

HOUSE BILL REPORT

SB 5048

As Passed House:

April 4, 2001

Title: An act relating to less restrictive alternative mental health commitments.

Brief Description: Changing provisions relating to less restrictive alternative commitments.

Sponsors: By Senators Long, Hargrove, Winsley and Costa.

Brief History:

Committee Activity:

Criminal Justice & Corrections: 3/21/01, 3/28/01 [DP].

Floor Activity:

Passed House: 4/4/01, 92-0.

Brief Summary of Bill

- Requires the court to give great weight to evidence of a person's prior history or pattern of decompensation and discontinuation of treatment when determining whether inpatient or a less restrictive alternative commitment is appropriate.

HOUSE COMMITTEE ON CRIMINAL JUSTICE & CORRECTIONS

Majority Report: Do pass. Signed by 8 members: Representatives Ballasiotes, Republican Co-Chair; O'Brien, Democratic Co-Chair; Ahern, Republican Vice Chair; Lovick, Democratic Vice Chair; Cairnes, Kagi, Kirby and Morell.

Staff: Katy Freeman (786-7386).

Background:

A person may be taken into custody for an involuntary 72-hour evaluation and treatment period for a mental disorder. Within 24 hours of admission to the facility, the person must be examined and evaluated by a licensed physician and receive appropriate treatment. The person may be detained up to 72 hours only if the professional in charge of the facility believes that the person presents a likelihood of serious harm to self, others, or the property of others, or is gravely disabled.

Within 72 hours of the initial detention, a hearing may be held to determine if probable cause exists to extend the commitment of the person for an additional 14 days of inpatient treatment or 90 days of a less restrictive alternative commitment. Upon expiration of the 14-day period, and after a court hearing, the commitment may be extended for an additional 90 days, or 180 days if criminal charges were involved. Upon expiration of the 90-day or 180-day period, a new hearing may be held to extend the commitment for up to 180 days.

At each of these stages, further commitment can occur only if there is probable cause to believe that:

- The person presents a likelihood of serious harm to self, others, or the property of others;
- The person, after committing acts that constitute a felony, has been determined to be incompetent and criminal charges were dismissed and, as a result of a mental disorder, he or she presents a substantial likelihood of repeating similar acts; or
- The person is gravely disabled.

The standard for "likelihood of serious harm" has been interpreted to require evidence of recent, overt acts.

"Gravely disabled" means a condition in which a person, as a result of a mental disorder:

- Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or
- Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving the care that is essential for his or her health or safety.

In 1997 the Legislature passed a law directing a court to give "great weight" to certain evidence when determining whether a person should be continued on a less restrictive alternative commitment. Specifically, when deciding whether a person is gravely disabled, the court is required to give great weight to evidence of a person's prior history and pattern of mental decompensation and discontinuation of treatment that resulted in repeated hospitalizations or repeated police interventions. This evidence may also be used to provide a factual basis for concluding that the person would not receive care essential for his or her health or safety if released.

The legislative intent and findings section of the statute indicates that for persons who are currently under a commitment order, a prior history of decompensation leading to repeated hospitalizations or law enforcement interventions should be given great weight in

determining whether a new less restrictive alternative commitment should be ordered.

Summary of Bill:

When determining whether inpatient or a less restrictive alternative commitment is appropriate, the court must give great weight to evidence of a person's prior history or pattern of decompensation and discontinuation of treatment that resulted in repeated hospitalizations or repeated police interventions.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The law in this bill was passed in 1997, but it was contained in the intent section instead of the substantive law section. In 1999 the court of appeals reviewed a case in which a petition for 90-day inpatient treatment was filed. The court found that a jury instruction requesting that the jury give "great weight" to a person's prior history and pattern of decompensation was improper because the statute used as authority was in the intent section and not in the substantive section of the law. This bill codifies the intent section, which was the Legislature's intent in 1997. Under this bill, if certain conditions are present, evidence of a person's prior history and pattern of decompensation will be additional factors for the court to consider.

Testimony Against: This bill will lead to more restrictive mental health commitments. This bill will also result in the inappropriate and indefinite commitment of individuals with mental disorders, which is inconsistent with the current intent of the civil commitment law. If this bill becomes law, it will be a step backwards in how we deal with individuals with mental disorders. The requirement of giving "great weight" to a person's prior history requires the court to presume that individuals with a history of mental illness must remain in inpatient treatment. This is based not on their current mental status, but on their mental status years ago. This will result in many individuals who are able to receive treatment in the community remaining indefinitely in our state institutions. This bill should be very time limited to take into account a person's recovery. This bill violates the civil liberties of individuals and will result in taxpayers having to pay for the costly inpatient treatment of patients who could safely receive their treatment in the community.

Testified: (In support) Richard Onizuka, Department of Social and Health Services.

(Opposed) Heather Lechner, Washington Association of Criminal Defense Lawyers,

Washington Defenders Association; and Andrea Stephenson, Empower Alliance.