



**MENTAL HEALTH ASSOCIATION OF  
SOUTHEASTERN PENNSYLVANIA**

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**TESTIMONY**  
**on**  
**HOUSE BILL 1811 - SEXUALLY VIOLENT PREDATORS ACT**

**before the**  
**HOUSE JUDICIARY COMMITTEE**

**provided by**  
**Sue Walther, Policy Coordinator**  
**Mental Health Association of Southeastern Pennsylvania**

**August 17, 1998**

My name is Sue Walther and I am testifying today on behalf of the Mental Health Association in Southeastern Pennsylvania. Before I begin my remarks, I want to thank the Judiciary Committee for holding a public hearing and providing the opportunity to comment on House Bill 1811.

It appears that HB 1811 attempts to address the following issues:

1. public safety
2. accountability for criminal behavior
3. provision of intensive, long-term treatment for persons determined to be “sexually violent predators”

We do not believe that House Bill 1811 is the most effective way to achieve these goals.

If a person who has been convicted of sexual violence has a primary diagnosis of mental illness, and it is determined at the time of their scheduled release from the criminal justice system that the individual is an obvious and immediate danger to himself/herself or others because of the mental illness, current civil commitment procedures are already available.

If the individuals toward whom this bill is directed do need long term treatment, then this treatment should begin immediately upon identification of the need — while the individual is in the corrections system. It is difficult to envision any good reasons to delay necessary treatment until the individual is ready for release.

The bill under the legislative findings section states the following as fact, “sexually violent predators have personality features which are unamenable to existing mental illness treatment modalities.” There is disagreement among those testifying today whether that statement is accurate. While completing our research related to this bill, we have become convinced that there are programs for sexual offenders where successful treatment has been demonstrated. However, there is no disagreement that currently the

Department of Public Welfare (DPW) does not operate a secure facility that offers the necessary treatment as outlined in this legislation.

Why is this important? Whether the individual is under the supervision of DPW or the Department of Corrections (as allowed in the bill by an interagency agreement), the facility and the treatment modalities will have to be developed and implemented. The only choice for DPW would be to locate this type of program on the grounds of state hospitals. That would create two distinct problems.

First, state hospital residents are one of the most vulnerable populations in the Commonwealth. It is totally unacceptable to place them in harms way. As I previously stated public safety appears to be one of the primary goals of this legislation — so we would ask that you afford that same concern to the state hospital population. In addition, stigma related to the state hospital populations is already a serious concern. We only have to look at what happened in Norristown last year when DPW announced the closing of Haverford State Hospital and the transfer of some of the Haverford residents to Norristown. The area residents stated numerous concerns — most were related to the erroneous impression that state hospital residents are dangerous. While this is not true, it illustrates the stigma that exists. Moving alleged “sexually dangerous predators” to state hospital would only add to this perception.

Since either DPW or DOC would have to develop this type of program, the cost involved is significant. The current Office of Mental Health’s budget would not be adequate. To implement this program an additional appropriation would be required — I am sure that DOC would also need an added funds to provide this treatment modality. If we acknowledge that the treatment needed does not currently exist at state hospitals or at the

necessary levels in the state corrections system, and a significant appropriation is required to develop facilities and treatment, we again ask why would you not spend that money on the front end? Intensive long-term treatment should be offered at the same time the person is serving his criminal sentence.

It is our understanding that some programming for sexual offenders currently does exist within the corrections system. Allocate resources to expand that which already exists or create the needed intensive treatment in the secure setting of a prison.

In addition to offering the programming in the prison system, resources should be allocated to develop or expand community programming. It is our understanding that there is a mechanism in place which would allow for mandatory treatment following an individual's release from prison. The sexual offender law includes the concept of "lifetime parole." The conditions of that parole can include requiring a person to participate in whatever treatment is deemed necessary. If they do not comply, they can be returned to jail.

The Mental Health Association of Southeastern Pennsylvania urges you to consider the options as you deliberate this legislation. It appears to us that the mechanisms exist to address the problems associated with violent sexual predators — it is a matter of allocation of necessary resources.

Thank you for this opportunity to comment.



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*high rate of recidivism it's not so much what they did when they recidivate*

# FAX TRANSMITTAL SHEET

*\*recidivate = getting caught*

**DATE:** August 13, 1998  
**TO:** RANDY UNDERCOFLER  
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*Characterological*

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*[Handwritten signature]*

**SUBJECT:** Civil Com. Testimony Outline: To follow are my comments for Monday's hearing. I will be out tomorrow at an Abel training and will meet you all in Philadelphia. Thank you.

*540*

I support the concept of the bill and efforts to further enhance public safety. ~~I have some concerns with the bill in its present form.~~ *I do have some concerns about the bill.*

*Carmie Carter Undercofler Debecki Dombach*

*current 1 yr. prior to this min. of*

The bill in effect, duplicates the structure in place through our Megan's Law and creates a second investigative process and expert opinion. I am concerned that we will have destructive competition for a diminishing pool of experts, and a drain on financial resources from the Megan's board.

The Sexual Offender Assessment Board has already evaluated over ~~540~~ *5* offenders currently in the system. Megan's Law provides for re-evaluation of these folks at various points in

*predators*

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Civil Com. Testimony (cont.)

in their sentence. I am concerned about the legal issues surrounding subsequent assessments, should, for example, a person sentenced as a sexual offender, be assessed in a civil process, and be determined to be a predator.

I am concerned that the civil process does not provide for any form of supervision, or conditional release. The protection of the community would be better served by sex offender management in a combination of specialized treatment and supervision.

If the committee has any specific questions for information that I'm not prepared to answer, I will, of course, be happy to forward that information to them.

Megan's Law, capturing the offenders in the beginning of the cr. process, allows through the investigation & assessment, appropriate individualized treatment for that individual

Some inadequate relationships are predatory - the offender has superseded his role as family member & continues the relationship for victimization