

SB 5665: Making State Hospitals Available for Short-Term Detention and Involuntary Commitment

WDA and WACDL oppose making state hospitals available for short-term detention and involuntary commitment. State hospitals are at capacity, have been unable to admit non-forensic patients (including those with development disabilities) in a timely manner for years, and are not the remedy for this ongoing problem.

Our behavioral health system continues to be in crisis, but this proposal is not the answer to the ongoing problem. This bill fails establish regional treatment facilities with higher staff to patient ratios for acute individuals who have a history of violence. Unfortunately, passing patients to DSHS facilities does not address the fact that there is already a substantial waitlist for admission to the state hospitals.

Transporting individuals experiencing extreme trauma to a faraway state hospital is harmful and does not provide relief for the patient. As was noted during the hearing, patients are often psychiatrically boarded. Leaving those patients in a state of psychosis in an environment that is detrimental to stability is not the answer, but neither is loading someone into an ambulance for a long drive. There are only two state hospitals. A long drive is not the answer.

A state system of community housing should be created to reduce the number of individuals who are unable to leave the hospital due to lack of housing. This will make more beds available for those who have decompensated and need a hospital level of care. Lack of safe and affordable housing for discharge is a serious barrier for release for those being held in both local communities and at the state hospitals.

Lack of available robust outpatient services contributes to high-utilizer repeated decompensation. The legislature must develop a robust state system that provides actual services. A primary reason of significant decompensation is lack of continuity of care because agencies refuse to provide outpatient treatment. Until such time as the state provides services wherein the provider cannot refuse to treat a patient, people will continue to decompensate. This proposal is simply using a Band-Aid in place of tourniquet: it isn't effective.

WDA and WACDL recognize that these are longer-term solutions that do not solve the immediate problem. More must be done, but this proposal is not the answer.

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