# SB 5071: Creating Transition Teams to Assist Specified Persons under Civil Commitment

**WDA and WACDL support efforts to improve transition from a hospital setting to the community of individuals found Not Guilty by Reason of Insanity (NGRI) and those found incompetent to proceed and committed pursuant to RCW 71.05.280(3)(b), but urge amendments to the current bill.**

**WDA and WACDL recognize that release from the hospital on NGRI cases is often prolonged by the lack of complete discharge plan.** To that end, WDA and WACDL believe that coordination of care in the community is extremely important. We are concerned that "specially trained community custody officer" is not more thoroughly defined and would request that at a minimum that specially trained community corrections officer be defined as "a community corrections officer who has received additional training in working with those with behavioral health disorders, including psychotic disorders, depressive disorders, autism spectrum disorders and other developmental disorders. The community corrections office must be trained in motivational interviewing, crisis intervention, advanced crisis intervention and any other standards established by the Washington State Department of Corrections."

Language should be included to ensure that if the court finds the supervision by a community corrections officer is unnecessary given the circumstances of the case, the courts should enter affirmative findings as to why a community corrections is not necessary. If the hospital or DSHS believes those services are unnecessary, they must specifically address the issue in the request for conditional release and in any material sent to the Public Safety Review Panel.

Section 1(4)(b) should be amended to include notification to the defense attorney. We also request that "care coordinator," as included in Sec 1(4)(c), be defined.

**We appreciate that the same level attention is being afforded those found not competent to proceed and involuntarily committed pursuant to RCW 71.05.280(3)(b);** however, it is important that the same concerns that we outlined above are addressed. Specifically, the "specially trained community corrections officer" should be more thoroughly defined; that the court be able to make findings when CCO presence is not necessary for the respondent's transition; and that care coordinator be consistently defined.

**WDA and WACDL request the following amendments to the proposals in Section 4 of the bill:**

- **Do not terminate the use of the term Least Restrictive Alternative (LRA) as proposed in Section 4(1).** Many patients are familiar with the term and recognize the concept. Certainly the legislature could amend the statute as follows: "Least restrictive alternative to inpatient treatment that is court-ordered involuntary outpatient behavioral health treatment." Such an amendment will maintain the ability to use the term LRA and will provide a thorough

explanation. COIOBH is very confusing and is unnecessary to maintain the integrity of the bill.

- **Amend Section 4(1)(c)** to reference treatment as related to the basis for commitment.

***For more information, contact:***

*Neil Beaver: (509)979-9550 or neil.beaver@gmail.com;*

*Kari Reardon: (509) 477-4873 or kreardon@spokanecounty.org;*