
Judiciary Committee

HB 2401

Title: An act relating to suspending the evaluation, detention, and commitment of persons with a substance use disorder when secure detoxification facility beds are not available.

Brief Description: Concerning suspension of the evaluation, detention, and commitment of persons with a substance use disorder when secure detoxification facility beds are not available.

Sponsors: Representatives Jinkins, Rodne, Macri and Appleton.

Brief Summary of Bill

- Requires Designated Crisis Responders to submit a report to the Department of Social and Health Services (DSHS) when an adult meets substance use disorder (SUD) detention criteria but there are not any secure detoxification beds or treatment programs available.
- Requires the DSHS to suspend SUD evaluation, detention, and commitment services upon receipt of 60 reports submitted within any 3-month period.

Hearing Date: 1/30/18

Staff: Ingrid Lewis (786-7289).

Background:

Involuntary Mental Health Treatment.

The Involuntary Treatment Act (ITA) allows a designated mental health professional (DMHP) to detain a person when the DMHP finds that the person, as a result of a mental disorder, presents a likelihood of serious harm, is gravely disabled or is in need of assisted outpatient treatment, and that the person has refused voluntary treatment.

When a person is held for an initial evaluation for detention in an emergency room, triage facility, or crisis stabilization unit, if the person meets criteria for detention, the DMHP must

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detain the person to an evaluation and treatment facility (E&T) or release the person within six hours of the time that facility staff determines a DMHP evaluation is necessary, or within 12 hours from arrival at the facility if the person was brought in by a peace officer. An E&T is defined as any facility which can provide directly or by arrangement with other agencies emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the Department of Social and Health Services (DSHS). The DSHS contracts with behavioral health organizations (BHOs) to provide E&T services.

A DMHP must submit a report to the DSHS within 24 hours if the DMHP determines that an adult or minor meets detention criteria but there are not any E&T beds available and the person cannot be served through a single bed certification or less restrictive alternative. The DSHS must develop a standardized form for the DMHP to use to submit this report, including a list of facilities which refused to admit the person. The DSHS must promptly share reported information with the responsible BHO and require the BHO to attempt to engage the person in services and report back within seven days.

The DSHS must track and analyze these reports and initiate corrective action when appropriate to ensure each BHO has implemented an adequate plan to provide E&T services.

Involuntary Substance Use Disorder Treatment.

An adult or minor may be committed for involuntary substance use disorder (SUD) treatment upon petition of a Designated Chemical Dependency Specialist (DCDS), a hearing, and a finding by clear, cogent, and convincing evidence that the person, due to a SUD, poses a likelihood of serious harm or is gravely disabled. A petition may only be filed, and the court may only order involuntary treatment, if placement in a SUD program is available and deemed appropriate.

In some cases, a person may be detained prior to the DCDS filing for involuntary treatment. A person who is found to be incapacitated or gravely disabled by alcohol or other drugs at the time of, or following, admission to an approved treatment program may be detained for no longer than 72 hours, unless a petition is filed for involuntary commitment.

Integrated Mental Health and Substance Use Disorder Treatment Systems.

Beginning April 1, 2018, the ITA and the provisions pertaining to involuntary mental health treatment are expanded to include commitments for substance use disorders. Substance use disorder commitments will follow the same procedures, rights, requirements, and timelines as mental health commitment.

DMHPs and DCDSs are replaced by designated crisis responders (DCRs), who will be authorized to conduct mental health and substance use investigations and detain persons for up to 72 hours to the proper facility. Seventy-two-hour detentions to a secure detoxification facility or approved SUD treatment program are subject to facility or program availability.

Summary of Bill:

A designated crisis responder (DCR) is required to submit a report to the Department of Social and Health Services (DSHS) within 24 hours if the DCR determines that an adult meets substance use disorder (SUD) detention criteria but there are not any secure detoxification beds

or treatment programs available, and the person cannot be served through a single bed certification or less restrictive alternative.

The DSHS is required to suspend the operation and enforcement of provisions governing SUD evaluations, detentions, and commitments if the DSHS receives 60 reports submitted within any 3-month period. Notice of the suspension of SUD detention and commitment services must be provided to behavioral health organizations, DCRs, secure detoxification facilities, and hospitals.

Substance use disorder evaluation, detention, and commitment services may resume upon notification by the DSHS of the addition of 48 operational secure detoxification beds, to include at least one 16-bed secure detoxification facility.

The DSHS must establish notice standards and conditions for both the initiation and subsequent termination of the suspension of services.

The suspension of SUD evaluation, detention, and commitment services does not impact the provision of voluntary SUD treatment services.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect immediately, except for section 2, relating to required designated crisis responder reports when either evaluation and treatment facility beds or secure detoxification facility beds are not available, which contains an emergency clause and takes effect April 1, 2018.