

**INVOLUNTARY
COMMITMENT OF
MENTALLY ILL PERSONS:
STUDY OF THE IMPACT OF
SSB 5562**

BRIEFING REPORT 99-14
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REPORT DIGEST

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Involuntary Commitment Of Mentally Ill Persons: Study of the Impact of SSB 5562

This mandated study examines the general impact of SSB 5562, a bill pertaining to the involuntary commitment of mentally ill persons enacted during the 1997 Legislative Session. The intent of the bill was to provide a tool to help break what for some individuals was seen as a “revolving door” of involuntary commitment, followed by release and eventual decompensation, leading to repeated re-hospitalizations or interventions with law enforcement. The bill’s focus was quite narrow. Its main provision was the addition of a new section to the involuntary commitment statutes that provides, in part, that when considering whether to continue a less restrictive alternative commitment:

. . . great weight shall be given to evidence of a prior history of decompensation and discontinuation of treatment resulting in: (1) repeated hospitalizations; or (2) repeated peace officer interventions . . . (RCW 71.05.285)

MAJOR FINDINGS

- The Act does not appear to have contributed to an increase in the number of petitions filed or granted to extend a less restrictive alternative commitment (LRA). Although the total number of LRA extensions has gone up since the passage of SSB 5562, the increase is generally confined to only a few counties, and in those counties the increase is not generally seen as being attributable to the legislation.
- Despite the fact that the Act does not appear to have contributed to an increase in LRA extensions, it is still perceived fairly positively by the County Designated Mental Health Professional (CDMHP) supervisors who responded to a survey we conducted. (By law, CDMHPs are the only persons authorized to file a petition to extend an LRA.)

Of those expressing an opinion, slightly more than half felt the Act had been at least “somewhat successful” in contributing to reduced inpatient hospitalizations and criminal behavior. Three-quarters, however, felt the Act had been at least a “somewhat useful” tool for dealing with persons who have a history of decompensating and discontinuing treatment.

- The potential impact of the Act has likely been affected by a lack of familiarity with its provisions by key decision making individuals within the mental health system.

Five of the twenty-eight CDMHP supervisors who responded to our survey indicated they themselves were either “not very” or “not at all familiar” with the Act prior to receiving our survey.

More significantly, over 40 percent of those responding felt that other key decision making individuals within their own local systems—including mental health case managers, judges and court commissioners—were not very familiar with the Act or its provisions.

RECOMMENDATION

The study recommends that the Mental Health Division of the Department of Social and Health Services:

- a) Take steps to ensure that all counties have available all the information they need to utilize the provisions of SSB 5562, and
- b) Coordinate a discussion among all components of the mental health system to determine how key information can best be communicated and disseminated in the future.