

FINAL BILL REPORT

SHB 1170

C 148 L 11
Synopsis as Enacted

Brief Description: Concerning triage facilities.

Sponsors: House Committee on Judiciary (originally sponsored by Representatives Roberts, Hope, Dickerson, Dammeier, Green, Rolfes, Haigh, Appleton, Walsh, Ormsby, Darneille and Kenney).

House Committee on Judiciary
Senate Committee on Human Services & Corrections

Background:

The Involuntary Treatment Act provides requirements and procedures for the detention and civil commitment of persons with mental disorders. Generally, a person may be involuntarily detained for mental health assessment or treatment only under court order. However, in emergency circumstances, persons may be detained without a court order.

Emergency Detention.

A person may be taken into custody and detained in an evaluation and treatment facility for up to 72 hours without a court order under emergency circumstances when the person, as a result of a mental disorder, presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.

Law Enforcement Detention Authority.

Law enforcement officers have authority under certain circumstances to take into custody and deliver a person with a mental disorder to a facility for short-term detention and evaluation.

When a peace officer has reasonable cause to believe a person is suffering from a mental disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled, the officer may take the person into custody and deliver the person to a crisis stabilization unit, evaluation and treatment facility, or emergency department of a local hospital. A person brought to one of these facilities by a peace officer may be held for up to 12 hours, as long as the person is evaluated within three hours of arrival.

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

When a police officer has reasonable cause to believe that an individual known to have a mental disorder has committed a non-felony crime that is not a serious offense, the officer may take the individual to a crisis stabilization unit, refer the individual to a mental health professional for evaluation under the mental health commitment statutes, or release the individual upon agreement to voluntary participation in outpatient treatment. If the individual is taken to a crisis stabilization unit, the person may be detained for up to 12 hours if the person is evaluated within the first three hours of arrival.

Crisis Stabilization Units.

In 2007 legislation was enacted creating crisis stabilization units as a type of facility to which law enforcement officers could take individuals suffering from mental disorders for up to 12-hour detention. A crisis stabilization unit is defined as a short-term facility for individuals who are experiencing an acute crisis and who need to be assessed, diagnosed, and provided short-term treatment. The Department of Social and Health Services (DSHS) certifies and establishes minimum standards for crisis stabilization units.

Summary:

"Triage facilities" are added to the types of facilities to which a law enforcement officer may take an individual who is suffering from a mental disorder and who either presents an imminent likelihood of serious harm, is in imminent danger because of being gravely disabled, or has committed a non-felony offense that is not a serious offense. A person delivered to a triage facility that operates as an involuntary facility must be evaluated within three hours of arrival and may be held for up to 12 hours.

"Triage facility" is defined as a short-term facility licensed by the Department of Health (DOH) and certified by the DSHS that is designed to assess and stabilize an individual or determine the need for involuntary commitment of an individual. Triage facilities may be structured as voluntary or involuntary placement facilities, and must meet DOH residential treatment facility standards.

The DSHS is directed to certify triage facilities and must work with the Washington Association of Counties and the Washington Association of Sheriffs and Police Chiefs in developing rules on certification standards for triage facilities. The rules may not require triage facilities to provide 24-hour nursing.

Facilities operating as triage facilities as defined in the act, whether or not they are certified by the DSHS, as of the effective date of the act are not required to relicense or recertify under any new rules governing licensure or certification of triage facilities.

Votes on Final Passage:

House	98	0	
Senate	48	0	(Senate amended)
House	97	0	(House concurred)

Effective: April 22, 2011