

FINAL BILL REPORT

SHB 2541

C 45 L 16
Synopsis as Enacted

Brief Description: Providing for less restrictive involuntary treatment orders.

Sponsors: House Committee on Judiciary (originally sponsored by 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).

House Committee on Judiciary
Senate Committee on Human Services, Mental Health & Housing

Background:

Under the Involuntary Treatment Act 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 (LRA) 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;

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- 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:

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 committed 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.

Votes on Final Passage:

House	97	0
Senate	49	0

Effective: June 9, 2016