

SENATE BILL REPORT

SHB 2541

As of February 25, 2016

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

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).

Brief History: Passed House: 2/11/16, 97-0.

Committee Activity: Human Services, Mental Health & Housing: 2/22/16.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Staff: Kevin Black (786-7747)

Background: Under the Involuntary Treatment Act (ITA), a person may be committed by a court for involuntary mental health treatment if the person, 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 enter a less restrictive alternative order (LRA order) directing the person to receive involuntary outpatient 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.

Engrossed Second Substitute House Bill 1450, enacted in 2015, amended the process for issuance of LRA orders. In the amended law, a court entering an LRA order must identify the services the person will be required to receive based on a plan proposed by the petitioning facility. The court may order additional evaluations of the person if necessary to identify appropriate services.

Less restrictive alternative treatment must include, at a minimum:

- assignment of a care coordinator;

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- 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 Bill: A facility petitioning for an LRA order may make recommendations for less restrictive treatment, but need not submit a treatment plan. The LRA order must name the mental health service provider and require the person to cooperate with the services recommended by the provider.

The care coordinator assigned to a person subject to an LRA order must submit the service plan for the person to the court as soon as possible. A revised plan must be submitted upon any subsequent modification in which a type of service is added or removed from the plan.

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: Last year the Legislature recognized that outpatient care is a best setting for treatment for many patients. This bill provides a technical fix to avoid putting the burden of treatment planning on the hospital, which is creating a barrier to discharge. Instead, we name the provider responsible for the planning in the court order, require the patient to cooperate with treatment, and reduce trips back to court to occasions where there is a significant change to the treatment plan.

Persons Testifying: PRO: Representative Frame, prime sponsor; Michael Shaw, King County.

Persons Signed In To Testify But Not Testifying: Seth Dawson, National Alliance on Mental Illness, NAMI Washington.