

HOUSE BILL REPORT

HB 1777

As Reported by House Committee On:

Judiciary
Appropriations

Title: An act relating to accelerating expansion of mental health involuntary commitment laws.

Brief Description: Accelerating changes to mental health involuntary commitment laws.

Sponsors: Representatives Green, Reykdal, Ryu, Morrell, Roberts, Fey, Pollet and McCoy.

Brief History:

Committee Activity:

Judiciary: 2/19/13, 2/21/13 [DPS];

Appropriations: 2/28/13, 3/1/13 [DP2S(w/o sub JUDI)].

Brief Summary of Second Substitute Bill

- Accelerates implementation of provisions of 2010 legislation that expanded the factors that may be considered for detaining and committing persons under the Involuntary Treatment Act, from July 1, 2015, to July 1, 2014.

HOUSE COMMITTEE ON JUDICIARY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Pedersen, Chair; Hansen, Vice Chair; Rodne, Ranking Minority Member; O'Ban, Assistant Ranking Minority Member; Goodman, Hope, Jinkins, Kirby, Klippert, Nealey, Orwall, Roberts and Shea.

Staff: Edie Adams (786-7180).

Background:

Under the 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 who may be in need of involuntary treatment. An initial detention may last for

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up to 72 hours, but individuals may be committed by a court for additional periods of 14, 90, or 180 days if necessary for further treatment.

Legislation enacted in 2010 (Second Substitute House Bill 3076) expanded the factors that DMHPs and courts may consider when making determinations for detention and commitment under the ITA. Under these expanded factors, DMHPs and 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.

These changes were originally to take effect on January 1, 2012. In 2011 a Washington State Institute for Public Policy study of the impacts of the expanded criteria estimated that there will be a need for additional evaluation and treatment and inpatient psychiatric beds to accommodate an expected increase in the number of detentions and commitments resulting from these changes.

Legislation enacted in 2011 (Substitute House Bill 2131) delayed, until July 1, 2015, the effective date of the provisions that expanded the factors that DMHPs and courts may consider when making detention and commitment decisions.

Summary of Substitute Bill:

The July 1, 2015, effective date for implementation of the expanded factors that designated mental health professionals and the courts may consider in determining whether to detain or commit a person for involuntary treatment is moved up to July 1, 2014.

The Department of Social and Health Services (Department) must consult with stakeholders and legislative staff to ensure that moneys appropriated for implementation of the act are used in a way that increases involuntary commitment capacity consistent with the findings published in the Washington Institute for Public Policy in its two-part report "Inpatient Psychiatric Capacity in Washington State: Assessing Future Needs and Impacts."

Substitute Bill Compared to Original Bill:

The original bill established a January 1, 2014, effective date for implementation of the expanded detention and commitment factors.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 22, 2013.

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

Staff Summary of Public Testimony:

(In support) These are important changes to the standards for detaining persons under the ITA. The new standards will make it easier to intervene and provide mental health treatment to people before something bad happens. We have a crisis driven mental health system that does not meet the needs of persons suffering from mental illness. Delaying these changes means we will lose even more ground in addressing this issue. Failing to spend the funds to get people the help they need implies that the problem has gone away, when in fact it has not.

(With concerns) It is critical to have the capacity in the community before making this change. Buildings have to be developed and staffed. July 1, 2014, would be the earliest implementation date that the Department could meet. The Department is looking at alternatives to opening wards involving intensive community services.

(Other) The delayed effective date was passed because we could not afford to implement the changes. The deficit in available mental health services was made worse with recent cuts to mental health funding. Please do not succumb to the temptation to pass this bill but not fund it. That will only result in these people being boarded in hospitals because there are not enough mental health facilities to take care of them. Earlier intervention and treatment is a good thing but we currently do not have the resources to handle increased commitments. Evaluation and treatment beds and enhanced treatment services must be in place before implementing these changes.

(Opposed) It will be very challenging, if not impossible, to implement these changes by January 2014. We are already in a deep hole with two out of three patients being boarded in hospitals. Implementing these changes is the right thing to do, but we need more time, and the resources and infrastructure to make it happen.

Persons Testifying: (In support) Representative Green, prime sponsor; and Sandi Ando, National Alliance on Mental Illness.

(With concerns) Jane Beyer, Department of Social and Health Services.

(Other) Ken McComb, Washington State Hospital Association; and Gregory Robinson, Washington Community Mental Health Council.

(Opposed) Amnon Shoenfeld, King County Regional Support Network; and Abby Murphy, Washington State Association of Counties.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Judiciary. Signed by 31 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Alexander, Ranking Minority Member; Chandler, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Carlyle, Cody, Dahlquist, Dunshee, Fagan, Green, Haigh,

Haler, Harris, Hudgins, Hunt, Jinkins, Kagi, Maxwell, Morrell, Parker, Pedersen, Pettigrew, Pike, Ross, Schmick, Seaquist, Springer, Sullivan and Taylor.

Staff: Andy Toulon (786-7178).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Judiciary:

The requirement for the Department of Social and Health Services (Department) to consult with stakeholders and legislative staff to ensure that moneys appropriated for implementation of the act are used in a way that increases involuntary commitment capacity consistent with a report from the Washington State Institute for Public Policy is removed.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) The new criteria need to be on line as soon as possible. The Secretary of the Department has indicated it can meet these timelines. This will assist with some of the backlogs at the state hospitals.

This is a life and death issue and will help individuals with serious mental illnesses get help sooner rather than later and avoid tragic consequences. There are costs of implementing this bill but also costs of not implementing in terms of impacts in state hospitals, prisons, and jails. The Department has been creative in implementing this in a way that will reduce the fiscal note.

Counties administer local mental health services and the second fiscal note is representative of the cost to implement the bill.

(In support with concerns) Hospitals and emergency rooms are overcrowded with patients needing treatment that is not available. The fiscal note outlines a range of community treatment options and beds that would address resource issues. If resources are appropriated in accordance with the fiscal note, it would support moving up the date.

(Opposed) None.

Persons Testifying: (In support) Representative Green, prime sponsor; Seth Dawson, National Alliance on Mental Illness and Washington Association for Violence Prevention; and Abby Murphy, Washington Association of Counties.

(In support with concerns) Gregory Robinson, Washington Community Mental Health Council.

Persons Signed In To Testify But Not Testifying: None.