

SENATE BILL REPORT

SSB 6554

As Passed Senate, February 15, 2000

Title: An act relating to less restrictive alternative mental health commitments.

Brief Description: Changing provisions relating to mental health commitments.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Long, Hargrove, Costa and Winsley).

Brief History:

Committee Activity: Human Services & Corrections: 2/1/2000 [DPS].
Passed Senate, 2/15/2000, 47-0.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 6554 be substituted therefor, and the substitute bill do pass.

Signed by Senators Hargrove, Chair; Costa, Vice Chair; Franklin, Long, Stevens and Zarelli.

Staff: Fara Daun (786-7459)

Background: In 1997, the Legislature stated a policy to require courts to give great weight to a prior history and pattern of mental decompensation in certain circumstances. In subsequent years, the Legislature has enacted further provisions to address the public safety concerns and treatment needs of persons who are repeatedly committed as a danger to self or others and required the court to give great weight to a person's past history of dangerousness in determining whether to commit him or her.

In 1999, the Court of Appeal reviewed the case of R.W., who was convicted of second degree assault of a psychiatric nurse. Following his release from confinement on the assault, he was sent directly to Western State for mental health evaluation. He was then committed for 14 days. This was his thirteenth commitment. At the end of the 14 days, a petition for 90 day inpatient treatment was filed and the jury was instructed to give great weight to his prior history and pattern of decompensation and police interventions. R.W. appealed and the court held that the jury instruction was an improper comment on the evidence because the statute used as authority was a legislative intent section and not a substantive law section.

Summary of Bill: In determining whether an inpatient or a less restrictive alternative is appropriate, the court must give great weight to the person's prior history or pattern of decompensation resulting in repeated hospitalizations or repeated police interventions.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: Many people that county designated mental health professionals see are those that epitomize the revolving door reputation of mental health services. This bill will help break the cycle and will be cost effective because detention is the most expensive and least effective part of the commitment process and this will minimize detention time treatment and maximize treatment time.

Testimony Against: There are no definite time frames for looking back at the history and would suggest a three-year window. Objection to psychiatric medications with a belief that the term decompensation is really a term used to compel people to stay on dangerous drugs and a better description would be withdrawal because it could not be used against a person. The state could be doing more for the mentally ill.

Testified: Pat Terry, Acting Director Mental Health Division, DSHS (pro); Anthony O’Leary, Washington Association of County Designated Mental Health Professionals (pro); Andrea Stephenson, The Empower Alliance (concerns); Richard Warner, Citizens’ Commission of Human Rights (con).