

SENATE BILL REPORT

SB 5771

As of February 19, 2013

Title: An act relating to development of an evidence-based risk assessment for patients committed for involuntary treatment in Washington state.

Brief Description: Developing a risk assessment instrument for patients committed for involuntary treatment in Washington state.

Sponsors: Senators Darneille and Pearson.

Brief History:

Committee Activity: Human Services & Corrections: 2/18/13.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Staff: Kevin Black (786-7747)

Background: Adults may be involuntarily committed for mental health treatment in Washington through the civil and forensic systems. Civil involuntary commitments occur through the operation of the Involuntary Treatment Act (ITA) and are based on findings of a likelihood of serious harm or grave disability. Forensic involuntary commitments occur through the operation of criminal courts and consist of evaluations and treatment related to competency to stand trial and criminal insanity.

The Washington State Institute for Public Policy (WSIPP) carries out non-partisan research at legislative direction on issues of importance in Washington State. In 2005, WSIPP developed a static risk assessment for use among the offender population at the Department of Corrections (DOC), that was determined to provide increased predictive accuracy and objectivity compared to DOC's previous risk assessment, while being faster to implement. Since 2008, DOC has used this assessment to make classification decisions and it is now used to determine which offenders sentenced to community custody will receive active supervision after release from custody.

WSIPP's numerous other research publications include return on investment studies indicating options for investment in evidence-based programs likely to yield a positive return for taxpayers in the areas of juvenile justice, adult criminal justice, child welfare, K-12 education, children's mental health, prevention programs for children, adult mental health, substance abuse, and public health.

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 of Bill: WSIPP must develop a standardized static risk assessment instrument that assesses risk to the community and, if feasible, risk of rehospitalization for adults involuntarily committed, civilly or forensically, for mental health treatment or evaluation. The instrument must be cross-validated for use with individuals detained under the ITA or referred for evaluations or treatment related to competency to stand trial and criminal insanity.

The instrument must be designed to be used in conjunction with clinical evaluations. An initial report is due December 2013, with a final report due December 2015. The report must include a prospective study of potential to improve the static instrument by supplementing it with dynamic clinical variables by 2017.

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: PRO: We are trying to improve the ability to predict the behavior of people who leave our institutions. Through study and application of better assessment tools, we can better plan for reentry and for best application of state resources.

OTHER: We support the idea behind this bill. We think static risk assessments can only go so far and that dynamic components should be included. The intent should not be to supplant work performed at the state hospitals, but to build a more effective safety net, using the contributions of all players.

Persons Testifying: PRO: Senator Darneille, prime sponsor.

OTHER: Matt Zuvich, WA Federation of State Employees.