

SENATE BILL REPORT

2SHB 1777

As of March 27, 2013

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

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

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Green, Reykdal, Ryu, Morrell, Roberts, Fey, Pollet and McCoy).

Brief History: Passed House: 3/11/13, 98-0.

Committee Activity: Human Services & Corrections: 3/25/13.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Staff: Kevin Black (786-7747)

Background: In 2010, the Legislature passed 2SHB 3076, which expanded the criteria for involuntary civil commitment. It provided, in part, that civil commitment would be permissible when a designated mental health professional determines that a person under investigation who has refused voluntary treatment exhibits symptoms or behavior which standing alone would not justify civil commitment, but:

- such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;
- these symptoms or behaviors represent a marked and concerning change in the baseline behavior of the respondent; and
- without treatment, the continued deterioration of the respondent is probable.

The effective date of this section of 2SHB 3076 was postponed until 2012 so that the Washington State Institute for Public Policy (WSIPP) could study how the new commitment standard was likely to affect civil commitment rates. In a two-part report published in 2011, WSIPP concluded that, after implementation, the rate of detention would increase from the currently prevailing rate of 40 percent of all civil commitment investigations to a rate between 45-55 percent of all civil commitment investigations, resulting in between 975 and 3104 new inpatient psychiatric admissions per year. According to WSIPP, this increase would require the development of between 48 and 193 new involuntary treatment beds across the state.

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.

In 2011, the Legislature passed SHB 2131, which further delayed the effective date of the new commitment standard until July 1, 2015.

Summary of Bill: The effective date of the expanded civil commitment standard established in 2SHB 3076 is accelerated from July 1, 2015, to July 1, 2014.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: CON: This bill will drive up mental health costs without improving outcomes for patients. Neither psychiatric treatment nor psychiatric drugs are effective in promoting recovery.

OTHER: We are able to support this bill if the appropriations are provided as identified in the fiscal note. These resources are necessary for the community to have the capacity to address additional detentions. These resources will only address new capacity demands and will not alleviate current bed shortages and boarding problems. We appreciate the previous amendments to this bill. The fiscal note proposes use of intensive outpatient services in the community in lieu of opening new state hospital beds.

Persons Testifying: CON: Ruth Martin, Citizens Commission on Human Rights.

OTHER: Gregory Robinson, WA Community Mental Health Council; Jane Beyer, DSHS.