

HOUSE BILL REPORT

SHB 1314

As Passed Legislature

Title: An act relating to veteran diversion from involuntary commitment.

Brief Description: Concerning veteran diversion from involuntary commitment.

Sponsors: House Committee on Civil Rights & Judiciary (originally sponsored by Representatives Young, Lovick, Dufault, Hackney, Bateman, Rule, Lekanoff, Pollet and Callan).

Brief History:

Committee Activity:

Civil Rights & Judiciary: 2/2/21, 2/12/21 [DPS].

Floor Activity:

Passed House: 3/7/21, 98-0.

Passed Senate: 4/10/21, 49-0.

Passed Legislature.

Brief Summary of Substitute Bill

- Requires a facility to inquire about a person's veteran's status after arrival in a behavioral health facility and coordinate with Veteran's Health Administration facilities if the person is a veteran or eligible for veteran's services.

HOUSE COMMITTEE ON CIVIL RIGHTS & JUDICIARY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Hansen, Chair; Simmons, Vice Chair; Walsh, Ranking Minority Member; Gilday, Assistant Ranking Minority Member; Graham, Assistant Ranking Minority Member; Abbarno, Davis, Entenman, Goodman, Kirby, Klippert, Orwall, Peterson, Thai, Valdez, Walen and Ybarra.

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

Staff: Ingrid Lewis (786-7289).

Background:

Under the Involuntary Treatment Act, a person may be committed by a court for involuntary treatment if he or she, due to a behavioral health disorder, poses a likelihood of serious harm or is gravely disabled and will not consent to voluntary treatment.

Designated crisis responders (DCR) are responsible for investigating and determining whether a person may be in need of involuntary treatment. A person may be detained by a DCR for up to 120 hours without a court order under emergency circumstances when the DCR receives information that a person presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled. Additionally, a law enforcement officer may take a person meeting the emergency detention standard into custody and immediately deliver him or her to a crisis stabilization unit, evaluation and treatment facility, emergency department, triage facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. When a person is taken to a facility on an emergent detention, he or she may be held in the facility for up to 12 hours for a DCR investigation, provided that they must be examined by a mental health professional or chemical dependency professional within three hours of arrival, not counting time periods prior to medical clearance.

Summary of Substitute Bill:

During the 12-hour period in which a person may be held in a facility for evaluation by a DCR, the facility must inquire into the person's veteran status or eligibility for veteran's benefits. If the person identifies as a veteran or is eligible for veteran's status, the facility must ask the person whether he or she would be amenable to treatment by the Veteran's Health Administration (VHA), and the information must be shared with the DCR. If amenable, the DCR must first refer the person to the VHA for behavioral health treatment at a facility that meets the person's needs. If accepted for treatment at a VHA facility, the DCR, the VHA, and the facility where the person is located will coordinate transport to the VHA facility.

Appropriation: None.

Fiscal Note: Available.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 2, relating to behavioral health integration, which takes effect July 1, 2026.

Staff Summary of Public Testimony:

(In support) Many veterans find themselves involved in the complicated involuntarily commitment system in facilities that do not understand the behavioral health options available through the federal VHA. There is a possibility to divert veterans from the involuntary treatment system if the DCR can coordinate with other facilities. This will increase coordination between the VHA and other behavioral health providers and would help connect a veteran in need to a provider that may be better equipped to address their needs.

(Opposed) This bill requires mandatory notification of private and confidential matters. The facility would be calling a person's former employer to inform them that an employee has behavioral health issues. Many veterans do not want anything to do with the VHA and have been traumatized by the system. They should not be mandated to receive services there.

(Other) Language should be clarified to ensure that a veteran retains their right to choose where to receive treatment instead of forcing them to utilize the VHA system. There are very few VHA facilities, and a person may be moved far away from their support network. Sometimes the VHA system does not communicate in a timely manner with other facilities.

Persons Testifying: (In support) Representative Young, prime sponsor; Mike Brandstetter, City of Lakewood; and Katie Kolan, Washington State Hospital Association.

(Opposed) Kari Reardon, Washington Defenders Association and Washington Association of Criminal Defense Attorneys.

(Other) Juliana Roe, Washington State Association of Counties; and Bob Cooper, National Association of Social Workers Washington Chapter.

Persons Signed In To Testify But Not Testifying: Donald Bremner.