

Approved February 13, 1991
Date

MINUTES OF THE SENATE COMMITTEE ON JUDICIARY

The meeting was called to order by Senator Wint Winter, Jr. at
Chairperson

10:05 a.m./~~p.m.~~ on January 25, 1991 in room 514-S of the Capitol.

All members were present except: Senators Feleciano, Gaines, Kerr, Martin and Oleen who were excused.

Committee staff present:

Mike Heim, Legislative Research Department
Jerry Donaldson, Legislative Research Department
Gordon Self, Office of Revisor of Statutes
Judy Crapser, Secretary to the Committee

Conferees appearing before the committee:

Paul Klotz, Association of Community Mental Health Centers of Kansas, Inc.
Terry Larson, Kansas Alliance for the Mentally Ill
Saundra Snyder, Kansas AMI
Richard Ney, Public Defender
Mike Viebrock, Lawrence Police Department

Chairman Winter brought the meeting to order by reopening the hearings for SB 18, SB 19 and SB 20.

SB 18 - sexually violent offenders.

SB 19 - persons likely to commit sexual acts as mentally ill person under treatment act for mentally ill persons.

SB 20 - required supervision and treatment by mental health professional for sex offenders.

Paul Klotz, Executive Director of the Association of Community Mental Health Centers of Kansas, Inc., testified regarding the three bills. He stated they were neither proponents nor opponents. (ATTACHMENT 1)

Terry Larson, Kansas Alliance for the Mentally Ill, spoke in opposition to SB 18, SB 19 and SB 20 by stating that their concern is the additional financial burden placed on SRS which might lead to reduction of support for existing programs for the mentally ill.

Saundra Snyder, Board Member of Kansas AMI, testified in opposition of SB 18, SB 19 and SB 20. (ATTACHMENT 2)

Richard Ney, public defender from Wichita, testified in opposition to SB 18 in both philosophy and its execution. He stated his opinion that if this bill were enacted it would eliminate any sex offender from getting mental health treatment during the time of defense because of the fear that the treatment would prohibit probation.

Mike Viebrock, Police officer from Lawrence, testified in support of SB 18, SB 19 and SB 20. He also suggested that the statutes of limitations be amended to lengthen the amount of time for victims to report (the criminal statute of limitations for certain sex offenses).

The hearings were continued to Monday, January 28, 1991 at 10:05 a.m. in Room 514-S. The meeting was adjourned.

Date 25 Jan. 1911

VISITOR SHEET
Senate Judiciary Committee

(Please sign)

Name/Company

Name/Company

Name/Company	Name/Company
Rudolf Klotz	Assoc of CMHC of Ks, Inc.
Zionilda Snyder	Ks Alliance for the Mentally Ill
Terry Larson	Ks Alliance for the Mentally Ill
Kevin Siek KCDC	
Steven R. Pinn	Appellate Defender Office
LORCA E. HOUTAN	Appellate Defender Office
David Haupt	App Defender Office
Richard Ney	Seaman Co. Prob. Defender
Jim G. UOR	#1
Chip Wheelen	Ks Psychiatric Society
Michelle Lister	John Peterson & Associates
Sinda J. DeCoursey	Ks Psychological Association
Michael A. Viebeck	Lawrence, Ks. Police Department
Marilynn Ault	Battered Women Task Force, Topeka
Julene Maslin	Attorney General Office
Jim Clark / KCDAA	
Jim Baker	Assn of Prof. Psychologists
L'Therese Barget	KCCD
Ron Miles	BIDS



**Association of Community
Mental Health Centers of Kansas, Inc.**

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**REMARKS TO:
SENATE JUDICIARY COMMITTEE
January 24, 1991**

RE: Senate Bills - 18, 19 and 20

John G. Randolph
President
Emporia

Eunice Ruttinger
President Elect
Topeka

Ronald G. Denney
Vice President
Independence

Donald J. Fort
Secretary
Garden City

Don Schreiner
Treasurer
Manhattan

Dan Watkins
Member at Large
Lawrence

Kermit George
Past President
Hays

Paul M. Klotz
Executive Director
Topeka

The Association has most of its centers formally working with sex offenders, usually as a part of a diversionary program. All centers work with victims and families of such offenders. As you already know, these individuals are extremely difficult to work with and are very expensive in terms of staff time and resources. The average cost for treatment of such offenders is very high, between \$3,000 - \$7,000 per year per client. Ideally these clients should be treated in separate facilities and such facilities might, in some cases, need to be made secure, and therefore would be rather expensive. These clients have financial arrangements similar to any other in that they are placed on a sliding fee schedule and pay in accordance with their ability. However, when approached by the courts or a state department or any other third party seeking a specific amount of treatment for a specific number of persons we see that agency as the payor and will negotiate a contract to perform that work. This would especially be true if we were given the responsibility for a whole new class of clientele.

Issues:

- o Liability protection would have to be provided in accordance with responsibility.
- o Pilot or demonstration project(s).
- o The importance of working with those who are self-motivated, not with those who are simply trying to escape imprisonment.
- o S.B. 19 is too broad in terms of adding a whole new class to the treatment act.
- o Implications for Mental Health Reform
- o Parolee to remain in the custody and under the responsibility of the Corrections Department, but treatment to be provided on a contractual basis between the CMHC and that department.

*Senate Judiciary Committee
Attachment 1
1-25-91*

1-1/1



KANSAS ALLIANCE FOR THE MENTALLY ILL

112 S.W. 6th, Ste. 305 • P.O. Box 675
Topeka, Kansas 66601
913-233-0755

TESTIMONY

Senate Bills 18, 19, and 20
January 24, 1991

Thank you for the opportunity to speak before this committee. I am Saundra Snyder, a parent of a son who suffers from schizo-affective disorder, and a Kansas AMI state board member. I am also a licensed clinical social worker and co-therapist of an adolescent sex offender treatment program.

Kansas AMI is comprised of families and friends of persons suffering from severe and persistent mental illnesses such as schizophrenia and depressive disorders. I am speaking on behalf of our Board of Directors which has gone on record in opposition to Senate Bills 18, 19, and 20.

Sexual abuse is a heinous crime that permanently scars its victims. After studying these bills, I find a great deal of value in much of these proposals. We at Kansas AMI believe in treatment for sex offenders. I personally believe in it or I wouldn't have the job I have. However, Kansas AMI's concerns about these bills are that they lump sex offenders in with persons suffering from severe and persistent mental illnesses. We are just beginning to become enlightened about mental illnesses. We know that they are diseases of the brain, much like diabetes is a disease of the pancreas. Mental illness is neither preventable nor curable, but it is treatable. It is no one's fault - not the victim's fault, not his family's fault. Nor is mental illness caused by spiritual deficiencies or "bad" thoughts. Mental illness is the cause of disordered thinking, not the result.

Those of us with mentally ill loved ones have fought a long struggle against the myths and stigma associated with mental illnesses. Again, mental illness is a disease of the brain which we strive to treat. The vast majority of sex offenders are not mentally ill; their brains are not diseased. They exhibit personality disorders, problems with anger and control, and histories of physical and sexual abuse, but to define them as mentally ill would once again lump all people with serious emotional problems in with those who suffer from severe and persistent mental illnesses. We must respect this distinction if the mentally ill are to ever receive appropriate and humane treatment.

Senate Judiciary Committee
Attachment 2

Affiliated with the National Alliance for the Mentally Ill

1-25-91

2-1/2

With this in mind, it follows that committing a sex offender to the custody of SRS and requiring SRS to be responsible for all costs is a terrible imposition on an already over-burdened system. Unless the state is willing to commit additional dollars to accomodate sex offenders within the mental health system, resources will be diverted away from the population that last year's Mental Health Reform Act was designed to help.

We are also gravely concerned that without separate facilities, persons who are mentally ill would be in danger of being victimized by sex offenders. As we seek to protect ourselves and our children from sex abuse, it is ironic that we would put another extremely vulnerable population at risk.

In 1988, the Department of Corrections contracted for services to provide sex offender treatment to more than 350 adult inmates at three sites in Kansas. This program is still in operation. Why not build on this program rather than turn our mental hospitals into prisons? If the purpose is to assure that sex offenders get treatment before parole, then let us do it in the criminal justice system. Other states have systems that accomplish this goal. Shifting the problems and costs of treating sex offenders to SRS is one available alternative; improving services where they already exist is a better one.