

HOUSE BILL REPORT

2SSB 6002

As Reported By House Committee On:
Criminal Justice & Corrections

Title: An act relating to supervision of mentally ill offenders.

Brief Description: Supervising mentally ill offenders.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Long, Hargrove and Oke).

Brief History:

Committee Activity:

Criminal Justice & Corrections: 4/2/97, 4/4/97 [DPA].

HOUSE COMMITTEE ON CRIMINAL JUSTICE & CORRECTIONS

Majority Report: Do pass as amended. Signed by 13 members: Representatives Ballasiotes, Chairman; Benson, Vice Chairman; Koster, Vice Chairman; Quall, Ranking Minority Member; O'Brien, Assistant Ranking Minority Member; Blalock; Cairnes; Delvin; Dickerson; Hickel; Mitchell; Robertson and Sullivan.

Staff: Yvonne Walker (786-7841).

Background: Mentally ill offenders often have difficulty obtaining employment, housing, and appropriate treatment after release from confinement. It is believed that lack of these resources may lead to a worsening of his or her illness, reoffending, and a threat to public safety.

Summary of Amended Bill: A pilot program is created to provide specialized access and services of up to 25 mentally ill offenders at any one time upon release from total confinement who have been identified by the Department of Corrections as high-priority clients for services and meet service program entrance criteria. The criteria for entry into the program includes the following:

- (a) the offender suffers from a major mental illness and needs continued mental health treatment;
- (b) the offender's previous crime was influenced by his or her mental illness;

- (c) it is believed the offender will be less likely to commit further criminal acts if provided ongoing mental health care;
- (d) the offender is unable or unlikely to obtain housing and/or treatment from other sources;
- (e) the offender has at least one year remaining before his or her sentence expires, but is within six months of release to community housing; and
- (f) the offender is willing to cooperate with such services or, with active outreach and encouragement, may be induced to accept such services.

The following services must be provided by the program:

- (a) Intensive case management including a full range of intensive community support and treatment in client-to-staff ratios of not more than 10 offenders per case manager.
- (b) Assistance in locating housing appropriate to the living and clinical needs of the offender.
- (c) Medication prescription as required, medication monitoring, and counseling to support offender understanding, acceptance, and compliance with prescribed medication regimens.
- (d) A systematic effort will be made to engage offenders to involve themselves in current and long-term treatment.
- (e) Classes appropriate to the clinical and living needs of the offender and appropriate to his or her level of understanding.
- (f) Assistance in applying and qualifying for entitlement funding to include Medicaid, state assistance, and other available government and private assistance.
- (g) Access to daily activities such as drop-in centers, prevocational and vocational training and jobs, and volunteer activities.

The pilot program must be in operation by July 1, 1998. An oversight committee is created to provide guidance in policy matters and to resolve disputes. Medical centers and other medical providers are indemnified and held harmless with regard to the acts of offenders while in the program.

The Department of Social and Health Services is directed to track outcomes and report to the Legislature on an annual basis. Such report must include recommendations for modification of the program. By December 1, 2003, the department is required to certify to the Office of Financial Management and the appropriate legislative committees that the reoffense rate for enrollees in the program is below 15 percent. If the reoffense rate exceeds 15 percent, the authority for the department to conduct the pilot is terminated January 1, 2004.

Amended Bill Compared to Second Substitute Bill: Authorization is given to the Department of Corrections to allow the agency to have the option of contracting with a regional support network or other private provider.

A provision is added to ensure that offenders who begin the program must remain in the program until the end of their treatment within the program or until released from the Department of Corrections.

The service provider indemnification section is deleted and moved to its own new section of the bill.

A null and void clause is added to clarify that this pilot project will not become operational without sufficient funding.

A severability clause is added to the underlying bill.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: Many times an offender's behavior often deteriorates once he or she is released from incarceration. This is usually due to the lack of strict supervision, counseling, medication monitoring, and many times just knowing where to go to get help. Implementation of this pilot project will help to reduce America's record that shows us as having the highest rate of incarcerations of persons with mental illness than any other industrialized nation in the world. This bill is a step in clearly addressing an important unmet need of the service delivery system to those offenders being released every day with histories of felonious behavior along with severe mental illness.

Testimony Against: None.

Testified: Senator Long, prime sponsor; Eleanor Owen, Washington Advocates for the Mentally Ill (pro); Ed Hidano, Department of Social and Health Services (pro); Ted Wilson, Department of Corrections (neutral); David Lovell, University of Washington (pro); and Jean Wessman, Washington State Association of Counties (pro).