

SENATE BILL REPORT

SB 5047

As Reported by Senate Committee On:
Health & Long Term Care, January 30, 2019

Title: An act relating to veteran diversion from involuntary commitment through increased coordination between the veterans administration and the department of social and health services.

Brief Description: Concerning veteran diversion from involuntary commitment through increased coordination between the veterans administration and the department of social and health services. [**Revised for 1st Substitute:** Concerning veteran diversion from involuntary commitment through increased coordination between the veterans administration and the health care authority.]

Sponsors: Senators O'Ban and Wagoner.

Brief History:

Committee Activity: Health & Long Term Care: 1/23/19, 1/30/19 [DPS, w/oRec].

Brief Summary of First Substitute Bill

- Requires a facility that holds a person for investigation of involuntary commitment to inquire as to the person's veteran status and whether the person would be amenable to treatment at a Veterans Health Administration (VHA) facility.
- Requires the designated crisis responder to arrange for the person to be transferred to a VHA facility, if there is an appropriate VHA facility available and the person is willing to accept VHA treatment in comparison with other treatment options available.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5047 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Bailey, Becker, Conway, Frockt, Keiser and Van De Wege.

Minority Report: That it be referred without recommendation.

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.

Signed by Senator Dhingra.

Staff: Kevin Black (786-7747)

Background: The Involuntary Treatment Act allows a peace officer to deliver a person to a triage facility, crisis stabilization unit, evaluation and treatment facility (E&T), secure detoxification facility (secure detox), approved substance use disorder treatment facility, or emergency department for investigation of potential detention for involuntary treatment. A facility may hold a person for up to 12 hours for this investigation, not counting time periods prior to medical clearance. Within three hours after arrival, the person must be examined by a mental health professional. Within 12 hours after arrival, a designated crisis responder (DCR) must determine if the person meets involuntary commitment criteria for continued detention for up to 72 additional hours of involuntary treatment at an E&T or secure detox.

The VHA is a division of the U.S. Department of Veteran Affairs which provides health care to qualified veterans. The VHA is the nation's largest integrated health care system, providing care at 1250 health care facilities, including 28 medical centers and outpatient clinics in the state of Washington. The VHA provides confidential mental health services which address a wide range of conditions from depression to posttraumatic stress disorder to substance use disorder services and suicide prevention. The VHA utilizes a number of innovative behavioral health services targeted at management of serious mental illness such as peer specialists, local recovery coordinators, assertive community treatment, supportive employment, and more.

Veterans generally qualify for VHA services if they served for 24 months or more of active duty and received an other-than-dishonorable discharge, although exceptions exist that may lead to waiver of the 24 month requirement.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (First Substitute): An emergency department, crisis stabilization unit, triage facility, secure detox, or E&T which holds a person for investigation of involuntary commitment must, inquire as to a person's veteran status or eligibility for veteran's benefits and, if the person appears potentially eligible, whether the person would be amenable to treatment by the VHA in comparison to other treatment options. The facility must provide this information to the DCR. If appropriate in light of all reasonably available information, the DCR must refer the person for treatment at a VHA facility capable of meeting the person's behavioral health treatment needs. If the VHA accepts the person for treatment and the person is willing to accept VHA treatment, the DCR, VHA, and facility must work to make arrangements to have the person transported to a VHA facility.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on First Substitute: PRO: This bill is important to cooperation and collaboration with the VHA so that veterans can receive the benefits available to them. There is a quick response system available to verify veteran eligibility. Without this bill, some veterans will lose the ability to be treated for mental health services at the VHA. The VA refused to admit my son because he had already been detained. He was instead boarded in regular hospitals for four months, which was less effective for him. This will help the state system by reducing demand when veterans receive care in the federal system. The 22 organizations of the Veterans Legislative Council unanimously endorse this bill. Increased coordination between the VHA and health care providers is positive. I suggest an amendment that would add flexibility to retain the veteran for local treatment where this is more appropriate.

OTHER: We support the general concept of providing additional options for less restrictive treatment for veterans. This creates an unfunded administrative burden for the designated crisis responders to determine veteran eligibility, which can be complicated. Some veterans do not want treatment through the VA. Veterans should have the option of getting treatment where they live, in alternative facilities. Transportation from remote areas of the state may be problematic and take veterans away from their home communities. Bed capacity at the VHA is a concern. Experience suggests that it is impossible and futile to get involuntary commitment patients transferred to the VHA. It will take time to complete this work. Focusing on these issues could impact the effectiveness of the commitment investigation.

Persons Testifying: PRO: Senator Steve O'Ban, Prime Sponsor; Donald Bremner, citizen; Shelly Helder, South Sound Military and Communities Partnership; Dick Marcelynas, Veterans Legislative Coalition.

OTHER: Juliana Roe, Washington State Association of Counties; Jaclyn Greenberg, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: No one.