

HOUSE BILL REPORT

SSB 5562

As Reported By House Committee On:
Children & Family Services

Title: An act relating to the involuntary commitment of mentally ill persons.

Brief Description: Revising provisions relating to the involuntary commitment of mentally ill persons.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Long, Prentice, Wojahn and Deccio).

Brief History:

Committee Activity:

Children & Family Services: 4/3/97, 4/4/97 [DP].

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: Do pass. Signed by 10 members: Representatives Cooke, Chairman; Bush, Vice Chairman; Tokuda, Ranking Minority Member; Kastama, Assistant Ranking Minority Member; Ballasiotes; Carrell; Dickerson; Gombosky; McDonald and Wolfe.

Staff: Douglas Ruth (786-7134).

Background: Under current law, a person may be taken into custody for an involuntary 72-hour evaluation and treatment period for a mental disorder. The person may be detained if he or she presents a likelihood of serious harm to self or others, or to the property of others, or if he or she is gravely disabled. If the person is at a hospital, the hospital staff may hold the person for up to six hours while the designated county medical health professional is notified. Once the person is admitted to a facility for evaluation, a court must hold a probable cause hearing within the 72 hours.

The person's detention in a mental health facility may be extended for an additional 14 days of involuntary intensive treatment or 90 days of less restrictive treatment.

Upon expiration of the 14-day period, and after a full court hearing, the person may be committed for up to 90 days, or up to 180 days under certain circumstances.

Upon expiration of the 90- or 180-day period, a new hearing can be held for commitment of 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 (1) a likelihood of serious harm– to himself or herself or others, or to the property of others, or (2) the person is gravely disabled.

When a person has been in involuntary treatment and then conditionally released or placed in a less restrictive commitment, the person can be rehospitalized if the person violates the terms and conditions of the release, or there is a substantial deterioration in the person’s functioning.–

Summary of Bill: The definitions in the civil commitment statute are alphabetized, gender references are changed, and references to the definition of likelihood of serious harm– are clarified.

For the purposes of determining whether an individual’s confinement should be continued in a less restrictive alternative commitment beyond the 90-day period, a court should give great weight to evidence of repeated hospitalizations or law enforcement interventions because of the person’s mental illness.

Persons who are conditionally released from involuntary treatment, or are in a less restrictive alternative, can be rehospitalized for a new commitment hearing when there is evidence of "substantial decompensation– or likelihood of serious harm.– These standards are essentially the standards used for the original 14-day commitment.

Law enforcement officers are authorized to take a person suspected of being mentally ill to hospital emergency rooms.

The time period during which hospital staff may hold a person while they notify the county designated mental health professional is clarified. The time period begins once the staff determines that an evaluation by the county designated mental health professional is necessary.

The Joint Legislative Audit and Review Committee is directed to perform an evaluation of the effect of this bill.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: In some jurisdictions, a mentally ill person's condition must completely deteriorate before a court will rehospitalized the person. This occurs because some courts and county mental health professionals do not consider the person's past actions in determining whether the person should be rehospitalized. This creates a revolving door– for treatment. People are committed, placed in a lesser restrictive environment, then allowed to deteriorate, are released or conditionally released, and then must be rehospitalized once again after their conditions have completely deteriorated. For the small number of individuals subject to this circular process, the result is that they are on the verge of suicide or have assaulted several people before they are returned to treatment. This is one reason the United States has more mentally ill persons in jails and prisons than any other country. This recycling process harms the patients. Some mentally ill patients have committed suicide while on lesser restrictive treatment. Other personal experiences show that each time a person goes through this cycle, his or her condition worsens. The courts and the county mental health professionals need a clear message that prior acts are relevant to making recommitment decisions. The bill would allow rehospitalization prior to the point when the person's condition is worsened and they commit overt, harmful acts.

Testimony Against: None.

Testified: Senator Jeanine Long, prime sponsor; Lyle Quasim, Department of Social and Health Services (pro); Jann Hoppler, Department of Social and Health Services (pro); Eleanor Owen, Washington Advocates for the Mentally Ill (pro); Jerrie and Al Drinkwine, parents (pro); Mary Chisman, SKAMI (pro); Preston Hess, Snohomish County Mental Health Involuntary Treatment (pro); Carolyn Hale, parent (pro); Gerald Smith, King County Prosecutor's Office (pro); Andrew Borland, M.D., Washington State Association of Community Psychiatrists (pro); Dan Bilson, NWAMI (pro); and Susan Richert, Washington Alliance for the Mentally Ill (pro).