Approved: February 7, 2000
Date

MINUTES OF THE SENATE WAYS & MEANS COMMITTEE.

The meeting was called to order by Chairperson Dave Kerr at 11:00 a.m. on February 2, 2000 in Room 123-S of the Capitol.

All members were present except:

Committee staff present: Alan Conroy, Chief Fiscal Analyst, KLRD
Michael Corrigan, Asst. Revisor of Statutes
Rae Anne Davis, KS Legislative Research Department
Debra Hollon, KS Legislative Research Department
Judy Bromich, Administrative Assistant to the Chairman
Ronda Miller, Committee Secretary

Conferees appearing before the committee:
Senator Sandy Praeger
Senator Sherman Jones
Irene Cummings, President and Chief Executive Officer of the University of Kansas Hospital Authority

Others attending: See attached list

Chairman Kerr told members that the business of the day would be out of order to accommodate Senator Praeger's and Senator Jones' schedules. Therefore, the two senators would address **SB 24** which abolishes the Joint Committee on Oversight of the KU Hospital Authority, and then the status report of the University of Kansas Hospital Authority would be reviewed.

**SB 24: Joint Committee on Oversight of the University of Kansas Hospital Authority, expiration date, repealer**

Senator Praeger appeared before the Committee as a member of the Hospital Authority Board of Directors in support of abolishing the Oversight Committee. She stated that there appears to be a good check and balance between the hospital staff and the medical school staff and that she and Senator Jones, who have attended nearly every meeting, feel good about the leadership and accountability. She praised the Legislature for having the foresight to give the Hospital the ability to be more market sensitive and the President of the Hospital Authority for her leadership initiatives.

Senator Jones also appeared as a member of the Hospital Authority Board of Directors in favor of abolishing the Oversight Committee. He reviewed his written testimony which mentioned the high accreditation rating of the KU Medical Center (Attachment 1).

Irene Cummings, President and Chief Executive Officer of the University of Kansas Hospital Authority, presented a status report of the Hospital Authority (Attachment 2). Members of the Committee were complimentary of the quality statements made by the Joint Commission on accreditation of Health Care Organizations, the improved financial status of the hospital, and the dedication of the President of the Hospital Authority. There was discussion regarding treatment of the medically indigent population, with Ms. Cummings stating that though the number of medically indigent clients has not declined, the Hospital has improved billing and collection processes and the ability to get insurance coverage for patients who were not receiving it before. In answer to a question regarding the number of medically indigent patients from Missouri who are being served at KUMC, the President stated that the Hospital has rejected an offer because it addressed the payment rate in the Burn Unit only, has engaged a consulting group, and is in the beginning phase of administrative appeal.

There was Committee discussion about the percentage increase in emergency room visits. The President of the Hospital Authority told members that the Hospital is in the process of being reviewed for a Level 1 Trauma designation and serves a high percentage of insured patients which is financially beneficial to the hospital.

In answer to a question, Ms. Cummings stated that nearly all employees shifted their employment to the Hospital Authority and the results of a recent employee survey demonstrate that employees are satisfied overall. She said that the transition from state health insurance to the Hospital Authority's own plan was also a non-event. Ms. Cummings told members that employee salaries in many areas have increased but the increases for nurses have been significant. She stated that the number of vacancies and the turnover rate is lower than last year though there are vacancies and the Hospital Authority uses contract agencies. She added that they will initiate a paid time off plan versus the state leave plan. The Chairman asked what general type of salary increase had been given to employees. Ms. Cummings stated that the employees were used to a COLA and so the Hospital gave them that, but also has developed a plan for pay based on performance. The Chairman asked that Ms. Cummings provide a copy of the employee evaluation form.

In response to an inquiry, Ms. Cummings told Committee members that KUMC will be the exclusive health care provider for the new race track in Kansas City. She stated that there will be an 8 bed infield hospital and 2 urgent care centers with 4 beds each which the Hospital will staff. The race track management will pay for supplies.

Mr. Paul Wilson, Director of negotiations for KAPE, stated that he had negotiated the contract for the nurses and indicated that raises that were made prior to negotiations ranged from 6-16% to bring the hospital to market adjustments. He said that a 3% across the board increase will be ratified in May. A new concept which has just recently been implemented is a Grievance Review Committee which has worked well. He added that the pay for performance system is not solidified yet, but KAPE's overall experience with the Hospital Authority has been positive. He stated that he does not represent service people contracts.

It was moved by Senator Salisbury and seconded by Senator Lawrence that **SB 24** be technically amended by inserting "1999" for "1998" and that the bill as amended be recommended favorably for passage. The motion carried on a roll call vote.

Senator Lawrence offered a motion to introduce bill draft 9rs 2046 as requested by the Committee. The motion was seconded by Senator Jordan and carried on a voice vote.

The Chairman told members that a number of carryover bills that had been addressed last year were in Committee and asked that members consider taking action on them. He provided the following information:

**SB 159:** **Topeka State Hospital property; transfer of control to department of administration** (Was amended into HB 2548 last year)

**SB 209:** **Certificates of title fees, VIPS/CAMA** (Was amended into HB 2142 last year)

**SB 210:** **Certificates of title fees, highway patrol motor vehicle fund** (Was amended into HB 2142 last year)

**SB 276:** **State officers and employees, compensation increases** (Governor's pay bill – passed in SB 352)

**SB 289:** **Conveyance of state property in Topeka for blind and visually impaired** (Was amended into HB 2548 last year)

It was moved by Senator Salisbury and seconded by Senator Jordan that **SB 159, SB 209, SB 210, SB 276 and SB 289** be reported adversely. The motion carried on a roll call vote.

Senator Salisbury moved and Senator Ranson seconded that the minutes of January 31, 2000 be approved. The motion carried on a voice vote.

The Chairman distributed a letter from the Executive Secretary of the Sentencing Commission listing options for consideration should the Legislature decide to not provide additional beds for the growing prison population. (Attachment 3)

The meeting was adjourned at noon. The next meeting will be February 3, 2000.

# SENATE WAYS & MEANS COMMITTEE GUEST LIST

**DATE: February 2, 2000**

| NAME | REPRESENTING |
|---|---|
| Bill Henry | Methodist Youthville |
| Bill Sneed | KU Hosp Auth |
| IRENE CUMMING | KU HOSP. AUTH. |
| Tom Valverde | KU Hosp Auth. |
| Marlin Rees | KU |
| Carolyn Middendorf | Ks St Ns Center |
| Elaine Frisbie | Division of the Budget |
| Laurie Harrison | KS Legal Services, Inc. |
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SHERMAN J. JONES
SENATOR, 4TH DISTRICT

3736 WEAVER DRIVE
KANSAS CITY, KANSAS 66104
(913) 342-5728
Email: jones@senate.state.ks.us

STATE OF KANSAS

COMMITTEE ASSIGNMENTS
MEMBER: FEDERAL AND STATE AFFAIRS
RANKING MINORITY
CONFIRMATIONS OVERSIGHT
PUBLIC HEALTH & WELFARE
EDUCATION
UTILITIES
JOINT COMMITTEES
CHILDREN AND FAMILIES

TOPEKA

SENATE CHAMBER
STATE CAPITOL BUILDING
TOPEKA, KANSAS 66612-1504
(785) 296-7376
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# TESTIMONY OF SENATOR SHERMAN J. JONES
# SENATE WAYS AND MEANS COMMITTEE
# WEDNESDAY, FEBRUARY 2, 2000

Mr. Chairman, Members of the Committee:

I have served on the K. U. Med. Center authority board of directors since its inception. I participated in these meetings during the hectic transition that saw the hospital, under state authority, become a public/private hospital.

I understand that the oversight committee was statutorily formed to oversee the transition for the purpose of protecting the state's interest. That same statue called for two members of the legislature to be on the board as well as two members from the Board of Regents. I'm sure this was to ensure the oversight of state interest during the transition.

I believe that transition has been done and done rather smoothly. I feel somewhat privileged to have been part of all of this and to see a tremendous professional staff and board members carry out this excellent transition project.

Last year KU Medical Center was inspected by the Joint Commission on accreditation of Health Care Organizations and ranked in the top 10% nationally. This is the only hospital in the Kansas City area with an accreditation rating that high. Needless to say, it made us all rather proud.

With that kind of rating and the financial status of the hospital reported sound, I believe the transition is complete. Therefore, I don't believe the oversight committee is necessary any longer.

Thank you.

# Testimony before the Senate Ways and Means Committee
# February 2, 2000

## Status Report on the
## University of Kansas Hospital Authority
## Irene Cumming, President and Chief Executive Officer

Introduction

Good morning. I am Irene Cumming, the President and Chief Executive Officer of the University of Kansas Hospital Authority. I am pleased to have this opportunity to provide an update on the activities of the Authority since my previous status report to this committee on January 25, 1999.

The University of Kansas Hospital Authority

With the passage of Senate Bill 373 in February 1998, the Kansas legislature established the Hospital Authority as an independent instrumentality of the State with its own governing board. My previous testimony detailed the intense effort that was required by the Authority board and hospital staff to accomplish the transition by October 1998. The contribution of the board was invaluable in completing a significant number of complex tasks on schedule. I would specifically like to recognize the work of board members Senator Sherman Jones and Senator Sandy Praeger. As Governor Graves said in May 1998, "I am grateful to these fine Kansans for their willingness to serve (on the Hospital Authority board). Their appointment will allow government to step aside and let the hospital do its job."

One of the complex tasks completed during the transition was the development of a Master Affiliation Agreement between the Authority and the University. The agreement defines the principles for the collaborative working relationship that is important to the success of the two entities. The agreement preserves important ties with the Health Science Schools and their faculties, establishing the Authority as the primary teaching hospital for the schools and the setting where faculty members provide specialized health care services for Kansans. All members of the medical staff of the Authority must have a KU School of Medicine faculty appointment.

The Authority's Board

Attached to my testimony, I have provided a list of the current Authority board members. Of the fourteen (14) members stipulated by statute, eight (8) are representatives of the

general public who are recognized for outstanding knowledge and leadership in the fields of finance, business, health care, law, education or government. Six (6) members of the board are *ex officio*. The Chancellor of the University of Kansas, the Executive Vice Chancellor of the University of Kansas Medical Center, and the Executive Dean of the University of Kansas School of Medicine are *ex officio* voting members, while the Chief of the Medical Staff of the Hospital Authority, the President of the Hospital Authority, and the Dean of the University of Kansas School of Nursing are *ex officio* nonvoting board members.

Dr. H. William Barkman, the Chief of the Medical Staff, and I, as Chief Executive Officer, are directly accountable to the Authority Board of Directors. Following the establishment of essential elements of governance (such as the Authority Bylaws, Board Policies and Procedures, a Board Committee Structure, and Medical Staff Bylaws), the board's attention has been focused on ensuring quality patient care, maintaining financial stability, and supporting the teaching programs of the University. The board meets every other month, typically for a full day session. The executive committee of the board meets on the alternate months and as necessary.

The Authority's Services

The pace of change in health care escalated toward the close of the last century. As managed care and Medicare have squeezed reimbursement, mergers, consolidations, and partnerships have triggered dramatic changes in the market. The outstanding and dedicated executive team that manages the hospital is up to the challenge. The flexibility provided by the Act that established the Authority has allowed the team to better and more creatively manage hospital operations, while the rigor of the Authority board oversight has demanded a high level of accountability.

A six-month collaborative planning process, which included board members, University representatives, medical staff representatives, and hospital executives, focused on the development of six centers of excellence, as the strategic initiatives for 1999:

- Advanced Diagnostic Imaging Center,
- Cancer Center,
- Neurosciences Center,
- Organ Transplant Center,
- Senior Care, and
- Trauma Center.

A new collaborative strategic planning effort, led by the board's strategic planning committee to build on the six centers of excellence, began in the fall of 1999 and will be presented to the Board of Directors for consideration this spring.

To provide greater accessibility to the Hospital's services, an aggressive ambulatory care strategy was launched in 1999. A satellite offering comprehensive and convenient medical care, KU MedWest, opened in February 1999. The 60,000 square foot facility is located in Shawnee, Kansas, near the Midland Drive and I-435 interchange. Primary care,

specialty care, urgent care, and outpatient surgical care are offered in this suburban setting. In January 1999, the Authority purchased the former TriSource Medical Group, doubling the number of primary care physicians within the KU Med system and establishing Jayhawk Primary Care. There are now 42 Jayhawk primary care providers serving patients out of ten (10) office sites around the Greater Kansas City Area. More recently, the Authority has given notice that the cancer services management agreement with Salick Health Care, Inc., which has been in place since 1992, will be terminated. The Authority will assume management of the Cancer Center on April 1 of this year.

The Authority provides a number of outreach services to our local community and the State of Kansas. A recently established Call Center makes it easy and convenient for both physicians and patients to use KU Med. Physicians, across the State, can call one 800 number to reach a KU physician to consult regarding a perplexing case, to admit a patient, or to discuss a new diagnostic or treatment procedure. Consumers can call one number to get a physician referral or appointment, or to register for a wellness class or a health screening. Daily, the Call Center follows through on all calls with letters to physician offices and with reminder and confirmation letters to consumers. Over the past year, nearly 12,000 area residents have participated in wellness classes and events. In addition, the Authority has become a trusted resource for medical information, with the great majority of all area health care media coverage including KU Med, the region's only academic medical center.

The Joint Commission on the Accreditation of Health Care Organizations (JCAHO) surveyed the Hospital in June 1999. Based on the survey results, the Hospital was awarded Accreditation with Commendation, recognition reserved for the top five (5) percent of hospitals in the country. The surveyors recognized the Hospital Director/Medical Director partnerships, which were designed to deeply involve our medical staff partners in quality improvement, as a "best practice." Dr. Dennis O'Leary, MD, President of the JCAHO stated, "Accreditation with commendation is a significant achievement, one that recognizes exemplary performance and a commitment to providing quality care."

## The Authority's Facilities

During the past year, the Authority's facilities have been upgraded to improve the care environment for patients, families, and staff and to bring the facility into compliance with the latest Life Safety Code requirements. The fire alarm system was upgraded as part of a campus-wide project. The labor and delivery unit was remodeled, and the Burnett Burn Center/Hurlbut Recovery Pavilion and the pediatric program were relocated to state-of-the-art medical care units. The Renal Dialysis service was relocated off-campus to a larger, more accessible site in Fairway, Kansas, near the main campus.

There is a considerable amount of capital improvement still necessary to maintain our state-of-the-art facility. The board has approved a five (5)-year capital investment plan of approximately $100 million.

The Authority's Finances

Another "first" for our organization was an independent financial audit of the Authority financial statements by Ernst & Young, an international audit firm. The Authority retained the fiscal year end of June 30, so the first fiscal period audited was the nine-month period beginning October 1, 1998 and ending June 30, 1999. During the nine months ended June 30, 1999, the Authority had a combined net income of approximately $2.5 million. The Authority's cash reserves increased by $5 million during the period, even though the Authority funded $13.3 million in equipment and renovations and total equipment debt only increased by $3.1 million. This was accomplished partially through a redesign of the Hospital's billing and collection process. This redesign substantially reduced patient receivables balances and bad debt expenses. On an annualized basis, the Authority compiled unaudited financial results for fiscal year 1999 that indicate a combined net income of $2.8 million, as compared to $1.6 million in fiscal year 1998.

During fiscal year 1999, the Authority's inpatient and outpatient volumes increased for the first time in several years. Total discharges climbed four (4) percent to 13,608, while our medical cost management efforts have resulted in average length of stay continuing a downward trend. Consequently the overall number of patient days declined slightly to 80,649. The number of emergency room visits increased by two (2) percent to 26,047. This growth has accelerated in fiscal year 2000. Through the six months ended December 31, 1999, discharges have increased ten (10) percent, patient days have increased two (2) percent, emergency room visits have increased thirteen (13) percent, and ambulatory visits have increased nine (9) percent from the prior year.

In the fall of 1999, the Authority issued $57 million of tax-exempt revenue bonds to support the Authority's five-year capital investment plan. The Authority was able to obtain bond insurance and an underlying "A" rating, an extraordinary achievement for a new health care organization in today's difficult environment. Insuring the bonds brought a top "AAA" rating and substantially reduced bondholder risk. The bond proceeds will primarily be used for future capital expenditures, to pay off KU MedWest's bank debt, reimburse cash resources for prior capital expenditures, refinance existing capital leases, and to fund a debt service reserve fund. Analysts from Fitch IBCA, an international rating agency, cited the strengths of the Authority as:

- Excellent debt service coverage,
- A low debt burden,
- The benefits of being released from State procedures and systems,
- An excellent reputation as a tertiary and quaternary provider, and
- An impressive management team.

Conclusion

In retrospect, it has been an eventful, historic, fast-paced and highly successful year for the Hospital Authority. During our first year of operation we have:

- Greatly increased access to our services,
- Added new patient care capabilities,
- Streamlined the internal systems and processes that support patient care, and
- Upgraded our patient care facilities.

This has been accomplished in the context of our mission, which is to facilitate and support the education, research and public service components of the University and Health Science Schools, to provide patient care in specialized services not widely available elsewhere, and to continue the historic tradition of care to medically indigent citizens of the State of Kansas.

Without the support of the Kansas legislature, the Governor, the Board of Regents, and our Hospital Authority board, the accomplishments of our remarkable first year would not have been possible. With your continued support, we can look forward to the many challenges and opportunities which lie ahead with renewed confidence that the Hospital Authority will succeed and prosper in the coming years.

Thank you. I would be happy to respond to questions.

# University of Kansas Hospital Authority
# Board of Directors

| Name | Occupation | Term/Expires |
|---|---|---|
| H. William Barkman, M.D. | Chief of Medical Staff<br>University of Kansas Hospital Authority | *ex officio*<br>(non-voting) |
| Edward J. Chapman, Jr., Esq. | Partner<br>Chapman and Waters law firm | March 15, 2001 |
| Irene Cumming*<br>*President* | President and Chief Executive Officer<br>University of Kansas Hospital Authority | ex officio<br>(non-voting) |
| William R. Docking, Regent | President, Director and Chief Executive Officer of Union State Bank | May 25, 1999** |
| George J. Farha, M.D.*<br>*Chairperson* | Founding Partner<br>Wichita Surgical Specialists, PA | March 15, 2001 |
| Donald F. Hagen, M.D. | Executive Vice Chancellor<br>University of Kansas Medical Center | *ex officio* |
| Dr. Robert E. Hemenway*<br>*Vice-Chairperson* | Chancellor<br>University of Kansas | *ex officio* |
| Sherman Jones, Senator | Senator<br>4th Kansas Senate District | March 15, 2000 |
| Dorothy Lynch | Board of Trustees<br>University of Kansas Endowment Association | March 15, 2000 |
| Karen L. Miller, RN, Ph.D. | Dean and Professor<br>University of Kansas School of Nursing and Allied Health | *ex officio*<br>(non-voting) |
| Mark V. Parkinson, Esq.* | Founding Partner<br>Parkinson, Foth and Orrick LLP | March 15, 2001 |
| Deborah Powell, M.D. | Executive Dean<br>University of Kansas School of Medicine | *ex-officio* |
| Sandy Praeger, Senator | Senator<br>2nd Kansas Senate District | March 15, 2000 |
| Sylvia L. Robinson, Regent | Manager and Program Officer of the Ewing Kauffman Foundation | May 25, 1999** |

**Member of the Executive Committee*
***Continues to serve as of January 2000, awaiting Senate confirmation of successor.*

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State of Kansas
KANSAS SENTENCING COMMISSION
Honorable Richard D. Walker, Chair
District Attorney Paul Morrison, Vice Chair
Barbara S. Tombs, Executive Director

January 28, 2000

Senator Dave Kerr, Chairperson
Senate Ways and Means Committee
State Capitol, Room 123-S
Topeka, KS 66612

Dear Senator Kerr:

In response to your written request for possible actions that could be taken by the Legislature to address the need for additional prison bed construction, I have prepared the following options for your consideration. I have attempted to include every possible option available, however, it should be noted that some options do include significant policy implications.

The Sentencing Commission has been very diligent in proposing legislation over the past two years to address the concerns expressed in your letter. A two-day retreat was held this past fall to address this very topic. Legislation introduced this year in the form of SB 488, SB 490 and SB 491 are specifically aimed at reducing prison population. At the same time, the Commission has also been realistic concerning the political environment in which many of these changes would have to occur. **The options listed below should not be construed as options endorsed by the Commission,** but rather as alternatives that would limit the growth of the state's prison population.

The following options are presented for your consideration:

1. Eliminate postrelease supervision for nondrug severity levels 9 and 10.

2. Eliminate postrelease supervision for nondrug severity levels 8-10 and drug severity level 4.

3. Eliminate the ability to earn "goodtime credits" for periods of postrelease supervision and replace that system with a flat time period of incarceration. Instead of a period of postrelease supervision of 24 months with the ability to earn back to 12 months, impose a flat 12-month period of postrelease supervision. The issue of offender management for incarcerated offenders is much different than for offenders on community supervision.

4. Conditional probation violators revoked to prison would serve their underlying prison sentence but not be subject to a period of postrelease supervision. Upon discharge from prison, they would return to the supervision of either court services or community corrections, not parole services.

Jayhawk Tower 700 SW Jackson Street - Suite 501 Topeka, l
(785) 296-0923 Phone (785) 296-0927 FAX Web Page: http://w

5. Conditional probation violators on nondrug severity levels 9 and 10 could not be revoked to serve their underlying sentence in a state correctional facility.

6. The period of probation could be graduated by severity level. Currently, 24 months is the standard period of probation for all presumptive nonprison severity levels. However, that period could be adjusted by severity level, for example, severity levels 9 and 10 of the nondrug grid and level 4 of the drug grid could have a standard 12 month probation period; nondrug severity level 8 and drug severity level 3 could have 18 months and nondrug severity level 7 could have 24 months.

7. Revise the periods of postrelease supervision from the current 36 and 24 months to the original period of 24 and 12 months established when the guidelines were implemented in 1993.

8. Additional border boxes could be added to the nondrug grid on severity levels 5 and 6, for example, over to criminal history categories E or F. This would include offenders with only prior nonperson felonies, similar to the drug grid.

9. Impose a new policy that any offender with a sentence of 11.5 months or less, must serve their period of incarceration at the local or county level, thus reserving expensive prison beds for the longer sentences imposed for serious violent offenders. The 11.5 months is an arbitrary number and could be adjusted.

10. Establish low-cost, low-security regional or county revocation centers that would house only condition violators. Condition violators could be probation and/or postrelease violators. The counties and not the state could operate them. In addition, they should have a work release component and programs developed for short term stays. One option would be to utilize army barracks throughout the state that have been closed or similar such facilities, where the offenders would be responsible for the upkeep and maintenance of the facility.

11. Establish some type or form of weekend incarceration program (similar to how misdemeanor DUI's are handled) for low severity level condition violators, which will permit them to work during the week and pay a portion of their weekend incarceration cost.

12. Reinstate the original 90 days period of incarceration for postrelease violators from the current 180 days, which was increased in 1995.

13. Adjust the period of incarceration for postrelease condition violators to 30 or 60 days. This would work well with the weekend incarceration concept. You could impose a 30 day period of incarceration for the first revocation, 60 days for the second, 90 days for third and 120 for subsequent. Currently, conditional postrelease violators stay on the average 120 days per revocation.

14. Impose a percentage decrease in length of stay for all presumptive prison sentences and/or presumptive nonprison sentences; this decrease could be anywhere from 1% to 10% for both the drug and nondrug grids.

15. Combine the drug and nondrug grids into single grid. This would allow you to adjust drug sentences proportionally to nondrug sentences, with regards to issues of public safety and degree of harm.

16. Reclassify all misdemeanor offenses that have been raised to felony status since the Sentencing Guidelines Act took effect in 1993, back to misdemeanor status.

17. Since there has been much concern raised regarding the number and source of conditional postrelease violators returned to prison, institute a standardized postrelease revocation journal entry form, similar to the probation revocation journal entry, that would allow more in-depth analysis and understanding of factors contributing to the increase.

18. Review all current felony offenses for person or nonperson classification and make sure they are appropriate and consistent with the underlying philosophy of harm to one's person for the person felony classification. Person felony convictions are directly contributing to the increased criminal history scores noted in the recent projections.

19. Reclassify the current person felony, residential burglary, to its original classification as a nonperson felony. With the new sentencing rule created last year, incarceration would still be applicable to a second conviction for residential burglary regardless of the person/nonperson felony classification. This change would have a significant impact on criminal history classification.

20. Institute a two year (or more) moratorium on changes to the Sentencing Guidelines Act, to allow for some in-depth analysis on effectiveness of the guidelines. With annual changes to the guidelines, it is virtually impossible to do any type of valid or reliable assessment of their effectiveness.

21. For any proposed piece of legislation that indicates an increased bedspace impact of 125 beds or more, include a Sunset Provision that will allow the legislature to review the impact of the law after three to five years.

22. For offenders released from prison who have served sentences of five years or more, mandatory placement the last six months of their sentence in some type of transition or reintegration facility (outside a state prison) to facilitate their re-entry into society. This will become a very important concern in the future, as offenders with long sentences become eligible for release under the sentencing guidelines.

23. Review all legislative changes to the Sentencing Guideline Acts since its implementation on July 1, 1993, and objectively decide which amendments warrant repeal.

24. Combine criminal history categories H and I together and define as no criminal history or prior misdemeanor convictions and adjust sentence lengths as necessary.

25. Develop and implement a standardized mandatory statewide validated risk/assessment instrument that is used on every offender who has been convicted of a felony offense and that follows the offender throughout the system (from diversion to probation to community corrections, to prison and finally postrelease). This will provide some consistency and clarity on whether an offender's needs are being identified and addressed, in addition to documenting failures as well as successes.

26. Develop more work release centers and community substance abuse programs to avoid waiting periods to enter programs and provide early intervention when an offender begins to relapse. Success on community supervision is seriously impacted if the offender does not have timely access to services or programs identified as necessary for the offender.

27. Review and establish appropriate conditions of supervision for offenders. Historically, a standard list of conditions is placed on an offender, in addition to any specific conditions felt necessary. The North Carolina model emphasizes the need to match supervision levels and conditions with needs/risks of the individual offender. This is another reason why a statewide mandatory risk/needs assessment tool should be developed and implemented.

28. Require that every offender released from prison obtain a GED, or at a minimum, be able to read at a basic level.

29. Establish drug courts in all major cities

30. Ensure that resources and staff are sufficient to provide the level of supervision required for true intensive supervision program. Under the North Carolina model, intensive supervision requires two officers for a case load of 15 to 20 offenders. Ninety percent of their contact with offenders was in the field, not in an office. Although there is a cost incurred in hiring additional supervision officers, the cost is offset by state dollars saved in prison construction and operation.

I have attempted to provide you with a wide range of options, some which can be implemented with little or no cost. Other alternatives presented would require an investment of state dollars and major policy changes. I would be happy to provide additional information, such as bedspace impacts, for any of the options you would like to explore further.

**I would like to reiterate that the list of options provided have not been endorsed by the Sentencing Commission.** Although the Commission has discussed many of the options listed, at least in principle, the Commission at this time has not even considered other options provided. The options presented are intended to serve as discussion points to assist you in exploring alternatives. The Sentencing Commission is available, at your request, to provide any follow-up should you desire.

Sincerely,

Barbara J Tombs

Barbara Tombs
Executive Director

cc: Judge Richard Walker, Chairperson