

FINAL BILL REPORT

SSB 5456

C 334 L 13
Synopsis as Enacted

Brief Description: Concerning detentions under the involuntary treatment act.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Schlicher, Becker, Keiser, Bailey, Frockt, Cleveland, Hargrove, Darneille and McAuliffe).

Senate Committee on Human Services & Corrections
House Committee on Judiciary

Background: A person may be detained for civil commitment under the Involuntary Treatment Act (ITA) if, due to a mental disorder, the person presents a likelihood of serious harm or is gravely disabled. Mental disorder means any organic, mental or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions. Likelihood of serious harm means a substantial risk that a person will inflict physical harm on themselves, others, or the property of others. Gravely disabled means a danger of serious physical harm resulting from a failure to provide for essential human needs of health or safety, or a severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control combined with an absence of care essential for health or safety.

Detentions under the ITA are initiated by designated mental health professionals (DMHPs) employed by regional support networks. A DMHP conducting a detention investigation may initiate detention one of two ways. If the likelihood of serious harm or danger due to grave disability is imminent, the DMHP may initiate an emergency detention and cause the person to be taken into emergency custody in an evaluation and treatment facility (E&T) for up to 72 hours, excluding weekends and holidays. Detention past this 72-hour period requires filing of an additional civil commitment petition and a probable cause hearing in superior court. If the likelihood of serious harm or danger due to grave disability is not imminent, the DMHP may initiate detention for up to 72 hours in a manner similar to the process for an emergency detention, except that the DMHP's petition or sworn telephonic testimony must be reviewed in advance for probable cause and approved by a judicial officer.

A mental health professional is a licensed psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker.

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.

Summary: A DMHP must consult with an examining emergency room physician, if any, when making detention decisions under the ITA, and take serious consideration of the observations and opinions of the physician. The DMHP must document this consultation, including the physician's observations and opinion regarding whether detention is appropriate.

A DMHP who conducts an evaluation for imminent likelihood of serious harm or imminent danger due to grave disability must also evaluate the person for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention.

Votes on Final Passage:

Senate	49	0	
House	97	0	(House amended)
Senate	43	1	(Senate concurred)

Effective: July 28, 2013.