

SENATE BILL REPORT

SB 5418

As Reported By Senate Committee On:
Human Services & Corrections, February 14, 2001

Title: An act relating to providing chemical dependency treatment service upon request.

Brief Description: Requiring providing of chemical dependency treatment services upon request.

Sponsors: Senators Long, Patterson, Hargrove, Hochstatter, Stevens, Winsley and Kohl-Welles.

Brief History:

Committee Activity: Human Services & Corrections: 2/1/01, 2/14/01 [DPS-WM].
Ways & Means: 2/22/01.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 5418 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

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

Staff: Robert Antanaitis (786-7452)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Brian Sims (786-7431)

Background: The ability of chemical dependency specialists to petition, and courts to order, the involuntary commitment of a person for chemical dependency treatment is limited by the availability of funds. Voluntary chemical dependency treatment is also provided within available funds.

Concerns have been expressed that limiting these programs on the basis of funding and availability has led to a situation where persons who need treatment are being denied, and in some cases resulting in the provision of more expensive services.

Summary of Substitute Bill: Voluntary chemical dependency treatment is provided to minors and persons whose income is less than 200 percent of the federal poverty level without regard to the availability of funds when medically appropriate.

If a minor 13 years of age or older requests inpatient treatment or an evaluation of the appropriateness of inpatient treatment, and his or her parent refuses to consent, either may file a petition under the Family Reconciliation Act.

Involuntary commitment for chemical dependency treatment occurs without regard to the availability of funds or current program availability. Chemical dependency specialists may file a petition for involuntary treatment without first determining that appropriate placement is available. The basis for the petition may be because the person is gravely disabled by alcohol or drug addiction or because the person presents a likelihood of serious harm. Courts are not precluded from ordering an involuntary commitment if an appropriate placement is not currently available.

In addition to the current authority to take a person into protective custody, a designated chemical dependency specialist may take a person who is not in a public place into protective custody if the person is at imminent risk of harm and appears to be gravely disabled by alcohol or drug addiction or presents a likelihood of serious harm. This authority includes the authority to cause a peace officer or designated county staff to remove the person.

The county prosecutor must represent chemical dependency specialists and treatment programs in commitment-related proceedings.

The state must provide appropriate chemical dependency treatment services to indigent minors. Time limits on treatment services and any corresponding shelter assistance for the indigent are eliminated.

County-designated chemical dependency specialists are trained in adolescent chemical dependency issues, the chemical dependency commitment laws, and the criteria for commitment.

The county chemical dependency coordinator may authorize the county designated mental health professional to perform detention and commitment duties under the chemical dependency Involuntary Treatment Act.

RCW 70.96.150, which was previously recodified as RCW 70.96A.430, is decodified.

Substitute Bill Compared to Original Bill: The original bill was not considered.

Appropriation: None.

Fiscal Note: New fiscal note requested on February 1, 2001.

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

Testimony For: Chemical dependency is a problem that affects everyone. Chemical dependency impacts a community in many ways, including increasing the crime level and increasing the spread of HIV. Treatment is effective and makes a difference to those who receive it. However, there are not enough resources to provide treatment to all the people who want and need it. The costs of implementing the programs in this bill may be high, but treating chemical dependency will ultimately lead to reduced costs for criminal justice, health, and public assistance. The fact that the treatment services provided in this bill cost so much is an indication of the size of the problem.

Testimony Against: There are insufficient funds in the budget to pay for the chemical dependency treatment programs in this bill.

Testified: Senator Jeanine Long (sponsor); Senator Rosa Franklin (pro); Erika Standley, Perinatal Treatment Services (pro); Rebecca Miller, Seattle Police Department (pro); Shannon Doolittle, Community Action Program (pro); Donald Lachman, Lachman & Associates Consultants (pro); Linda Grant, Pioneer Human Services (pro); David Laws and Carey Morris, Prosperity Counseling and Treatment Centers (pro); Vicki Stark, Perinatal Treatment Services of Pierce County (pro); Helen Gorsuch, AAP (pro); Scott Munson, Sundown M Ranch (pro); Penni Newman, Pierce County Human Services (pro); Robert Wood, Washington State Medical Association and the Governor's Advisory Council on HIV/AIDS (pro); Ken Stark, Department of Social and Health Services Division of Alcohol and Substance Abuse (con).