

SENATE BILL REPORT

SB 6853

As Reported By Senate Committee On:
Human Services & Corrections, February 23, 2000

Title: An act relating to a pilot program for supervision of juvenile offenders with mental disorders and chemical abuse disorders.

Brief Description: Creating a pilot program for supervision of juvenile offenders with mental disorders and chemical abuse disorders.

Sponsors: Senators Long and Hargrove.

Brief History:

Committee Activity: Human Services & Corrections: 2/22/2000, 2/23/2000 [DPS-WM].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 6853 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; Franklin, Kohl-Welles, Long, Patterson, Sheahan, Stevens and Zarelli.

Staff: Fara Daun (786-7459)

Background: Juveniles with co-occurring substance abuse and mental disorders have a greater risk of committing additional offenses than those without co-occurring disorders. Juveniles who receive more extensive discharge planning and community services are less likely to commit additional offenses. There is concern that there is a lack of transitional services for juveniles with co-occurring disorders who are leaving the Juvenile Rehabilitative Administration (JRA) and returning to the community.

Summary of Substitute Bill: A pilot program of research based, integrated and highly individualized transitional services for juvenile offenders is created. To be eligible, a juvenile offender must have co-occurring substance abuse and mental health disorders, a high risk of reoffending, and less likelihood to reoffend if he or she receives integrated and individualized treatment, is unable or unlikely to receive appropriate services from other sources, and will be on parole for at least six months following admission to the program.

The program is based on a collaboration with appropriate department staff prior or during preparation of a release plan from JRA, emphasize family and community involvement, low caseloads with 24-hour availability, residence based services, focus on the person's peer and social structures to promote pro-social networks and activities, and promote reduction in the risk factors for reoffending including achieving abstinence from drugs and alcohol, increasing mental health stability, involvement and improvement in appropriate educational and vocational activities, and stability in living situations. The program includes appropriate medications, monitoring, and counseling; a systematic effort to engage offenders in current

and long-term treatment; and appropriate rehabilitative activities. Offenders have access to daily activities such as school, drop-in centers, prevocational and vocational training and jobs, volunteer activities, and classes appropriate to the offender's clinical and living needs and to his or her level of understanding. The program will fill vacancies to retain capacity to the full level of appropriated funding.

The Washington State Institute for Public Policy must evaluate the implementation and outcomes of the program including an analysis of reoffense rates, improvement in educational skills and employability, abstinence from drugs and alcohol, compliance with medication regimes and reductions in inpatient treatment and use of acute care services, increases in pro-social contacts and behaviors, and increased stability in appropriate living situations. The report must make recommendations for any needed modification of the services and funding levels to increase the effectiveness of the program.

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

Appropriation: None.

Fiscal Note: Requested on February 16, 2000.

Effective Date: The bill contains an emergency clause and takes effect on April 1, 2000.

Testimony For: The pilot program for adults established by SB 6002 in 1998 is working. There is no similar program for juveniles and we consequently have no data on the juveniles. The population of juvenile offenders with co-occurring mental health and substance abuse disorders is more likely to reoffend than other juvenile offenders and the reoffense is more likely to be violent. This kind of program is needed, will be cost effective and the program described in the bill is soundly devised and can be put into operation.

Testimony Against: There is concern that additional treatment may not be the answer.

Testified: PRO: Senator Jeanine Long, prime sponsor; Dr. Peter Wood, University of Washington; CON: Richard Warner, Citizens' Commission on Human Rights.