

HOUSE BILL REPORT

HB 1170

As Reported by House Committee On:
Judiciary

Title: An act relating to triage facilities.

Brief Description: Concerning triage facilities.

Sponsors: Representatives Roberts, Hope, Dickerson, Dammeier, Green, Rolfes, Haigh, Appleton, Walsh, Ormsby, Darneille and Kenney.

Brief History:

Committee Activity:

Judiciary: 1/31/11, 2/3/11 [DPS].

Brief Summary of Substitute Bill

- Adds triage facilities to the types of facilities to which a law enforcement officer may take a person who is suffering from a mental disorder for short-term detention and evaluation.
- Defines "triage facility" as a short-term, non-medical facility designed to assess and stabilize a person or determine the need for involuntary commitment of the person.

HOUSE COMMITTEE ON JUDICIARY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Pedersen, Chair; Goodman, Vice Chair; Shea, Assistant Ranking Minority Member; Chandler, Eddy, Frockt, Kirby, Klippert, Nealey, Orwall, Rivers and Roberts.

Staff: Edie Adams (786-7180).

Background:

The Involuntary Treatment Act provides requirements and procedures for the detention and civil commitment of persons with mental disorders. Generally, a person may be involuntarily

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detained for mental health assessment or treatment only under court order. However, in emergency circumstances, persons may be detained without a court order.

Emergency Detention.

A person may be taken into custody and detained in an evaluation and treatment facility for up to 72 hours without a court order under emergency circumstances when a designated mental health professional receives information that the person, as a result of a mental disorder, presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled. "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.

Law Enforcement Detention Authority.

Law enforcement officers have authority under certain circumstances to take into custody and deliver a person with a mental disorder to a facility for short-term detention for assessment and evaluation of the need for further detention.

When a peace officer has reasonable cause to believe a person is suffering from a mental disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled, the officer may take the person into custody and deliver the person to a crisis stabilization unit, evaluation and treatment facility, or emergency department of a local hospital. A person brought to one of these facilities by a peace officer may be held for up to 12 hours, as long as the person is evaluated within three hours of arrival. The designated mental health professional must determine within 12 hours whether the person meets criteria for detention, and if so, must file a petition for detention of the person.

When a police officer has reasonable cause to believe that an individual known to have a mental disorder has committed a non-felony crime that is not a serious offense, the officer may take the individual to a crisis stabilization unit, refer the individual to a mental health professional for evaluation under the mental health commitment statutes, or release the individual upon agreement to voluntary participation in outpatient treatment. If the individual is taken to a crisis stabilization unit, the person may be detained for up to 12 hours if the person is evaluated within the first three hours of arrival.

Crisis Stabilization Units.

In 2007 legislation was enacted creating crisis stabilization units as a type of facility to which law enforcement officers could take individuals suffering from mental disorders for up to 12-hour detention. A crisis stabilization unit is defined as a short-term facility for individuals who are experiencing an acute crisis and who need to be assessed, diagnosed, and provided short-term treatment. The Department of Social and Health Services (DSHS) certifies and establishes minimum standards for crisis stabilization units.

Summary of Substitute Bill:

"Triage facilities" are added to the types of facilities to which a law enforcement officer may take an individual whom the officer has reasonable cause to believe is suffering from a mental disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled, or whom the officer knows has a mental disorder and has reasonable cause to believe has committed a non-felony offense that is not a serious offense.

"Triage facility" is defined as a short-term facility or portion of a facility that operates as a non-medical facility designed to assess and stabilize an individual or determine the need for involuntary commitment of an individual. Triage facilities must be licensed by the Department of Health (DOH) and certified by the DSHS and meet DOH residential treatment facility standards. The DSHS must work with the Washington Association of Counties and the Washington Association of Sheriffs and Police Chiefs in developing regulations on certification standards for triage facilities. The regulations may not require triage facilities to provide 24-hour nursing.

Facilities providing triage services as of the effective date of the act will not be required to relicense or recertify under any new regulations governing licensure or certification of triage facilities.

Substitute Bill Compared to Original Bill:

The substitute bill added the provisions specifying that triage facilities are non-medical facilities and that DSHS regulations governing triage facilities may not require 24-hour nursing. The substitute bill also added the requirement that DSHS work with the Washington Association of Counties and the Washington Association of Sheriffs and Police Chiefs in developing triage facility regulations, and the exemption from any new triage facility regulations for facilities currently providing triage services.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) This bill is an example of the growing partnership between law enforcement agencies and the mental health community. We want to provide people who are suffering from mental illness with the help they need in the most cost-effective manner. Triage facilities are a lower acuity, less costly alternative to crisis stabilization units, evaluation and treatment facilities, or hospital emergency rooms. They will provide a benefit to the individual person while reducing the impact on jails and local hospitals.

The Legislature passed a law a few years ago that allows law enforcement to take people who are known to suffer from mental disorders to an evaluation facility rather than taking them first to jail. The problem is that there are not any facilities for law enforcement to use. Authorizing the use of triage facilities will allow us to divert these individuals out of jails and into an appropriate facility. This is a less restrictive and less penal alternative for people with mental illness, and it keeps jail space open for people who truly belong there. It would be beneficial to add criminal trespass and harassment to the offenses that this applies to because these are common offenses charged against persons who may be decompensating.

(Opposed) None.

Persons Testifying: Representative Roberts, prime sponsor; Ken Stark, Snohomish County; Seth Dawson, National Alliance on Mental Illness; Tom McBride, Washington Association of Prosecuting Attorneys; and Bob Cooper, Washington Association of Criminal Defense Lawyers and Washington Defender Association.

Persons Signed In To Testify But Not Testifying: None.