SENATE BILL REPORT ESB 5051

As Passed Senate, March 7, 2001

Title: An act relating to chemical dependency.

Brief Description: Changing provisions relating to persons incapacitated by a chemical dependency.

Sponsors: Senators Long, Hargrove, Winsley, Haugen, Stevens, Patterson, McAuliffe, Fairley and Carlson.

Brief History:

Committee Activity: Human Services & Corrections: 1/17/01 [DP].

Passed Senate: 3/7/01, 48-0.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: Do pass.

Signed by Senators Hargrove, Chair; Costa, Vice Chair; Carlson, Franklin, Hewitt, Kastama, Long and Stevens.

Staff: Fara Daun (786-7459)

Background: Current chemical dependency involuntary treatment law permits any county's designated chemical dependency specialist (DCDS) to detain a person who is gravely disabled or who presents a likelihood of serious harm for a 72-hour evaluation. However, it only allows the DCDS to file a petition for commitment to involuntary treatment on the basis that the person is incapacitated. This differs from the mental health Involuntary Treatment Act, in which a person can be committed if he or she is gravely disabled or if he or she presents a likelihood of serious harm. Under this statute, an incapacitated person is one who has his or her judgment so impaired that the person is incapable of making a rational decision about his or her need for treatment and presents a likelihood of serious harm. A person must meet both portions of the definition and the definition does not address grave disability. This has resulted in a situation where very few persons who need it receive involuntary treatment.

Summary of Bill: A DCDS may file an involuntary treatment petition either because a person is gravely disabled due to alcohol or drug abuse or because the person presents a likelihood of serious harm. The definition of incapacitated includes both gravely disabled persons and persons who present a likelihood of serious harm but only one standard must be met. The definition of likelihood of serious harm is the same as the definition in the mental health involuntary treatment statutes.

The county alcoholism and other drug addiction program coordinator may designate the county designated mental health professional to perform detention and commitment duties.

Appropriation: None.

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Fiscal Note: Requested on January 12, 2001.

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

Testimony For: Persons who are gravely disabled by alcohol and drugs cycle repeatedly through expensive emergency services and the criminal justice system without getting the treatment they need and their health declines. The 36 persons who were the highest utilizers of crisis chemical dependency services in King County represented over \$724,000 in public costs, not including police time, ambulance or sobering van services, inpatient hospital costs, county designated mental health professional (CDMHP) services, or legal services related to involuntary treatment proceedings. This legislation will remove some of the barriers to providing the needed services. If the involuntary treatment center in the Governor's budget is approved by the Legislature, that will go further to providing treatment beds for this population. An amendment to the bill to permit the county drug and alcohol coordinator to designate the CDMHP as a person eligible to perform the duties related to detention and petitions for involuntary treatment would make the act more effective by supplementing inadequate chemical dependency staff resources.

Testimony Against: None.

Testified: Senator Jeanine Long, sponsor (pro); Deva Ellis, citizen (pro); Dr. Rick Ries, Harborview Medical Center (pro); Patrick Vanzo, King County Department of Community and Human Services (pro); Dave Stewart, Pierce County RSN (pro); Ken Stark, Director, Division of Alcohol and Substance Abuse, DSHS (pro); Barry Antos, Pioneer Human Services (pro).

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