

**SB 1522 A STAFF MEASURE SUMMARY****Carrier:** Rep. Reynolds**Joint Committee On Ways and Means****Action Date:** 03/01/24**Action:** Do Pass the A-Eng bill.**House Vote****Yeas:** 8 - Evans, Gomberg, Holvey, Mannix, McLain, Pham K, Sanchez, Valderrama**Nays:** 4 - Breese-Iverson, Helfrich, Lewis, Smith G**Exc:** 1 - Owens**Senate Vote****Yeas:** 6 - Campos, Dembrow, Frederick, Gelser Blouin, Sollman, Steiner**Nays:** 5 - Anderson, Findley, Girod, Hansell, Knopp**Fiscal:** Fiscal impact issued**Revenue:** No revenue impact**Prepared By:** MaryMichelle Sosne, Fiscal Analyst**Meeting Dates:** 2/28, 3/1**WHAT THE MEASURE DOES:**

The measure repeals statutes related to civil commitments for individuals with intellectual disabilities. Further, it prohibits state bodies from denying services to individuals with a mental illness based on a co-occurring intellectual disability. The Department of Human Services is directed to report to the interim human services committees on the elimination of civil commitment for individuals with intellectual disabilities and provide policy and budget recommendations.

**Detailed Summary:**

Prior to the repeal of civil commitments for individuals with intellectual disabilities, the Department of Human Services (DHS) must develop and implement a plan for this transition. DHS must submit a progress report on this plan by December 31, 2024, to the interim human services committees. The repeal of civil commitments and the prohibition on denying services to individuals with a mental illness based on a co-occurring intellectual disability are operative as of July 1, 2025.

**ISSUES DISCUSSED:**

- The fiscal impact of the measure
- Treatment of individuals with intellectual disabilities
- Programmatic gaps in services for individuals with both a mental illness and intellectual disability.

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

Civil commitments are court-ordered treatments for individuals with mental health or intellectual disabilities, requiring them to receive necessary treatment. The primary reasons for a civil commitment referral are being a danger to oneself or being unable to provide for their basic needs due to their mental or intellectual disability. Under certain circumstances, a judge may offer the option to receive voluntary treatment in the community, avoiding the civil commitment.

Currently, DHS manages civil commitments for individuals with intellectual disabilities, with services provided through the Medicaid-funded home and community-based services system. However, a conflict exists between the civil commitment statute and federal guidelines governing the treatment of individuals with intellectual

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disabilities. Federal guidelines require that home and community-based services should afford individuals control over their schedule and activities, and permit freedom of movement.

OHA manages civil commitments for individuals with a mental health diagnosis. Funding for these services are directed to counties, which provide community-based support for individuals with a mental health diagnosis via Mental Health Service Element 24 and The Choice Model, a program within OHA that provides mental health support while allowing independence and reducing the reliance on long-term institutional care.

As of January 2024, DHS had 19 civil commitments; 18 of these individuals had a co-occurring mental health diagnosis. The proposed measure may not lead to a reduction in involuntary commitments for individuals with intellectual disabilities. Instead, these individuals would likely be civilly committed due to their mental health diagnosis. DHS advises that most individuals with intellectual disabilities (and no mental health diagnosis) or their guardians opt for voluntary treatment, and civil commitments are infrequently sought for these individuals.