

HOUSE BILL REPORT

HB 2541

As Reported by House Committee On:
Judiciary

Title: An act relating to less restrictive involuntary treatment orders.

Brief Description: Providing for less restrictive involuntary treatment orders.

Sponsors: Representatives Frame, Rodne, Jinkins, Walkinshaw, Riccelli, Senn, Orwall, Muri, S. Hunt, Gregerson, Sawyer, Caldier, Goodman, Haler, Hansen, Kuderer, Appleton, Kilduff, Reykdal, Rossetti, Magendanz, Ormsby, Bergquist and Stanford.

Brief History:

Committee Activity:

Judiciary: 1/26/16, 2/4/16 [DPS].

Brief Summary of Substitute Bill

- Requires a court order for less restrictive alternative (LRA) treatment to name the provider responsible for arranging services and include a requirement that the person on the LRA order participate in the arranged services, rather than requiring that the order itself list specific services.
- Requires care coordinators to submit an individualized plan to the court indicating the services a person on an LRA order is required to participate in.

HOUSE COMMITTEE ON JUDICIARY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Jinkins, Chair; Kilduff, Vice Chair; Rodne, Ranking Minority Member; Shea, Assistant Ranking Minority Member; Goodman, Haler, Hansen, Kirby, Klippert, Kuderer, Muri, Orwall and Stokesbary.

Staff: Omeara Harrington (786-7136).

Background:

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.

Under the Involuntary Treatment Act (ITA) a person may be committed by a court for involuntary mental health treatment if he or she, due to a mental disorder, poses a likelihood of serious harm, is gravely disabled, or is in need of assisted outpatient treatment.

When entering an order for involuntary mental health treatment, if the court finds that the person poses a likelihood of serious harm or is gravely disabled, but that treatment in a less restrictive alternative than detention is in the best interest of the person or others, the court must order an appropriate less restrictive course of treatment rather than inpatient treatment. If a person is found to be in need of assisted outpatient treatment, and does not pose a likelihood of serious harm and is not gravely disabled, the person may only be ordered to LRA treatment, and may not be ordered to inpatient treatment. The Department of Social and Health Services contracts with regional support networks to administer community-based mental health services to persons on LRA orders.

Legislation enacted in 2015 increased the statutory direction for LRA treatment services and amended the process for issuance of LRA orders. In entering an LRA order, the court must identify the services the person committed to the LRA will receive based on a plan proposed by the petitioning facility. The court may order additional evaluation of the person if necessary to identify appropriate services.

Less restrictive alternative treatment must include, at a minimum:

- assignment of a care coordinator;
- an intake evaluation with the LRA provider;
- a psychiatric evaluation;
- medication management;
- a schedule of regular contacts with the provider of LRA treatment services for the duration of the order;
- a transition plan addressing access to continued services at the expiration of the order; and
- an individual crisis plan.

Less restrictive alternative treatment may also include: psychotherapy, nursing, substance abuse counseling, residential treatment, and support for housing, benefits, education, and employment.

An LRA order may be modified or revoked if the person is failing to adhere to the terms and conditions of his or her release, is substantially deteriorating or decompensating, or poses a likelihood of serious harm.

Summary of Substitute Bill:

Rather than ordering specific treatment services in an LRA order, the order must name the provider responsible for planning and administering services and include a requirement that the person comply with the services planned by the provider. The services planned by the provider must adhere to the statutory requirements around mandatory and optional services for persons on LRA orders.

The care coordinator responsible for arranging treatment services for a person on an LRA order must submit an individualized plan for the person's treatment to the court as soon as possible following the intake evaluation, and again upon any subsequent modification in which a type of treatment service is removed from or added to the plan.

Substitute Bill Compared to Original Bill:

Rather than requiring care coordinators to file a revised treatment plan with the court upon any modification to the plan, care coordinators must only file a revised treatment plan if it has been modified to add or remove a type of treatment service.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Last year the Legislature created an option in which a person can be committed to outpatient treatment rather than a hospital. The underlying legislation addressed an important continuum of care concerns, as well as issues with inpatient capacity, by allowing more people to be served on an outpatient basis. Some people in a mental health crisis are better served in an outpatient setting near their existing support network. This bill refines that system. This is a technical fix to address an unintended consequence that has created a barrier to hospital discharge. The bill returns the role of treatment planning to providers. In addition, for those discharged or who never go to inpatient treatment, this helps avoid having to go to court every time there is a needed change in the treatment plan. Under the bill, changes are simply filed with the court, removing a costly and burdensome hurdle.

Some changes to the language would be helpful. Currently, if there is any "subsequent modification" to the treatment plan, a revised plan must be submitted to the court. Changing this to "substantial modification" or "substantive modification" would be preferable because treatment plans change often. It is important to keep providers and patients accountable, but sometimes changes are too insignificant to justify the additional unnecessary paperwork. Requiring filing "as soon as possible" is not specific enough.

(Opposed) None.

Persons Testifying: Representative Frame, prime sponsor; Jim Vollendroff, King County; and Cassandra Ando, National Alliance on Mental Illness Washington.

Persons Signed In To Testify But Not Testifying: None.