

HOUSE BILL ANALYSIS

2SSB 6002

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

Brief Description: Supervising mentally ill offenders.

Sponsors: Senators Long, Hargrove and Oke.

HOUSE COMMITTEE ON CRIMINAL JUSTICE AND CORRECTIONS

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: 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 include:

- (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; and
- (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.

Require the Exercise of Rule- Making Powers: No.

Fiscal Note: Received on April 1, 1997.

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