

6358-S

Sponsor(s): Senate Committee on Children & Family Services & Corrections (originally sponsored by Senators Hargrove and Stevens)

Brief Description: Improving communication regarding offenders with treatment orders. Revised for 1st Substitute: Improving collaboration regarding offenders with treatment orders.

**SB 6358-S - DIGEST**

(SUBSTITUTED FOR - SEE 2ND SUB)

Declares an intent to clarify the standards for commitment and improve the coordination between the department of corrections and mental health and chemical dependency treatment providers to enhance public safety by improving compliance with treatment and supervision orders and by providing both treatment providers and the department of corrections with more current, complete information about the offender's status.

Provides that, when a county designated mental health professional or a professional person has determined that a person has a mental disorder, and is otherwise committable, the cause of the person's mental disorder shall not make the person ineligible for commitment under chapter 71.05 RCW.

Requires the department to, subject to available resources, electronically, or by the most cost-effective means available, provide the department of corrections with the names, last dates of services, and addresses of specific regional support networks and mental health service providers that delivered mental health services to a person subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between the departments.

Provides that information and records shall be disclosed to the department of corrections pursuant to and in compliance with the provisions of RCW 71.05.445 for the purposes of completing presentence investigations or risk assessment reports, supervision of an incarcerated offender or offender under supervision in the community, planning for and provision of supervision of an offender, or assessment of an offender's risk to the community.

Declares that disclosure under this provision is mandatory for the purposes of the health insurance portability and accountability act.

Declares that an offender's failure to inform the department of court-ordered treatment upon request by the department is a violation of the conditions of supervision if the offender is in the community and an infraction if the offender is in confinement, and the violation or infraction is subject to sanctions.

Provides that, when any court orders a person to receive treatment under this act, the order shall include a statement that if the person is, or becomes, subject to supervision by the department of corrections, the person must notify the treatment provider and the person's mental health treatment information must be shared with the department of corrections for the duration of the offender's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who has no history of violent acts, the

court may, for good cause, find that public safety would not be enhanced by the sharing of this person's information.

Requires the department of social and health services and the department of corrections to develop a training plan for department employees, contractors, and necessary mental health service providers and chemical dependency treatment providers covering the information sharing processes for offenders with treatment orders and terms of supervision in the community.

Requires the department of corrections and the department of social and health services, in consultation with prosecuting attorneys, the Washington association of sheriffs and police chiefs, regional support networks, county designated chemical dependency specialists, and other experts that the departments deem appropriate, to develop a model for multidisciplinary case management and release planning of offenders classified as having high resource needs in multiple service areas.

Requires the department of social and health services, in consultation with the appropriate committees of the legislature, to assess the current and needed residential capacity for crisis response and ongoing treatment services for persons in need of treatment for mental disorders and chemical dependency.

Provides that a final report assessing the types, number, and location of beds needed for emergency, transitional, and ongoing treatment shall be submitted to appropriate committees of the legislature by December 1, 2005. Both reports shall set forth the projected costs and benefits of alternative strategies and timelines for addressing identified needs.