

SENATE BILL REPORT

ESHB 1753

As of March 20, 2017

Title: An act relating to integrating the treatment systems for mental health and substance use disorders.

Brief Description: Concerning professionals qualified to examine individuals in the mental health and substance use disorder treatment systems.

Sponsors: House Committee on Judiciary (originally sponsored by Representatives Cody and Jinkins; by request of Department of Social and Health Services).

Brief History: Passed House: 3/01/17, 98-0.

Committee Activity: Human Services, Mental Health & Housing: 3/14/17.

Brief Summary of Bill

- Allows a designated chemical dependency specialist to participate in a petition for 14 or 90 days of involuntary substance use disorder treatment until April 1, 2018.
- Requires the Department of Social and Health Services to allow a physician assistant working under the supervision of a psychiatrist who has received chemical dependency training to qualify as a designated crisis responder after April 1, 2018.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Staff: Kevin Black (786-7747)

Background: Washington State has parallel involuntary treatment systems for mental health and chemical dependency. While the legal structures surrounding the two commitment systems are similar, availability of secure commitment beds related to substance use disorder treatment are quite limited, and practice is divergent. In each system, a crisis responder, called a designated mental health professional (DMHP) or designated chemical dependency specialist (DCDS), is summoned by the crisis line to perform a civil commitment investigation. The crisis responder is legally empowered to detain the person for a limited time to an evaluation and treatment facility (E&T) or substance use disorder treatment program if the person is found to meet civil commitment criteria, and there is a bed available.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

If the person continues to require involuntary treatment, a petition may be filed asking the court to authorize up to 14 additional days of involuntary treatment, or 90 days of less restrictive alternative treatment in the community. A subsequent petition for up to 90 days of involuntary treatment may be filed.

In 2016, the Legislature passed E3SHB 1713, which provided for creation of an Integrated Crisis Response system by April 1, 2018. Under this system, one crisis responder, called a designated crisis responder (DCR), would perform a simultaneous evaluation for civil commitment based on the presence of a mental disorder or substance use disorder. If the person is detained, the detention would be to an E&T, secure detox facility, or approved substance use disorder treatment facility. Amendments were made to the existing chemical dependency involuntary treatment system as a bridge to the effective date of April 1, 2018. As part of these amendments, the required signatories to a chemical dependency involuntary treatment petition were changed from the signature of a DCDS to the signature of two licensed professionals, including some combination of a physician, physician assistant, psychiatric advanced registered nurse practitioner, and a mental health professional.

Substance use disorder is the current terminology used by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013, to describe a condition in which the use of one or more substances leads to clinically significant impairment or distress. The term replaces the earlier term of chemical dependency disorder.

Summary of Bill: A DCDS is authorized to participate as one of two licensed professionals in a chemical dependency involuntary treatment petition until April 1, 2018. Certain references to chemical dependency are replaced with substance use disorder.

The Department of Social and Health Services must allow by rule a physician assistant working with a supervising psychiatrist who has received chemical dependency training to qualify as a DCR after April 1, 2018.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony: PRO: This legislation makes a technical fix to correct an oversight that left a gap in the system where DCDSes were not recognized as being able to initiate a 14-day chemical dependency petition. They are allowed to initiate 90-day petitions.

Persons Testifying: PRO: Carla Reyes, Department of Social and Health Services.

Persons Signed In To Testify But Not Testifying: No one.