

# SENATE BILL REPORT

## ESHB 1448

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As of March 30, 2015

**Title:** An act relating to procedures for responding to reports of threatened or attempted suicide.

**Brief Description:** Providing procedures for responding to reports of threatened or attempted suicide.

**Sponsors:** House Committee on Judiciary (originally sponsored by Representatives Riccelli, Holy, Parker, Ormsby, Caldier, Hayes, Jinkins, Walkinshaw, Gregerson, Appleton, Ryu, McBride and Shea).

**Brief History:** Passed House: 3/09/15, 93-5.

**Committee Activity:** Human Services, Mental Health & Housing: 3/17/15.

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### SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

**Staff:** Kevin Black (786-7747)

**Background:** A person may be detained for involuntary mental health treatment under the Involuntary Treatment Act (ITA) if the person, as the result of a mental disorder, presents a likelihood of serious harm or is gravely disabled and will not voluntarily accept appropriate treatment. Among other circumstances, a person poses a likelihood of serious harm if there is a substantial risk that the person will inflict physical harm upon himself or herself as evidenced by threats or attempts to commit suicide.

Designated mental health professionals (DMHPs) are responsible for investigating whether or not a person should be detained for an evaluation for involuntary mental health treatment under the ITA. DMHPs perform evaluations for involuntary commitment, but do not provide mental health services or generalized mental health evaluations.

A person who needs mental health services but does not meet involuntary commitment criteria may receive services through private insurance, or may qualify for Washington's Healthy Options Medicaid insurance plan if the person meets income standards to qualify for the program. If the person qualifies for Medicaid, and meets access to care standards, the person may receive high-intensity services through a regional support network (RSN). A person who does not qualify for Medicaid or have private insurance may receive mental health services from an RSN within the RSN's non-Medicaid appropriation, subject to the availability of funds and policies and priorities established by the RSN.

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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.*

**Summary of Bill:** A peace officer who responds to a report of threatened or attempted suicide and does not take the person into custody may note on the incident report that the person is in need of a mental health evaluation. The peace officer may otherwise contact a DMHP agency. An incident report noting a need for a mental health evaluation must be forwarded to a local DMHP agency as soon as possible and within 48 hours of entry of the incident report.

As soon as possible, but no later than 12 hours after receiving the report, a mental health agency assigned by the DMHP must attempt to contact the person to assess whether additional mental health intervention is necessary, including whether the person meets initial detention criteria under the ITA.

By January 1, 2016, law enforcement agencies must have a system in place for officers to document the need for a mental health evaluation of a person who is the subject of a report of threatened or attempted suicide as part of an incident report. The Washington State Association of Sheriffs and Police Chiefs must assist local jurisdictions with establishing systems and protocols for this task, and for establishing systems and protocols for alternative means to notify a DMHP agency in this situation. Peace officers and their employing agencies are not liable for providing or not providing notification if such action or inaction is taken in good faith and without gross negligence.

This act may be known and cited as Sheena and Chris Henderson's Law.

**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: Families know that the mental health system is broken. This bill provides a permissive tool for law enforcement to use to ensure that more people facing mental health emergencies receive the treatment they need. People who don't meet the criteria to be taken in can receive a referral for a follow up from a mental health professional.

OTHER: We support the intent of this bill, but have concerns about the timeframe in which the DMHPs are required to respond. We are happy to take these referrals and work with law enforcement to ensure that individuals are seen. The challenge is that DMHPs already have statutory timelines to meet – 12 hours to complete an initial detention evaluation in an emergency room, and we do not have enough DMHPs to consistently meet this now. More money could be used to fund more DMHPs. Please remove the timelines for the DMHPs from this bill; we should leave difficult triage decisions to the professionals. Calls to law enforcement raising suicide concerns often don't come in as a threatened or attempted suicide. Law enforcement doesn't want to be limited to making referrals in these instances. We don't want to stop or discourage officers from taking persons directly into custody when this is needed. The best place for investment is upstream in prevention efforts.

**Persons Testifying:** PRO: Representative Riccelli, prime sponsor; Jamie Daniels, WA Council of Police and Sheriffs; Gary Kennison, Kristen Otoupalik, citizens.

OTHER: Jim Vollendroff, King County; James McMahan, WA Assn. of Sheriffs and Police Chiefs.

**Persons Signed in to Testify But Not Testifying:** No one.