

SENATE BILL REPORT

HB 1674

As Reported by Senate Committee On:
Human Services, Mental Health & Housing, March 24, 2015

Title: An act relating to allowing youthful offenders who complete their confinement terms prior to age twenty-one equal access to a full continuum of rehabilitative and reentry services.

Brief Description: Allowing youthful offenders who complete their confinement terms prior to age twenty-one equal access to a full continuum of rehabilitative and reentry services.

Sponsors: Representatives Pettigrew, Walsh, Goodman, Walkinshaw, Kagi, Appleton, Reykdal, Moscoso, Ormsby, McBride and Jinkins; by request of Department of Social and Health Services.

Brief History: Passed House: 3/02/15, 96-1.

Committee Activity: Human Services, Mental Health & Housing: 3/17/15, 3/24/15 [DP, w/oRec].

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Majority Report: Do pass.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Hargrove.

Minority Report: That it be referred without recommendation.

Signed by Senator Padden.

Staff: Lindsay Erickson (786-7465)

Background: Juvenile Confinement. Most respondents in juvenile court receive local sanctions, which can include up to 30 days of confinement in a juvenile detention center. The Juvenile Rehabilitation Administration (JRA) is a division of the Department of Social and Health Services (DSHS) and provides detention and other services for juvenile offenders who are not eligible for local sanctions. Confinement at JRA occurs when a term of confinement is greater than 30 days and includes a minimum and maximum term of confinement.

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.

Individuals who are declined from juvenile court jurisdiction are placed under the authority of the Department of Corrections (DOC). DOC then makes an independent assessment to determine whether the needs and correctional goals of the child could better be met by programs and the housing environment provided by a juvenile correctional institution. Law requires that youthful offenders under the jurisdiction of DOC be housed separately from adult offenders.

Youthful Offender Program. Declined youth committed to the custody of DOC become part of the Youthful Offender Program. The Youthful Offender Program is jointly operated by JRA and DOC. Generally, declined youth less than 18 years of age are housed at JRA. If the youth is expected to complete the term of confinement before age 21, that youth remains at JRA. If the youth is expected to serve a term of confinement beyond age 21, the case is reviewed when the youth is age 18 to determine if the youth is able to serve the remaining time at DOC.

A Health Impact Review of this legislation was requested and is available at the Washington State Board of Health's website: sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2015-06-HB1674.pdf.

Summary of Bill: Any youth convicted as an adult must initially be placed in a DOC facility to determine the child's earned release date – the anticipated date the child will complete confinement.

Youth Turning Age 21 Before Their Anticipated Release Date. If a youth is anticipated to complete the youth's confinement before turning age 21, DOC must transfer the child to the custody of DSHS until such time the child completes the child's term of confinement. While in the custody of DSHS, the child must have the same treatment, housing options, transfer, and access to program resources as any other child committed directly to that juvenile correctional facility. Treatment, placement, and program decisions must be at the discretion of DSHS. The youth may only be transferred back to the custody of DOC with the approval of DSHS or in instances where a youth turns age 21 and has time remaining in the child's time of confinement.

If a child's sentence includes a term of community custody, DSHS may only release that child to community custody upon DOC's approval of the child's release plan. If the child is held past the child's release date pending approval, DSHS must retain custody until such time that the child's plan is approved or the child completes the ordered term of confinement.

In any instance where DSHS determines that retaining custody of a child presents a safety risk, the child may be returned to the custody of DOC.

Youth Turning Age 21 After Their Anticipated Release Date. If an individual is anticipated to complete the individual's confinement on or after turning age 21, DOC must transfer the child to the custody of DSHS, upon approval by DSHS. Despite the transfer, DOC retains authority over the custody decisions and must approve any leave from the facility. While residing in a JRA facility, DSHS has authority over all routine and day-to-day operations for the child while in their custody. When the individual turns age 21, the individual must be transferred back to a DOC facility.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: This allows for youth to be provided with consideration opportunities. This better prepares youthful offenders for transitions into the community, and studies show this preparation reduces recidivism. Currently these youth are unable to engage in these services. According to numbers from 2014, this would impact 60 youthful offenders. DOC will still have responsibility for youth who will turn 21 while still serving their sentence.

OTHER: There was a House request for a health impact review of this legislation. A health impact review is an objective analysis of a legislative budgetary proposal to determine its likely impact on health and health disparities. The State Board of Health (BOH) is available to conduct these reviews if requested by a legislator or the Governor. For this review, the BOH found strong evidence that placing youthful offenders convicted as adults in DSHS custody and providing access to adolescent specific services would likely improve health outcomes for these youth and reduce recidivism. The BOH found very strong evidence that reducing recidivism for youth convicted as adults would likely improve health outcomes for these youth. The BOH also found very strong evidence that improving health outcomes for youth convicted as adults would likely decrease health disparities.

Persons Testifying: PRO: John Clayton, Assistant Secretary, Juvenile Justice and Rehabilitation Administration.

OTHER: Sierra Rotakhina, Health Policy Analyst, BOH.

Persons Signed in to Testify But Not Testifying: No one.