

FINAL BILL REPORT

SSB 5011

C 214 L 99

Synopsis as Enacted

Brief Description: Changing provisions relating to dangerous mentally ill offenders.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Long, Hargrove, Franklin, Loveland, Winsley, Patterson, Deccio, McCaslin, Goings, Oke and Costa).

Senate Committee on Human Services & Corrections

Senate Committee on Ways & Means

House Committee on Criminal Justice & Corrections

Background: It is estimated that the Department of Corrections releases over 125 inmates each year who are believed to be both mentally ill and pose a serious threat to public safety. Generally these offenders have completed their sentences and are referred for either civil commitment or community services for their mental disorders. For a variety of reasons, the mental health community has been unable to provide, or the offenders are unwilling to engage in, needed mental health services.

Summary: The Department of Corrections (DOC) must identify offenders who (1) are reasonably believed to be dangerous to themselves or others, and (2) have a mental disorder. Prior to release, DOC must create a team consisting of representatives from DOC, the Regional Support Network (RSN), appropriate divisions of the Department of Social and Health Services (DSHS), and providers as appropriate, to develop a plan for delivery of treatment and support services to these offenders upon release. The team consults with the offender's counsel, if any, and as appropriate, the offender's family and community. The team must also provide, through the victim/witness program, opportunity for enrolled persons to provide information and comments on the potential safety risk an offender poses to specific individuals or classes of individuals. The team can propose any appropriate plan including: (1) involuntary civil commitment for inpatient treatment; (2) an involuntary civil commitment to a less restrictive alternative (LRA); (3) DOC supervised community treatment; or (4) voluntary community treatment.

Prior to release, the team determines whether a review by a county designated mental health professional (CDMHP) is needed for the purposes of involuntary civil commitment. If the review is recommended, supporting documentation is forwarded to the appropriate CDMHP. If recommended by the team, CDMHP evaluation must occur between five and ten days prior to release from DOC.

On the day of release, a second review by a CDMHP (when the initial review did not result in a commitment or LRA decision) must be conducted if requested by the team. The request must be based upon new information or a change in the offender's mental condition. If the CDMHP determines an emergency detention is necessary, DOC must arrange transportation for the offender to a state hospital or to a consenting evaluation and treatment (E&T) facility.

If the CDMHP determines an LRA is appropriate, CDMHP must seek a summons to require the offender to appear at an E&T facility serving the jurisdiction where the offender will reside upon release. If a summons is issued, DOC must transport the offender to the E&T.

Changes to the intent language clarify that past confinement in a state, federal, or local correctional facility does not limit a person's access to mental health services. Changes also clarify that the language relating to RSN services only limits the RSN's duties regarding persons currently confined at, or under the supervision of, a state hospital under the criminal insanity statutes.

When conducting an evaluation of an offender coming out of DOC, time spent in confinement is not automatically included in determining whether the person has committed a recent overt act— when the court makes a decision whether to require an LRA. In addition, the CDMHP or professional person must consider the offender's recent history of judicially ordered (through a *Harper* hearing) anti-psychotic medication while in confinement. When determining whether an offender is a danger to self or others under the mental health civil commitment law, a court must give great weight— to evidence regarding the offender's recent history of judicially ordered involuntary anti-psychotic medication while in confinement.

DOC and DSHS must enter into working agreements to assist offenders in obtaining a Medicaid eligibility decision prior to their release from DOC. DSHS must contract for case management services to assist offenders in coordination and procurement of needed services as identified by the assessment team at DOC. The offenders are eligible to receive assistance for up to five years. DSHS must also provide additional funds to the RSNs for expenses incurred for offenders who would not have otherwise received their services.

The Washington State Institute for Public Policy and the University of Washington must collaborate on an evaluation and report to the Legislature on December 1, 2004. The report must evaluate whether the act results in: a reduction in criminal recidivism; increases in treatment of and services to dangerous mentally ill offenders and increases in the effectiveness of those services; and bed spaces saved in DOC by this proposal. The study must also evaluate: possible expansion of the release planning process to other groups of offenders including cost estimates; effectiveness of efforts to obtain early Medicaid enrollment and associated cost savings; and the validity of DOC's risk assessment tool.

The study must separate evaluation data by whether offenders have mental illness or mental illness combined with substance abuse and must cross-reference it to criminal history.

Votes on Final Passage:

Senate	49 0
House	94 2

Effective: July 25, 1999
March 15, 2000 (Sections 1, 2, 4-9)