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Washington's Dangerous Mentally Ill Offender Law:
Program Selection and Services Interim Report

EXECUTIVE SUMMARY

The 1999 Legislature enacted SSB 5011[1] to improve the process of identifying mentally ill offenders being released from the Department of Corrections (DOC) who pose a threat to public safety, and provide these offenders with additional treatment and services for up to five years in the community. A "Dangerous Mentally Ill Offender" (DMIO) is identified in the legislation as a person who has a mental disorder and has been determined to be dangerous to himself or herself or others.

The legislation assigned the responsibility of identifying DMIOs to DOC. DOC uses a computer program to identify mentally ill offenders nearing prison release, and then reviews each offender's psychiatric and criminal information to assess the severity of the disorder and dangerousness. DOC, in cooperation with the Department of Social and Health Services (DSHS), organized a multi-agency Statewide Review Committee (SRC) to make the final decision on whether an offender should be classified as a DMIO.

The legislation assigned the responsibility for DMIO treatment and support service planning and delivery to a team of representatives that includes the following:

- DOC;
- DSHS Mental Health Division (MHD);
- Other DSHS divisions as necessary, including the Division of Alcohol and Substance Abuse (DASA) and the Division of Developmental Disabilities (DDD);
- Mental Health Regional Support Networks (RSN); and
- Treatment providers.

This planning team is charged with recommending whether a DMIO should be referred for evaluation under state mental health involuntary treatment laws (RCW 71.05) or should receive voluntary or supervised treatment in the community. In the community, a DMIO is assigned a mental health case manager who is responsible for obtaining all necessary services and treatment.

This interim report describes the ongoing process of identifying and selecting DMIOs; provides a profile of DMIOs; and documents the type of pre- and post-release services, treatment, and supervision received by DMIOs. Finally, it focuses on process improvements that have been accomplished and summarizes continuing program challenges.

[1] Chapter 214, Laws of 1999.

Findings

Identifying and Selecting DMIOs

The process of identifying and selecting DMIOs has improved considerably since 2002:

- The computer program used by DOC to identify candidates continues to be improved.
- Offenders are reviewed monthly instead of quarterly, resulting in better identification of DMIO candidates, particularly those with short prison stays.
- More offenders are reviewed by the SRC:
  - From April 2000 through December 2002, the SRC reviewed 252 offenders and selected 171 as DMIOs; and
  - Over half these offenders were reviewed and selected in 2002.

Treating DMIOs: Mental Health and Drug and Alcohol Services

From September 2000 through June 2002, 72 DMIOs were released from confinement. Data on these DMIOs have been collected from DOC, MHD, and DASA. Whenever possible, services provided to DMIOs are compared with services provided to mentally ill offenders released from prison in 1996 and 1997 (the Community Transition Study or CTS).[2] These CTS subjects form the comparison group for evaluating the effectiveness of the DMIO legislation; earlier analyses indicate that DMIOs are generally comparable to the CTS subjects.[3]

The following results show that DMIOs are receiving pre- and post-release services as the legislation envisioned. In addition, the results indicate that a much higher proportion of DMIOs are receiving services compared with CTS subjects, and the services provided to DMIOs are of much greater intensity.

Pre-Release Mental Health Services

- *81 percent* of DMIOs have received "pre-release" mental health services from community providers compared with *10 percent* of the CTS subjects.
- The DMIOs receiving services averaged *6.6 hours* per service month, while the CTS subjects averaged only *2.5 hours* per service month.

Post-Release Mental Health Services

- *87 percent* of DMIOs received community mental health services in the first three months "post-release" compared with *29 percent* of the CTS subjects.
- DMIOs receiving services in the first three months post-release averaged *10.7 hours* of services per month, while the CTS subjects averaged *4.7 hours* of services per month.

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[2] David Lovell, Gregg Gagliardi, and Paul D. Peterson, *Community Transition Study: Mentally Ill Offenders* (Seattle: Washington Institute for Mental Illness Research and Training, University of Washington, November 2001).

[3] Polly Phipps and Gregg Gagliardi, *Implementation of Washington's Dangerous Mentally Ill Offender Law: Preliminary Findings* (Olympia: Washington State Institute for Public Policy, March 2002).

- *93 percent* of DMIOs received community mental health services in the first 12 months "post-release" compared with *45 percent* of the CTS subjects.
- DMIOs receiving services in the first 12 months post-release averaged *8.6 hours* of services per month, while the CTS subjects averaged *3.8 hours* of services per month.

Post-Release Drug and Alcohol Services

- Approximately *29 percent* of released DMIOs received drug and alcohol treatment post-release. No comparison data on the CTS subjects are available at this time.

Program Challenges

Consistent with the intent of the legislation, new connections are being built between correctional and social service systems at the state and local levels. Increased communication across systems assists in identifying individuals who may benefit from treatment in the DMIO program. In addition, the connections across systems are critical in providing for coordinated discharge and community treatment planning, such as expediting Medicaid eligibility, mental health and chemical dependency treatment, housing, and supervision. However, developing a system for better identification, treatment, and management of DMIOs is a lengthy process.

DOC continues to work on the following issues in identifying and selecting DMIOs:

- Improving linkages with state hospitals, community providers, and jails to assist in identifying candidates as early as possible; and
- Improving the quality and timeliness of mental illness information available to the SRC.

The DMIO program faces a number of challenges in treating DMIOs, including the following:

- Encouraging more RSNs to participate in the MHD contract to serve the DMIO population; and
- Developing resources, such as housing and medical care.

State and local agencies currently participating in the DMIO program openly discuss program issues. Action plans have been developed on issues critical to the success of the program. A new oversight board has been approved, with representatives from DOC, DSHS (MHD, DASA, DDD), an RSN, a county designated mental health professional (CDMHP), and mental health and alcohol/chemical dependency treatment providers. This board will assist in developing an administrative structure to oversee action plans, approve procedures, and tackle new issues.

Future reports will provide more detailed information about DMIOs. Another interim report scheduled for publication in December 2003 will focus on factors that affect service use and criminal recidivism, including substance abuse, attitudes toward treatment, types of services offered or received, housing needs, and coordination between criminal justice and social services agencies. The final report, due in December 2004, will focus on whether the

program reduces criminal recidivism, and, if so, whether the program is cost-effective, and which characteristics of DMIOs predict success and failure in the community.

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