysphagia, malnutrition, and tube feedings.

The department also works to make reasonable accommodations for the patients cultural and medical conditions. All new patients are





screened by an RDN, and patients can submit a request (through nursing) to meet with the dietitian and receive nutrition counseling related to their medical condition.

Health and Hygiene

Personal hygiene items, including toothpaste, shampoo, deodorant and other items are available from nursing staff on the wards.

Infinity Center

The Infinity Center is a multipurpose recreation and meeting center space within the Percy Center where patients can relax, workout, and enjoy recreational activities. Patients are encouraged to self-select their own recreation options, practice social skills, or simply decompress, recreate away from the wards.

Patients can play pool, foosball, air hockey, shuffleboard, videogames, use musical instruments, utilize cardio and exercise equipment, ride bicycles, watch programs on a large-screen TV, or listen to music. Vending machines and snacks are available.

Frequent organized recreational programs are offered, including parties, group games, tournaments, music lessons, exercise assistance and holiday events.

Library

The Library is located on the second floor of Building 8 and is open Monday through Friday. Each ward has an assigned time for library visits. Patients can also arrange to have items delivered to them at

their ward. Books, magazines, music CDs, movies, Internet access (with staff supervision), printers and a music listening center are provided.

Information queries are welcome.

The WSH Library is a division of the Office of the Secretary of State. Patients and staff may request materials and information be sent to wards or offices by calling Ext. 2593.

Mail and Postal Services

Patients have access to free writing materials and may send up to three letters a week unless it is legal mail or limited by their treatment plan or doctor's order. A patient's right to send or receive mail may be limited to protect the patient or others. Free postage is not available for ordering materials, supplies, equipment, catalogs, samples or entering contests.

WSH policy regarding package scanning states:

Upon receipt of the packages, staff will:

- A. X-ray the packages for any contraband and log packages into the package received log. Packages containing contraband will be returned to sender.
- B. Place the package in the ward storage area until picked up by the staff from the ward. Proper return address, including zip code, is required on all outgoing mail.

Patient Name
9601 Steilacoom Blvd. SW
Ward _____
Lakewood, WA 98498-7213

Staff can answer additional questions about mail or policies regarding what may or may not be sent.

Physical Therapy

The hospital's Physical Therapy Team is committed to promoting health and wellness. The physical therapists and assistive personnel employed at WSH are passionate about helping restore function, improve mobility, relieve pain and prevent or limit permanent physical disabilities. With health and lifestyle in mind, the team develops and guides personalized plans to restore, maintain and promote overall fitness and health.

Physical Wellness

Patients are encouraged to walk the wards as often as possible for additional exercise. Talk to your treatment team about access to other physical fitness opportunities on campus and at the Percy Center.

Rehabilitative Services

Rehabilitative Services staff offers a wide variety of interventions and treatment groups that are geared toward each patient's identified needs. Interventions may include health and wellness activities, medication education, stress management, emotional regulation, leisure skills development, vocational activities, and living skills.

Rehabilitative staff at Western State Hospital include recreation therapists, recreation and activities specialists, occupational therapists, certified occupational therapy assistants, institutional counselors, and psychology associates.

Religious Services

The Religious Services Department at Western State Hospital provides spiritual care for patients, their families, and staff. It works as a team to provide pastoral care and support for people of all faiths, cultures, and backgrounds. Call Thomas Irby 253-756-2559 or John Johnston 253-756-2645.

Vocational Rehabilitation

Patients interested in working as part of their recovery while at Western State Hospital should talk to their treatment team. Possible job locations include the Java SITE, Art Center, Percy Center, and outdoor gardening. These are paid positions and require approval from your treatment team.

Contraband

Below is a list of contraband items, last reviewed and approved in March 2022. Any requests for exceptions must be approved by the treatment team and included in the treatment plan.

CLOTHING

1. Billfolds/wallets with metal decorations, clips or leather lacing longer than 12"
2. Hand knitted/crocheted items (headbands, scarves, blankets etc.)
3. Bandanas

4. Belts
5. Boots/shoes with metal clasps, buckles, decorations, metal or plastic internal shanks or steel toes. No more than 1" heel, must have flexible sole (One pair of rubber rain boots is acceptable)
6. Purses; bags; laundry bags; backpacks; fanny packs; suitcases; etc.
7. Clothing items containing ties, cords, drawstrings metal clasps, buckles, jeweled, sequined, bedazzled or metal decorations, jail suits

ELECTRONICS

1. Extending metal antennas or detachable antennas
2. Excess batteries: patient can only have batteries currently being used in their electronic devices. Spares must be stored and locked up in the patients' electronics box
3. Audio or video recording devices
4. No extension cords for headphones/MP3 players, CD or DVD players, AUX cables longer than 6 inches
5. WI-FI enabled devices or transmitters for WI-FI, Bluetooth or multiple devices
6. Cameras, cell phones or pagers
7. Cordage (cords of any kind including in clothing)
8. Headphones (other than WSH approved- XHNFCU Stereo Earbuds, in-ear headphones)





9. No multi-tap devices to allow multiple headphones or speakers to be plugged into.
10. Blank CD/DVDs
11. SD cards or THUMB/FLASH/USB drives or MEMORY STICKS.

FOOD

1. Metal eating utensils
2. Plastic knives and forks
3. Chop sticks
4. Candy canes or sticks of hard candy
5. No personal caffeinated coffee products or other caffeinated products (small single serve from the Patient Store are acceptable)
6. Oils- cooking
7. Water pitchers, reusable water bottles or coffee tumblers larger than 16 ounces
8. Gum of any kind

HYGIENE PRODUCTS

1. Personal hygiene & makeup products in metal, tin, or glass containers (i.e., nail polish), plastic bath/shower poufs, plastic "loofa"
2. Mirrors

3. Shampoos (containing ethanol Rev. 03-2022); aftershave, perfumes, colognes, conditioners or toothpaste containing alcohol/non-flammable alcohol compound
4. Curling irons, flat irons, hair rollers, hot combs, or heated brushes
5. Hard plastic hair combs, headbands, jaw clips, picks, jaw clips with metal springs, metal barrettes, hair pins, hair sticks or bobby pins
6. Hair dye; relaxers; any chemical processing
7. Body powder or baby powder
8. Twist up/dial up deodorants, lipstick or other makeup not roll on or push up
9. Make up pencils and brushes that are longer than a golf pencil (Kabuki make up brushes allowed)
10. Disposable razors & blades
11. Electric razors/shavers other than hospital issue. (These are considered sharps and must follow the sharps protocol)
12. Tampons or personal supply of sanitary napkins/pads
13. Laundry Soap: no larger than personal size and pods when possible

JEWELRY

1. Necklaces or chains (ligature) including metal charms/pendants
2. Metal bracelets or bracelets with metal charms
3. All rings with the exception of one stone-free wedding band
4. All earrings except for studs

MEDICINES

1. Tobacco products of any kind/matches/lighters, E Cigs or any product that simulates tobacco or it's usage
2. Drugs/alcohol (pruno)
3. No over the counter medications, vitamins, herbal supplements, pre-workout, protein powders, etc.

MISCELLANEOUS

1. Glass eyewear, metal frames, all glasses must be plastic only, prescriptions require a doctor's order
2. Metal, glass, & ceramic items
3. Metal containers or metal tubes including those with metal lids
4. Aerosol cans of any size or purpose
5. Incense, plug in air fresheners, essential oils for aroma

6. Religious items not distributed by the WSH Chaplin Department
7. Personal keys other than WSH issued keys
8. Throw rugs, curtains
9. Cardboard of any kind; plastic bags; large paper bags
10. Picture ID, driver's license, credit cards, SSN card, birth certificate (To be secured with Patient Accounts)
11. Reading material, including catalogs, depicting graphic violence, pornography, guns, weapons, tobacco or other non-therapeutic content as defined by the patient's treatment plan.
12. No needles (crochet, knitting), safety pins, sewing kits
13. Items with sharp pointed edges, including all scissors
14. House plants (In the rooms or on the wards)
15. Tools of any kind or size

OFFICE SUPPLIES

1. Plastic/metal spiral bound notebooks, books, calendars
2. Plastic/metal antennas or detachable antennas
3. All full size pens and pencils of any type(un-altered Flexi pens are allowed)
4. Metal binders, folders or envelopes with metal prongs/clasps
5. Permanent markers or thin markers
6. White out or white out tape
7. Any art supplies or musical instruments purchased by the patient and kept in their room must have a therapeutic reason and must be listed as part of the treatment plan or addendum. Items without an addendum in the treatment plan must be checked in/out and used with staff supervision. All art instruments must be the size of a golf pencil or less, no oil paints allowed

QUANTITY LIMITATIONS

1. Excess batteries: patients can only have batteries currently being used in their electronic devices. Spares must be stored and locked up in the patient's electronics box, providing there is room
2. Durags (3)
3. Reusable plastic water pitcher, coffee tumblers and water bottles larger than 16 ounces "are not permitted" (water bottle, 1- 16 ounce is acceptable)
4. DVD player (limit 1 per patient)
5. CD/DVD (limit 25 per patient)

6. MP3 Player (limit 1)
7. Headphones (limit 1 WSH approved only)
8. Plastic Watch (limit 1)
9. Battery operated alarm clock (limit 1)
10. Portable speaker (limit 1)
11. No Cayenne, all other ground/powdered spices must be under 1.5 ounces
12. Peanut butter (limit 1 - 16 oz. plastic jar)
13. Honey (limit 1- 8 oz.)
14. Ramen (limit 6)
15. Lotion (limit 12 oz.)
16. Soap Bars (limit 2)
17. Any items that could be used to create or fabricate weapons that could be used for self-harm or harm to others. Examples including but not limited to; metal, hard plastic or other hard parts that someone could use for a weapon or fashioned into sharp objects to inflict harm.

Items needing to be checked in/out are the responsibility of the Treatment Teams. These items are not for overnight use unless approved by the Treatment Team and included in the Treatment Plan.

The amount of space each patient has available each month is to be determined by the Treatment Team. Staff may not store items for patients in offices or places other than their designated boxes. (Electronics Box, Snack Box, Hygiene box)



All food must fit in the Snack Box. The Treatment Team will dispose of any excess at that time.

Visitor Information

We have restricted food coming into the hospital at this time. Visitors may purchase food items in the vending machines in the Visitor Center.

Visits and communication with family members and significant others are encouraged as they play an important role in treatment. Visits are coordinated with the patient's assigned social worker, and can be scheduled between 9 a.m. to 5 p.m., 7-days a week, with the last visit time at 4 p.m. A standard visit is scheduled for 30 minutes. However, for visitors traveling from out of the local area, exceptions can be given to visit for up to 50 minutes. Additional time and visitors must be approved by the Civil Center's Center Director. Visitation is not available on Washington state holidays.

Visitors check-in with the Communications Center located at the hospital's main entrance in front of Building 18 (by the flagpole).

Video visits and in-person onsite visitations must be scheduled at least 72 hours in advance through the ward social worker.

Please contact the assigned social worker prior to your first visit or call the main phone number: (253) 582-8900 to contact the ward social worker.



Prior to your arrival, please contact ward staff for parking instructions. Parking and visitors entrances are limited.

Due to privacy and confidentiality laws, cameras and personal cell phones are not allowed on the Western State Hospital campus. Also, it is a federal offense to bring any type of weapon or illegal drug onto the hospital grounds.

Conditions for Civil Center of Excellence Visits

- Minors can visit parents at WSH with advanced approval of the patient's treatment team and the Civil Center Director.
- Family dog visits can be scheduled in advance with approval of the treatment team and the civil center director. Current vaccination records must be provided.
- Unless pre-approved on the visiting form by the treatment team, visitors should have only courtesy communications with other patients on the treatment ward or at the visitor's center and are prohibited from either receiving or giving anything to patients other than those they are visiting.

Frequently Asked Questions

Q: Can we bring favorite snacks and foods from home? What kinds? Are there limits?

A: Snacks and beverages are available for purchase in the visitor's center. Visitors are not allowed to bring food, beverages, or any other items to the visitation without special exception approved in advance by the treatment team and the civil center director. During restrictions under the COVID-19 pandemic, please check with your social worker or the center director before bringing food to a visit.

Q: Can we bring money for our patient to use in the vending machines?

A: Yes, money for use in the vending machines during the visitation is allowed. All other money must be deposited in the patient's hospital account and should be coordinated with the social worker.

Q: Can we bring vitamins and nutrition supplements from home?

A: No. The pharmacy provides these items when needed by physician's orders.

Q: Can we bring preferred toiletries?

A: The best way to get these items to the patient is to mail them to the hospital with the patient's name and ward number on the label. You may call and confirm with ward staff what can and cannot be sent.

Q: How long will our family member be in the hospital?

A: There is no definite answer, as this is dependent on the patient's response to therapy.

Q: Where will the patient live once discharged?

A: The treatment team, in partnership with the patient and discharge team, makes arrangements for discharge. A social worker can assist in providing information with regard to specific options and plans when it is time for a patient to leave the hospital.

Q: Who can we call if we have questions?

A: The social worker on the treatment team can help answer your questions. They represent your family member.

Q: How do we get directions to the right treatment area?

A: Call the specific ward or the switchboard at (253) 582-8900 for directions.

Q: Can we provide electronic items to our family member like cell phones, cameras, or laptops?

A: Per policy, patients are not allowed to have personal devices on the ward such as cell phones or cameras. Items with cameras or internet access are not allowed on the ward.

Q: When can I talk with my family member's doctor?

A: Contact your ward treatment team about the possibility of attending a treatment conference, during which you'll have the opportunity to meet all members of the treatment team and contribute to the conference, as well. Patients must first give permission for you to attend.

Q: How can I see the medical record for my family member?

A: Patients must first sign a Release of Information form stating who is allowed to see these records. The ward social worker can assist you.

- Q: Can I bring in a birthday cake or other celebration treats for the whole ward to enjoy?
- A: Birthday cakes are provided to each ward monthly to celebrate birthdays.
- Q: Can I bring in gifts, flowers, food treats to thank the ward staff?
- A: No gifts, please. Flowers for the ward, if not in glass containers, may be acceptable, but check for specific requirements. We request that you do not bring food treats to the ward. Cards and letters of appreciation are always enjoyed by staff.



Additional Resources

For Immediate Help

If you are a patient in the Civil Center and are experiencing an emergency or are having suicidal thoughts, please talk with any member of your treatment team.

For individuals who are not inpatients with the Civil Center:

- For life-threatening emergencies, call 911
- Call, text, or chat 988 to be connected to the Suicide & Crisis Lifeline. It is confidential, free, and available 24/7/365. The ten-digit number for the National Suicide Prevention Lifeline (NSPL), 1-800-273-TALK (8255), is still active along with 988.

Contact the 988 Lifeline if you are having:

- Thoughts of suicide
- Mental health crises
- Substance use concerns
- Any other kind of emotional distress

You can also contact the 988 Lifeline if you are worried about a loved one who may need crisis support.

NAMI

The National Alliance on Mental Illness (NAMI) is a nationwide, nonprofit organization that assists individuals and families touched by the challenges of mental illness. Washington has 22 independent NAMI affiliates. Each affiliate offers a mix of no-cost services to meet local needs.

Most of the 22 NAMI Washington affiliates hold weekly, peer-led and recovery-support groups for individuals with mental health diagnoses. These groups are called NAMI Connection. Many of the local affiliates also offer NAMI Family Support Groups for family members, caregivers and friends supporting or caring for a loved one.

NAMI Offices:

NAMI's Main Office

NAMI Washington
1107 NE 45th Street, Suite 340
Seattle, WA 98105
206-783-4288
www.namiwa.org

NAMI Chelan/Douglas Counties
509-663-8282
www.namicd.org

NAMI Clallam County
360-452-5244
www.namiclallam.org

NAMI Seattle
info@namiseattle.org

NAMI South King County
253-854-NAMI (6264)
info@namiskc.org
www.namiskc.org

NAMI Jefferson County
360-385-1716
namijeffco@yahoo.com
www.namijeffcowa.org

NAMI Kitsap County
info@namikitsap.org
www.namikitsap.org

NAMI Kittitas County
206-783-4288
www.namiwa.org

NAMI Lewis County
360-880-8070
www.namilewiscountywa.org

NAMI Pacific County
206-783-4288
www.namiwa.org

NAMI Palouse
206-783-4288
www.namiwa.org

NAMI Pierce County
253-677-6629
info@namipierce.org
www.namipierce.org

NAMI Skagit County
360-313-7080
namiskagit@gmail.com
www.namiskagit.org

NAMI Snohomish County
425-339-3620
nami.snohomish.county@gmail.com
www.namisnohomishcounty.org

NAMI South King County
253-854-6264
namiskc@qwestoffice.net

NAMI Southwest Washington
360-695-2823
info@namiswwa.org
www.namiswwa.org

NAMI Spokane
509-838-5515
office@namispokane.org
www.namispokane.org

NAMI Thurston/Mason Counties
360-493-6021
info@namitm.org
www.namitm.org

NAMI Tri-Cities
509-578-1190
namitricities@gmail.com
www.namitricities.org

NAMI Washington Coast
360-268-2385
<https://www.facebook.com/NAMIWashingtonCoast>

NAMI Whatcom County
360-671-4950
namiadmin@namiwhatcom.org
www.namiwhatcom.org

NAMI Yakima
509-453-8229
office@namiyakima.org
www.namiyakima.org

2-1-1

A free confidential community service and your one-stop connection to the local services you need, from utility assistance, food, housing, health, childcare, after school programs, elder care, crisis intervention and much more. 2-1-1 is always ready to assist you in finding the help you need. Dial the three-digit number 2-1-1 on your phone or find Help here. If you are outside of Washington or have a problem dialing the number 2-1-1, please dial 1-877-211-9274.

Washington Connection

Offers a fast and easy way for families and individuals to apply for a variety of services such as Food, Cash, Child Care, Long-Term Care, and Medicare Savings Programs. Individuals that are age 65 or older, blind or disabled may also apply for medical assistance. Washingtonconnection.org

Washington Healthplanfinder

Offers healthcare coverage for children, parents/caretakers with children, pregnant women, or adults aged 18 to 64 years old. For information regarding available services or to apply for benefits, visit www.wahealthplanfinder.org.



Washington WorkFirst

WorkFirst is Washington State's temporary cash assistance program. The goals of the WorkFirst Program is to help low-income families stabilize their lives, so they can go to work and take better care of their families. Parents who can work will work, parents who cannot work will be supported, and parents who choose not to work will be held accountable. Washington initiated the WorkFirst program in August 1997 to help low-income families become self-sufficient by providing training and support services necessary for parents to get a job, keep a job and move up a career ladder. (877) 501-2233.

Department of Vocational Rehab (DVR)

DVR is a statewide resource assisting people with disabilities to prepare for, secure, maintain, advance in, or regain employment. DVR partners with organizations and businesses to develop employment opportunities. DVR serves people who seek meaningful, secure employment but whose disabilities may result in one or more barriers to achieving an employment goal.

To contact our State Headquarters office, please call Toll Free 800-637-5627. For general inquiries regarding DVR and Vocational Rehabilitation services, please email DVRCSR@dshs.wa.gov. Our mailing address is: PO Box 45340, Olympia WA 98504-5340

Client Assistance Program (CAP)

CAP is an advocacy program for customers and applicants in Washington state seeking vocational rehabilitation services from the Division of Vocational Rehabilitation (DVR), Department of Services for the Blind (DSB) and Tribal Vocational Rehabilitation (TVR) programs, and Centers for Independent Living (CILs). If you are receiving services from one of these organizations, CAP services are available at no cost to you.

Location: All of Washington state

Phone: 206-849-2939

Email: washingtoncap2@gmail.com

Open Monday through Friday 8 a.m. – 5 p.m. Calls returned within 48 business hours.

Disability Rights Washington

Disability Rights Washington is a private non-profit organization that protects the rights of people with disabilities statewide. Their mission is to advance the dignity, equality, and self-determination of people with disabilities. They work to pursue justice on matters related to human and legal rights.

Telephone

Voice: (800) 562-2702 or (206) 324-1521; Language interpreters are available upon request. Please use 711 for Washington Relay Service (TTY). Collect calls from correctional facilities are accepted.

Phone hours are 9 a.m. – 12 p.m. and 1 p.m. – 4 p.m. Monday – Friday. Disability Rights Washington does not respond to voicemails requesting information and referrals or other assistance.

U.S. Postal Mail:

Disability Rights Washington

315 5th Ave S, Ste 850

Seattle, WA 98104

Fax: (206) 957-0729

Email: Please send general email inquiries only, as Disability Rights Washington does not accept email requests for technical assistance services. info@dr-wa.org

People sending email to Disability Rights Washington have a reasonable expectation of privacy. However, Disability Rights Washington does not use encryption, and all email coming to Disability Rights Washington is routed through a third-party internet service provider (ISP) before it reaches Disability Rights Washington. Although it is unlikely that an ISP will intercept and review a message, it is a possibility, especially if a message is incorrectly addressed and



“bounced back” to the sender. Therefore, you may want to consider alternative methods of accessing our services if you are concerned about confidentiality.

Washington State ABLE Savings Plan

A Washington State ABLE Savings Plan allows people with eligible disabilities to save for their everyday needs, invest in a tax-free account and prepare for the future without losing their state or federal benefits.

Monday through Friday, at 1-844-600-2253 from 9 a.m. – 5 p.m.

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Volunteers of America Western Washington

Volunteers of America Western Washington is a Christian faith-in-action organization united in service to God and humanity with a vision to build healthy, safe communities where all people enjoy self-sufficient, fulfilled lives. Our mission is to empower people and strengthen communities in need, guided by core values of respect, integrity, stewardship, and empathy.

2802 Broadway
Everett, WA 98201
info@voaww.org
(425) 259-3191

Human Rights Campaign

By inspiring and engaging individuals and communities, the Human Rights Campaign (HRC) strives to end discrimination against LGBTQ+ people and realize a world that achieves fundamental fairness and equality for all. HRC envisions a world where lesbian, gay, bisexual, transgender and queer people plus community members who use different language to describe identity are ensured equality and embraced as full members of society at home, at work and in every community.

Human Rights Campaign
1640 Rhode Island Ave. N.W.
Washington, DC 20036-3278
HRC Front Desk: (202) 628-4160
TTY: (202) 216-1572
Toll-Free: (800) 777-4723
Fax: (202) 347-5323
E-mail: feedback@hrc.org

Notice to Patients Who Receive Social Security Funds (January 2024)

The federal court in Tacoma prohibits the Department of Social and Health Services (DSHS) from seizing Social Security funds to collect or recover the cost of care at the state hospital. THIS MEANS THAT DSHS MUST FOLLOW THESE RULES:

1. DSHS may not seize your Social Security funds to pay for the cost of your care at the state hospital.
2. DSHS may include your Social Security funds when calculating the amount of your ability to pay for the cost of care at the state hospital. DSHS will notify you what that amount is through the Notice of Finding of Responsibility (NFR) process. You may appeal the amount owed if you do not agree with DSHS' calculation.
3. DSHS may ask you or your representative payee, if it is not DSHS, to voluntarily use your Social Security funds to pay what DSHS has calculated you are able to pay. However, DSHS may not threaten, coerce, or intimidate you or your representative payee, in any way, to use your Social Security funds to pay for the cost of your care. Any payments you make out of your Social Security funds must be voluntary and you may stop them at any time.
4. DSHS will not accept any of your Social Security funds as payment, unless you or your representative payee signs an agreement to make voluntary payments. If you stop making payments, DSHS may still send you a notice showing the amount you owe.
5. If you do not or your representative payee does not agree to pay for the cost of hospital care using Social Security benefits, DSHS may not discharge you from the hospital earlier than necessary or keep you in the hospital longer than is required.
6. While you are a patient in the hospital, the Social Security Administration (SSA) expects you or your representative payee to pay for the cost of care, as well as for items which may aid you in your recovery or release from the hospital or for personal items which may help improve your condition while in the hospital. DSHS may not report you or your representative payee to the Social Security Administration solely because you do not use your funds to pay the cost of care. However, if DSHS reasonably suspects that Social Security funds are being misused contrary to federal law, DSHS may notify the Social Security Administration.

7. You do not have to deposit your Social Security funds in the hospital accounting office. However, the state hospital may require you to deposit your money in the hospital accounting office if you do not arrange for deposit elsewhere. You may withdraw your money from the hospital accounting office and place the money in an account outside the hospital, unless DSHS is your representative payee.

If you have questions about your individual rights under this settlement, you may contact your own private attorney, or you may contact:

TACOMA OFFICE (Pierce and Kitsap Counties)
Northwest Justice Project
715 Tacoma Avenue South
Tacoma, WA 98402
253-272-7879
1-888-201-1015
1-888-201-1014 (CLEAR - Client Intake)
Fax: 253-272-8226
www.nwjustice.org

If you think DSHS is breaking these rules, you may contact *Brinkman* class counsel: **Columbia Legal Services**, 711 Capitol Way S., #706, Olympia, WA 98501. Phone Number: (360) 943-6260 option 2. E-mail address: BrinkmanClassAction@columbialegal.org.

Brinkman Amended Order 01/2024 Attachment A

Distribution:
Patient
Include in Admission Packet
01/2024

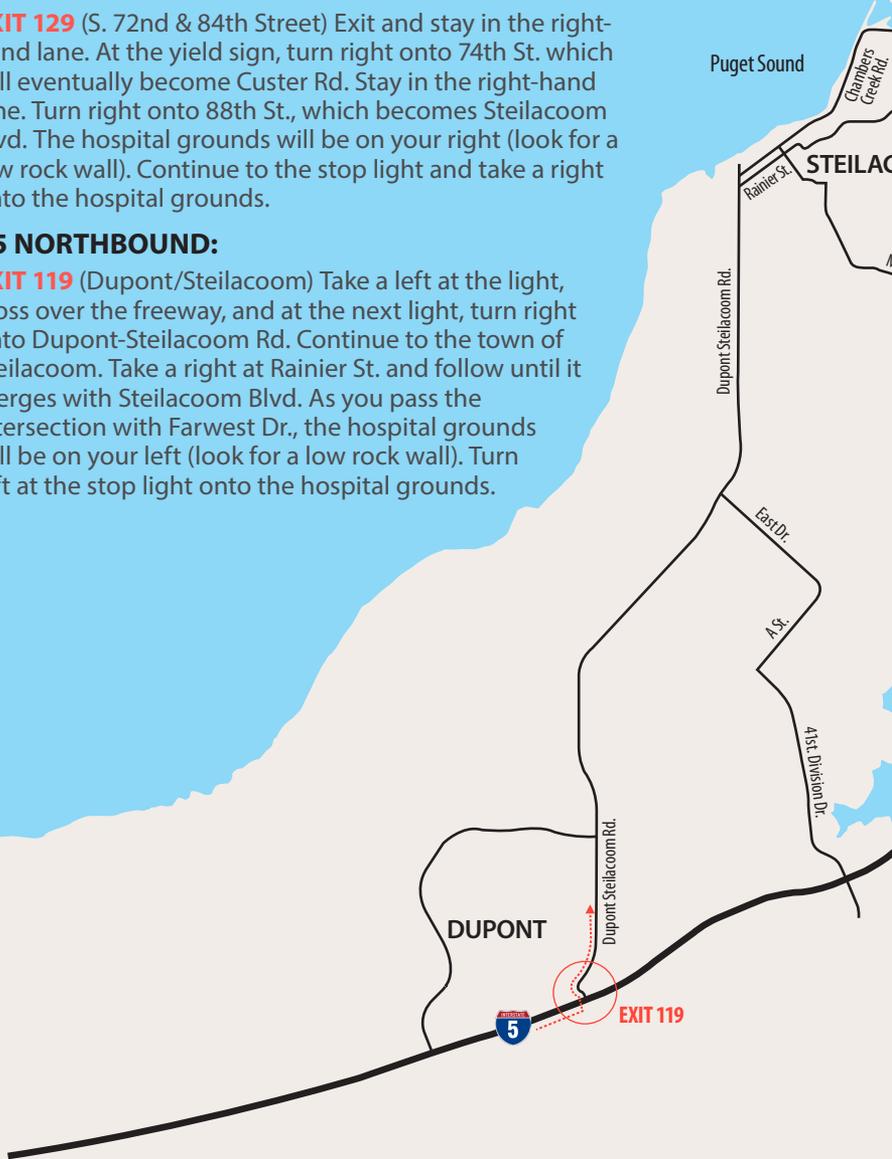
Directions to the Hospital

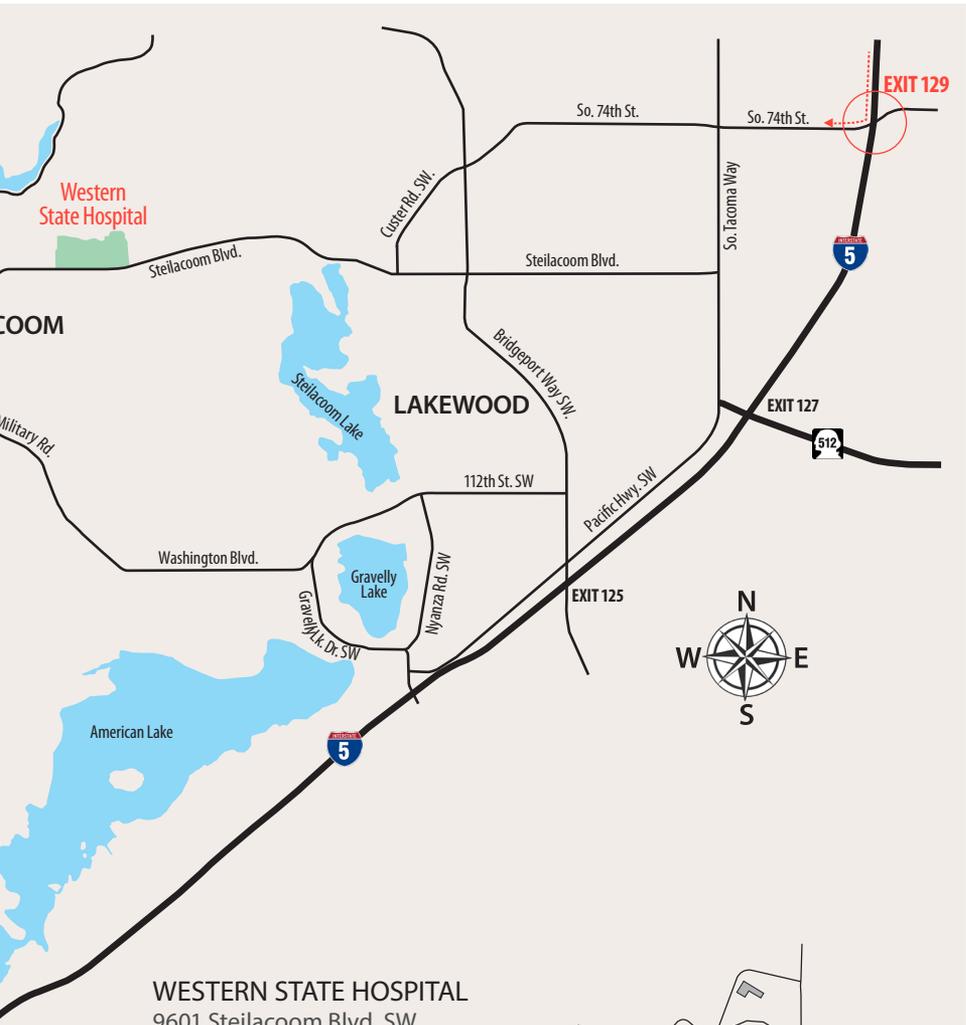
I-5 SOUTHBOUND:

EXIT 129 (S. 72nd & 84th Street) Exit and stay in the right-hand lane. At the yield sign, turn right onto 74th St. which will eventually become Custer Rd. Stay in the right-hand lane. Turn right onto 88th St., which becomes Steilacoom Blvd. The hospital grounds will be on your right (look for a low rock wall). Continue to the stop light and take a right onto the hospital grounds.

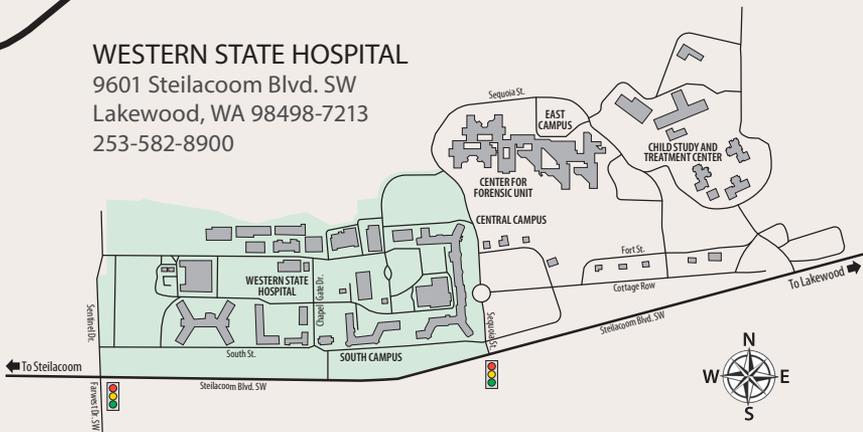
I-5 NORTHBOUND:

EXIT 119 (Dupont/Steilacoom) Take a left at the light, cross over the freeway, and at the next light, turn right onto Dupont-Steilacoom Rd. Continue to the town of Steilacoom. Take a right at Rainier St. and follow until it merges with Steilacoom Blvd. As you pass the intersection with Farwest Dr., the hospital grounds will be on your left (look for a low rock wall). Turn left at the stop light onto the hospital grounds.





WESTERN STATE HOSPITAL
 9601 Steilacoom Blvd. SW
 Lakewood, WA 98498-7213
 253-582-8900



Aerial View of the Hospital Grounds

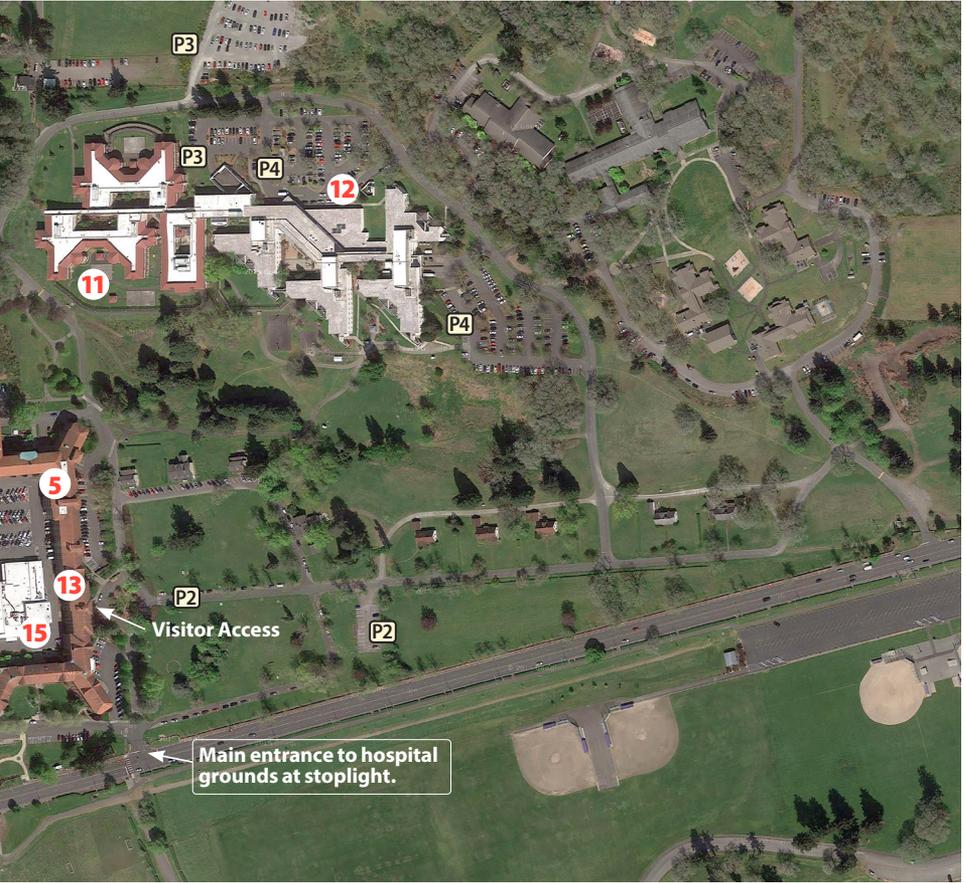


WESTERN STATE HOSPITAL

- 1 MHM
- 2 Infinity Center
- 3 Art Center
- 4 Library
- 5 Central Hall
- 6 PDR
- 7 South Hall
- 8 Chapel
- 9 Legal Services
- 10 Education Services
- 11 CFS
- 12 East Campus
- 13 Administration
- 14 Fashion Center
- 15 Java Site

Security fence

- Visitor Parking for South Hall
- Visitor Parking for Central Hall
- Visitor Parking for CFS
- Visitor Parking for East Campus
- Parking for visitor shuttle access and education events



Western State Hospital
9601 Steilacoom Blvd. SW
Lakewood, WA 98498

253-582-8900

The Washington State Department of Social and Health Services

DSHS 22-1871 (Rev. 2/24)