

# SENATE BILL REPORT

## SB 5480

---

---

As Reported by Senate Committee On:  
Human Services & Corrections, February 18, 2013  
Ways & Means, March 1, 2013

**Title:** An act relating to accelerating expansion of mental health involuntary commitment laws.

**Brief Description:** Accelerating changes to mental health involuntary commitment laws.

**Sponsors:** Senators Keiser, Kohl-Welles, Darneille, Nelson, McAuliffe and Kline.

**Brief History:**

**Committee Activity:** Human Services & Corrections: 2/07/13, 2/18/13 [DPS-WM].  
Ways & Means: 2/26/13, 3/01/13 [DPS(HSC)].

---

### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Majority Report:** That Substitute Senate Bill No. 5480 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Carrell, Chair; Pearson, Vice Chair; Darneille, Ranking Member; Hargrove, Harper and Padden.

**Staff:** Kevin Black (786-7747)

---

### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Substitute Senate Bill No. 5480 as recommended by Committee on Human Services & Corrections be substituted therefor, and the substitute bill do pass.

Signed by Senators Hill, Chair; Baumgartner, Vice Chair; Honeyford, Capital Budget Chair; Hargrove, Ranking Member; Nelson, Assistant Ranking Member; Bailey, Becker, Braun, Conway, Dammeier, Fraser, Hasegawa, Hatfield, Hewitt, Keiser, Kohl-Welles, Murray, Padden, Parlette, Ranker, Rivers, Schoesler and Tom.

**Staff:** Megan Atkinson

**Background:** In 2010, the Legislature passed 2SHB 3076, which expanded the criteria for involuntary civil commitment. It provided, in part, that civil commitment would be permissible when a designated mental health professional determines that the person under

---

*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.*

investigation who has refused voluntary treatment exhibits symptoms or behavior which standing alone would not justify civil commitment, but:

- such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;
- these symptoms or behaviors represent a marked and concerning change in the baseline behavior of the respondent; and
- without treatment, the continued deterioration of the respondent is probable.

The effective date of this section of 2SHB 3076 was postponed until 2012 so that the Washington State Institute for Public Policy (WSIPP) could study how the new commitment standard was likely to affect civil commitment rates. In a two-part report published in 2011, WSIPP concluded that after implementation the rate of detention would increase from the currently prevailing rate of 40 percent of all civil commitment investigations to a rate between 45-55 percent of all civil commitment investigations, resulting in between 975 and 3104 new inpatient psychiatric admissions per year. According to WSIPP, this increase would require the development of between 48 and 193 new involuntary treatment beds across the state.

In 2011 the Legislature passed SHB 2131, which further delayed the effective date of the new commitment standard until July 1, 2015.

**Summary of Bill (Recommended Substitute):** The effective date of the sections of 2SHB 3076 yet to be enacted is accelerated from July 1, 2015 to July 1, 2014.

The Department of Social and Health Services (DSHS) must consult with stakeholders and legislative staff to ensure that monies appropriated for this legislation are spent in ways that increase involuntary commitment capacity consistent with the findings of WSIPP.

**EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (Recommended Substitute):** The effective date is shifted from January 1, 2014 to July 1, 2014.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

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

**Staff Summary of Public Testimony on Original Bill (Human Services & Corrections):**  
PRO: This bill is an effort to put urgency into the implementation of the good policy we passed several years ago. We can be creative and use less expensive approaches to implementation such as integrating community services and supports. We opposed the delay in 2011; we continue to believe that lives depend on this policy decision. We support efforts to be creative. My son was not able to be committed because beds were full and he committed suicide the next day. I believe if this bill were implemented and more funding

provided, he would be alive today. This measure is a positive step towards making vulnerable citizens safe and it will save lives.

OTHER: We believe in treatment and early intervention. We are concerned about funding and the backups in emergency rooms. We will be stuck if we do not receive funds for infrastructure and staffing.

**Persons Testifying (Human Services & Corrections):** PRO: Senator Keiser, prime sponsor; Seth Dawson, National Alliance on Mental Illness (NAMI), NAMI WA; Lorena Taylor-McPhail, NAMI.

OTHER: Gregory Robinson, WA Community Mental Health Council; Abby Murphy, WA Assn. of Counties.

**Staff Summary of Public Testimony (Ways & Means):** PRO: There have been concerns about the funding for increased caseloads; additional funding is needed to support the expansion. There are not enough beds in the system. The mental health system is as broken as I have ever seen it. We need the changes in this law to get people treatment earlier, when they need it, and before the crisis hits. We support the changes in the detention and commitment standards that were passed in 2010. Hospitals and jails are over-crowded with people who are not getting needed treatment. If you would appropriate the funding needed, we would support moving up the date. This is a priority, the original extension was opposed. We do not save money by not treating these individuals. We need to take into account cost avoidance. Please take into account the fiscal and human considerations. It is time for a change on how we treat the seriously mentally ill. A critical component of making this bill work is having sufficient resources in the community. DSHS is proposing evidence-based, intensive community programs. We have an infrastructure problem on actually implementing this bill.

OTHER: We spend a lot of time and resources treating people in the hospitals. It is demoralizing to see someone you just spent a year treating come back into care because they didn't get the support in the community they needed. We could fully support the bill if the fiscal note is funded.

**Persons Testifying (Ways & Means):** PRO: Seth Dawson, Eleanor Owen, NAMI; Karen Strand; Lawrence Thompson, WA Federation of State Employees; Jane Beyer, DSHS; Abby Murphy, WA Assn. of Counties.

OTHER: Rick Hertzog, WA Federation of State Employees; Gregory Robinson, citizen.