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## Judiciary Committee

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### HB 1288

**Title:** An act relating to directing a study of certain civil commitment practices and laws.

**Brief Description:** Directing the Washington state institute for public policy to complete a study regarding the involuntary treatment act.

**Sponsors:** Representatives Orwall, Rodne, Jinkins, Walkinshaw, Cody, Moeller, Tharinger and Gregerson.

#### Brief Summary of Bill

- Requires the Washington State Institute for Public Policy to conduct an assessment of the use of the non-emergent detention process and less restrictive alternative orders under the Involuntary Treatment Act.

**Hearing Date:** 1/29/15

**Staff:** Edie Adams (786-7180).

#### Background:

Under the Involuntary Treatment Act (ITA), a person may be detained and ordered to undergo involuntary mental health treatment if 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.

In emergency cases, the DMHP may detain a person without a court order for up to 72 hours if the likelihood of serious harm or grave disability is imminent. In non-emergency cases where the likelihood of serious harm or grave disability is not imminent, the DMHP may detain a person only upon a court order. After the initial 72-hour detention, individuals may be committed by a court for successive periods of 14, 90, and 180 days if further treatment continues to be necessary.

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*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.*

A person who is found by a court to need involuntary mental health treatment must be ordered to receive treatment in the least restrictive setting available that will meet the person's needs. Rather than ordering inpatient treatment, the court may order a 90-day less restrictive alternative (LRA) commitment as an alternative to a 14-day or 90-day inpatient commitment, and a 180-day LRA commitment as an alternative to a 180-day inpatient commitment. A LRA order might require a person to reside at a specific location, participate in outpatient treatment appointments, follow treatment recommendations, and take prescribed medications.

A LRA order may be modified or revoked upon petition of a DMHP or the Department of Social and Health Services if the court finds that the person: is failing to adhere to the terms and conditions of the order; is experiencing substantial deterioration in functioning or substantial decompensation that can be reversed by inpatient treatment; or poses a likelihood of serious harm.

**Summary of Bill:**

The Washington State Institute for Public Policy is directed to complete a study by December 1, 2015, that includes an assessment of the non-emergent detention process and an analysis of LRA orders under the ITA.

The non-emergent detention assessment must examine the number of non-emergent petitions filed in each county by year, the reasons for variation in the use of the non-emergent detention process, and models used by other states for handling non-emergent commitments.

The analysis of LRA orders must include: differences across counties in the use of LRA orders and the reasons they are or are not used; monitoring practices; and the rates of, grounds for, and outcomes of petitions for revocation or modification of LRA orders. The analysis must also include a systematic review of research literature on the effectiveness of alternatives to involuntary hospitalization and approaches used in other states to monitor and enforce LRA orders, and the costs associated with those approaches.

**Appropriation:** None.

**Fiscal Note:** Available.

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