

HOUSE BILL REPORT

ESSB 6665

As Reported by House Committee On:
Human Services

Title: An act relating to the intensive case management and integrated response pilot programs.

Brief Description: Regarding the intensive case management and integrated crisis response pilot programs.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Hargrove, Stevens and Marr).

Brief History:

Committee Activity:

Human Services: 2/25/08, 2/26/08 [DPA].

**Brief Summary of Engrossed Substitute Bill
(As Amended by House Committee)**

- Authorizes the designated crisis responder for the integrated crisis response pilot program to seek a court order for 60-day less restrictive treatment with conditions upon completion of 14-day involuntary treatment.
- Authorizes the designated crisis responder for the integrated crisis response pilot program to seek a court order for an additional 14-day involuntary commitment if the respondent fails to meet conditions of a court-ordered less restrictive treatment.
- Extends the integrated crises response and intensive case management pilot programs until June 30, 2009.
- Requires the Washington State Institute for Public Policy to submit an interim report evaluating the pilot programs by June 2008 and extends the deadline for the final report until June 2010.
- Allows the Department of Social and Health Services to contract with additional counties or regional support networks for additional sites for the intensive case

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management and integrated crises response pilot programs subject to funding for that specific purpose.

HOUSE COMMITTEE ON HUMAN SERVICES

Majority Report: Do pass as amended. Signed by 7 members: Representatives Dickerson, Chair; Roberts, Vice Chair; Ahern, Ranking Minority Member; Walsh, Assistant Ranking Minority Member; Darneille, McCoy and O'Brien.

Minority Report: Do not pass. Signed by 1 member: Representative Bailey.

Staff: Linda Merelle (786-7092).

Background:

The House Human Services Committee passed a companion bill, HB 2784, during the 2008 session. That bill, as passed by the committee, extended both the intensive case management and the involuntary treatment pilot programs (pilot programs) until June 30, 2009, required the Washington State Institute for Public Policy (WSIPP) to submit an additional interim report by June 2008, and extended the deadline for its final report until June 2010. The bill passed by the House did not address the new legislation which is proposed by the Senate bill.

In 2005 the Legislature passed ES2SSB 5763, the Omnibus Treatment of Mental and Substance Abuse Disorders Act. In addition to other items, this legislation established two different types of pilot programs designed to serve persons with mental illness and/or chemical dependency. Under the original legislation, the pilot programs were set to expire as of June 30, 2008.

Pilot Programs

Intensive Case Management for Chemically Dependent/High Utilization of Crisis Services

Provides intensive case management for chemically dependent persons with history of high utilization of crisis services. Case managers perform outreach services and connect individuals to treatment, housing, and support services. The two sites are King County and Thurston/Mason counties.

Involuntary Treatment – Chemical Dependency and/or Mental Disorder

These pilot projects are for adults with chemical dependency, mental disorder, or both. With training, staff, and resources, they provide 24-hour services, seven days per week, for both integrated services and secure detoxification services in two pilot areas: Sedro Woolley and Pierce County. They authorize the use of civil commitment options similar to those available under the mental health statutes.

Summary of Amended Bill:

As with HB 2784, the pilot programs are extended by one year until June 30, 2009. In addition, the Department of Social and Health Services may contract for additional pilot program sites, subject to funding for that specific purpose. The WSIPP is required to submit an additional preliminary evaluation of the pilot programs by June 30, 2008, and the deadline for the final evaluation report is due by June 30, 2010.

The Senate bill differs from the House bill in that it allows the designated crisis responder for the integrated crisis response pilot program to petition the court for less restrictive treatment in addition to the 14-day involuntary commitment currently authorized under the statute. The petitioner must show by clear, cogent, and convincing evidence that the further less restrictive treatment is necessary, and the court may order less restrictive treatment with conditions where a treatment provider has agreed to supervise the individual pursuant to such conditions.

If the individual does not abide by the conditions of the less restrictive order, the treatment provider or the designated crisis responder may petition the court for an additional 14-day involuntary commitment, tantamount to a revocation of the less restrictive treatment alternative. If, after a hearing, the court finds that the individual has violated conditions, it may order the involuntary commitment or may allow the individual to continue with the less restrictive treatment under the same or modified conditions. Upon completion of the 14-day involuntary commitment, as a result of a revocation, the designated crisis responder can again seek a 60-day less restrictive treatment alternative with conditions.

Amended Bill Compared to Engrossed Substitute Bill:

The Senate substitute bill as amended by the House removes the authorization to forcefully administer antipsychotic medication to persons who have been detained pursuant to a 14-day involuntary commitment and who refuse such treatment.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support) The designated crisis responders do not feel that there will be an additional work load as a result of this bill. They are not looking for additional funding on the mental health side. This bill provides an opportunity to serve a population that has fallen through the cracks. The less restrictive alternative is a cost-savings provision. By having these additional incentives and accountability, we can hopefully reduce the requirement for emergency services. The pilot programs in this bill are improving the quality of life and improve cost savings. The provisions in this bill are the result of working two years with the pilots. The pilot projects are not asking for additional funding for the less restrictive treatment alternative.

(Opposed) None.

Persons Testifying: Margaret Rojas, North Sound Mental Health Administration; Larry Van Dyke, North Cascades Secure Detox; Dave Stewart, Pierce County Human Services; and Doug Allen, Department of Social and Health Services, Division of Alcohol and Substance Abuse.

Persons Signed In To Testify But Not Testifying: None.