

FINAL BILL REPORT

SHB 2131

C 6 L 11 E2

Synopsis as Enacted

Brief Description: Delaying implementation of certain provisions related to evaluations of persons under the involuntary treatment act.

Sponsors: House Committee on Ways & Means (originally sponsored by Representatives Dickerson and Hunter; by request of Department of Social and Health Services).

House Committee on Ways & Means

Background:

Under the state's Involuntary Treatment Act (ITA), a person can be detained and ordered to undergo treatment at an inpatient psychiatric facility when the person, as a result of a mental disorder, presents a likelihood of serious harm or is gravely disabled. Designated Mental Health Professionals (DMHPs) are responsible for investigating and determining whether to detain an individual thought to require involuntary treatment. An initial detention may last up to three days. Under certain criteria, individuals can be committed by a court for additional periods of 14, 90, or 180 days for further treatment.

Legislation enacted in 2010 expanded factors that DMHPs and courts may consider when making determinations for detention and commitment under the ITA. Under these new provisions, a DMHP must consider all reasonably available evidence from credible witnesses with significant contact and history of involvement with the person regarding the historical behavior of the person, prior commitments or recommendations for evaluation, and prior determinations of incompetency or insanity. Credible witnesses are defined as family, landlords, neighbors, and others with significant contact and history of involvement with the person. The 2010 act additionally provides that, in determining whether to detain or commit, DMHPs and the courts may consider symptoms and behavior that standing alone would not justify commitment, but that show a marked deterioration in the person's condition and are closely associated with symptoms and behavior that led to past incidents of involuntary hospitalization or violent acts. The 2010 act set January 1, 2012, as the effective date for these changes.

The 2010 Supplemental Operating Budget provided funding for the Washington State Institute for Public Policy (WSIPP) to complete an assessment of: (1) the extent to which the number of persons involuntarily committed for three, 14, and 90 days is likely to increase as

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

a result of the revised commitment standards; (2) the availability of community treatment capacity to accommodate that increase; (3) strategies for cost-effectively leveraging state, local, and private resources to increase community involuntary treatment capacity; and (4) the extent to which increases in involuntary commitments are likely to be offset by reduced utilization of correctional facilities, publicly funded medical care, and state psychiatric hospitalizations. The WSIPP study estimates that the expanded criteria could result in a significant increase in the number of involuntary commitments. The study also estimated that between 48 and 193 additional beds would be needed in community and state psychiatric treatment facilities in order to accommodate the need.

Summary:

The January 1, 2012, effective date for Designated Mental Health Professionals (DMHPs) and the courts to consider additional information and factors in determining whether to detain or commit a person for involuntary treatment is delayed to July 1, 2015. However, the requirement that DMHPs consider information from credible witnesses regarding prior commitments or recommendations for evaluation and prior determinations of incompetency or insanity when making detention decisions will take effect January 1, 2012.

Votes on Final Passage:

Second Special Session

House	94	0
Senate	47	1

Effective: December 20, 2011
January 1, 2012 (Section 2)