

SENATE BILL REPORT

SB 5480

As of February 17, 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: Senators Keiser, Kohl-Welles, Darneille, Nelson, McAuliffe and Kline.

Brief History:

Committee Activity: Human Services & Corrections: 2/07/13.

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 the 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 delayed the effective date of the new commitment standard until July 1, 2015, so that funding for new civil commitment beds could be secured.

Summary of Bill: The effective date of the sections of 2SHB 3076 yet to be enacted is accelerated from July 1, 2015 to January 1, 2014.

The Department of Social and Health Services must consult with stakeholders and legislative staff to ensure that monies appropriated for this legislation are spent in ways that increase involuntary commitment capacity consistent with the findings of WSIPP.

Appropriation: None.

Fiscal Note: Requested on February 1, 2013.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: This bill is an effort to put urgency into the implementation of the good policy we passed several years ago. We can be creative and use less expensive approaches to implementation such as integrating community services and supports. We opposed the delay in 2011; we continue to believe that lives depend on this policy decision. We support efforts to be creative. My son was not able to be committed because beds were full and he committed suicide the next day. I believe if this bill were implemented and more funding provided, he would be alive today. This measure is a positive step towards making vulnerable citizens safe and it will save lives.

OTHER: We believe in treatment and early intervention. We are concerned about funding and the backups in emergency rooms. We will be stuck if we do not receive funds for infrastructure and staffing.

Persons Testifying: PRO: Senator Keiser, prime sponsor; Seth Dawson, National Alliance on Mental Illness (NAMI), NAMI WA; Lorena Taylor-McPhail, NAMI.

OTHER: Gregory Robinson, WA Community Mental Health Council; Abby Murphy, WA Assn. of Counties.