

SENATE BILL REPORT

SHB 2131

As of Second Reading

Title: An act relating to delaying implementation of provisions regarding evaluations of persons under the involuntary treatment act.

Brief Description: Delaying implementation of certain provisions related to evaluations of persons under the involuntary treatment act.

Sponsors: House Committee on Ways & Means (originally sponsored by Representatives Dickerson and Hunter; by request of Department of Social and Health Services).

Brief History: Passed House: 12/13/11, 94-0.

Committee Activity:

Staff: Tim Yowell (786-7435)

Background: Under the state's Involuntary Treatment Act (ITA), a person may be detained and ordered to undergo treatment at an inpatient psychiatric facility when, because of a mental disorder, the person is gravely disabled or presents a likelihood of serious harm to themselves or others. Designated mental health professionals (DMHPs) are responsible for investigating and determining whether to initially detain people who are thought to require involuntary treatment, and for recommending to the court and prosecutor whether the person should continue to be detained for longer-term treatment. The initial detention may last up to three days, and the court may order continued detention and treatment for periods of 14, 90, and 180 days.

Chapter 280, Laws of 2010 (Second Substitute House Bill 3076) expanded in two ways the factors that DMHPs and the courts may consider when determining whether to commit a person to involuntary treatment. First, the 2010 law provides that a DMHP must consider all reasonably available evidence from credible witnesses when determining whether to detain a person. Credible witnesses are defined as family, landlords, neighbors, and others with significant contact and history of involvement with the person. Second, the 2010 law additionally provides that, in determining whether to detain and commit, DMHPs and the courts may consider symptoms and behaviors that standing alone would not justify commitment, but that show a marked deterioration in the person's condition and are closely associated with symptoms and behavior that led to past involuntary psychiatric

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hospitalizations or violent acts. The 2010 law set January 1, 2012, as the effective date for both of these changes.

The 2010 Supplemental Operating Budget provided funding for the Washington State Institute for Public Policy (WSIPP) to study and report on (1) the extent to which the number of persons involuntarily committed for 3, 14, and 90 days is likely to change as a result of the expanded commitment criteria; (2) the extent to which community treatment capacity is available to meet that need; (3) strategies for cost-effectively increasing community involuntary treatment capacity; and (4) the extent to which increases in involuntary commitments are likely to be offset by reduced utilization of correctional facilities, publicly-funded medical care, and state psychiatric hospitalizations. The WSIPP study estimated that the expanded criteria could result in an increase in the number of involuntary commitments of up to 40 percent. The study also estimated that between 48 and 193 additional beds would be needed in community and state psychiatric treatment facilities in order to accommodate that need.

Summary of Bill: The effective date of the 2010 statutory change under which DMHPs and the courts may consider behaviors and symptoms that standing alone would not constitute grounds for involuntary treatment is delayed. The effective date is changed to July 1, 2015, from January 1, 2012. The statutory change requiring DMHPs to consider all reasonably available information from family members and other credible witnesses continues to take effect January 1, 2012.

Appropriation: None.

Fiscal Note: Available on original bill.

Committee/Commission/Task Force Created: No.

Effective Date: The bill contains an emergency clause and takes effect immediately.