

SHB 2725 - S COMM AMD

By Committee on Ways & Means

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 71.05.150 and 2011 c 148 s 5 are each amended to read
4 as follows:

5 (1) When a designated mental health professional receives
6 information alleging that a person, as a result of a mental disorder:
7 ~~((+i+))~~ (a) Presents a likelihood of serious harm; or ~~((+ii+))~~ (b) is
8 gravely disabled; the designated mental health professional may, after
9 investigation and evaluation of the specific facts alleged and of the
10 reliability and credibility of any person providing information to
11 initiate detention, if satisfied that the allegations are true and that
12 the person will not voluntarily seek appropriate treatment, file a
13 petition for initial detention. Before filing the petition, the
14 designated mental health professional must personally interview the
15 person, unless the person refuses an interview, and determine whether
16 the person will voluntarily receive appropriate evaluation and
17 treatment at an evaluation and treatment facility, crisis stabilization
18 unit, or triage facility.

19 (2)(a) If a designated mental health professional decides not to
20 file a petition, an immediate family member of the person may petition
21 the superior court for review of the designated mental health
22 professional's decision. The immediate family member shall serve, or
23 cause to be served, a notice of the petition on the designated mental
24 health professional. As soon as possible, but no longer than twenty-
25 four hours after receiving notice of the petition, the designated
26 mental health professional shall provide the court with a written
27 explanation of the basis for the decision not to file a petition and a
28 copy of the information collected during the investigation under
29 subsection (1) of this section. If upon review of the designated
30 mental health professional's decision the judge finds that there is

1 probable cause to support a petition for initial detention and that the
2 person has refused or failed to accept appropriate evaluation and
3 treatment voluntarily, taking into consideration any information
4 provided by the immediate family member, the court may enter an order
5 for initial detention under subsection (3) of this section.

6 (b) For purposes of this section, "immediate family member" means
7 a spouse, domestic partner, child, stepchild, parent, stepparent,
8 grandparent, or sibling.

9 (3)(a) An order to detain to a designated evaluation and treatment
10 facility for not more than a seventy-two-hour evaluation and treatment
11 period may be issued by a judge of the superior court upon request of
12 a designated mental health professional, whenever it appears to the
13 satisfaction of a judge of the superior court:

14 (i) That there is probable cause to support the petition; and

15 (ii) That the person has refused or failed to accept appropriate
16 evaluation and treatment voluntarily.

17 (b) The petition for initial detention, signed under penalty of
18 perjury, or sworn telephonic testimony may be considered by the court
19 in determining whether there are sufficient grounds for issuing the
20 order.

21 (c) The order shall designate retained counsel or, if counsel is
22 appointed from a list provided by the court, the name, business
23 address, and telephone number of the attorney appointed to represent
24 the person.

25 ~~((+3))~~ (4) The designated mental health professional shall then
26 serve or cause to be served on such person, his or her guardian, and
27 conservator, if any, a copy of the order together with a notice of
28 rights, and a petition for initial detention. After service on such
29 person the designated mental health professional shall file the return
30 of service in court and provide copies of all papers in the court file
31 to the evaluation and treatment facility and the designated attorney.
32 The designated mental health professional shall notify the court and
33 the prosecuting attorney that a probable cause hearing will be held
34 within seventy-two hours of the date and time of outpatient evaluation
35 or admission to the evaluation and treatment facility. The person
36 shall be permitted to be accompanied by one or more of his or her
37 relatives, friends, an attorney, a personal physician, or other
38 professional or religious advisor to the place of evaluation. An

1 attorney accompanying the person to the place of evaluation shall be
2 permitted to be present during the admission evaluation. Any other
3 individual accompanying the person may be present during the admission
4 evaluation. The facility may exclude the individual if his or her
5 presence would present a safety risk, delay the proceedings, or
6 otherwise interfere with the evaluation.

7 ~~((4))~~ (5) The designated mental health professional may notify a
8 peace officer to take such person or cause such person to be taken into
9 custody and placed in an evaluation and treatment facility. At the
10 time such person is taken into custody there shall commence to be
11 served on such person, his or her guardian, and conservator, if any, a
12 copy of the original order together with a notice of rights and a
13 petition for initial detention.

14 NEW SECTION. **Sec. 2.** (1) The department of social and health
15 services shall contract with the Washington state institute for public
16 policy for a comprehensive assessment of the utilization and capacity
17 needs of crisis mental health services. The study shall include, but
18 not be limited to:

19 (a) An update to statewide utilization and capacity figures for
20 evaluation and treatment facilities, inpatient psychiatric beds, and
21 regional support network-funded crisis facilities, including an
22 estimate of the effect of the implementation of chapter 280, Laws of
23 2010 and chapter 335, Laws of 2013 on the capacity of the involuntary
24 commitment system. The department shall work with the institute as
25 needed on data collection procedures necessary to identify commitments
26 associated with newly implemented standards;

27 (b) A longitudinal study of outcomes and public costs for adults
28 receiving regional support network-funded crisis response services
29 compared to adults evaluated for involuntary commitment who are not
30 subsequently committed, and adults who receive a seventy-two hour
31 involuntary commitment. Outcomes may include subsequent jail bookings
32 or convictions, use of publicly funded medical care, and deaths; and

33 (c) The extent to which implementation of section 1 of this act may
34 be expected to further increase the capacity needs of the involuntary
35 commitment system, including the ability of the system to absorb
36 further capacity demands. This determination must include a review of
37 practices in other states regarding third-party initiation of a civil

1 commitment petition, and an assessment of the comparative effectiveness
2 of this change compared to other alternative practices for which
3 comprehensive studies are available.

4 (2) A preliminary report must be provided by December 1, 2015, and
5 a final report by December 1, 2016.

6 NEW SECTION. **Sec. 3.** If specific funding for the purposes of this
7 act, referencing this act by bill or chapter number, is not provided by
8 June 30, 2014, in the omnibus appropriations act, this act is null and
9 void.

10 NEW SECTION. **Sec. 4.** Section 1 of this act takes effect July 1,
11 2017."

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12 On page 1, line 2 of the title, after "act;" strike the remainder
13 of the title and insert "amending RCW 71.05.150; creating new sections;
14 and providing an effective date."

EFFECT: Delays the effective date until July 1, 2017, and requests WSIPP to review the effect of recent legislation on the capacity needs of the involuntary treatment system; public costs and outcomes for adults receiving RSN crisis response compared to involuntary commitments on individuals who are not subsequently committed; and the extent to which implementation of this bill is expected to increase capacity needs, and to provide recommendations how to meet increased involuntary commitment capacity needs, if any, in a cost-effective manner.

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