

SENATE BILL REPORT

SB 5266

As of February 2, 2015

Title: An act relating to secure facilities for the criminally insane.

Brief Description: Concerning secure facilities for the criminally insane.

Sponsors: Senators O'Ban and Darneille; by request of Department of Social and Health Services.

Brief History:

Committee Activity: Human Services, Mental Health & Housing: 1/26/15.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Staff: Kevin Black (786-7747)

Background: In 2010 the Legislature passed Engrossed Senate Bill 6610. Section 2 of this bill authorizes the Department of Social and Health Services (DSHS) to place a person who has been committed to a state hospital based on criminal insanity in a secure facility operated by the Department of Corrections (DOC), if the Secretary of DSHS determines in writing that the person presents an unreasonable safety risk which is not manageable in a state hospital setting. The person must receive appropriate mental health treatment governed by a formalized treatment plan targeted at mental health rehabilitation needs, and be afforded due process rights to petition the courts for conditional or final release. DSHS must submit a report to the Legislature every six months regarding the use of this authority.

A person is criminally insane when they have been acquitted of a crime by reason of insanity by a court or jury and committed to a state hospital on the basis of a danger to other persons or substantial likelihood of committing criminal acts jeopardizing public safety or security.

The authority granted under this section of law expires on June 30, 2015.

Summary of Bill: The expiration date is removed from the authority granted to the Secretary of DSHS to place a person committed as criminally insane who has been determined to present an unreasonable safety risk that is not manageable in a state hospital setting in a secure facility operated by DOC.

Appropriation: None.

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.

Fiscal Note: Not requested.

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: At the state hospitals, our greatest concern is the safety of the staff and patients. We have used this authority only once since 2010. We have engaged in a number of initiatives to increase safety at the state hospitals. We have seen a downward trend in assaults and use of seclusion and restraint. Where an unreasonable safety risk exists, we believe we need the authority to do a transfer.

Persons Testifying: PRO: Jane Beyer, DSHS, Behavioral Health and Service Integration Administration.