

FINAL BILL REPORT

2SSB 6002

PARTIAL VETO

C 342 L 97

Synopsis as Enacted

Brief Description: Supervising mentally ill offenders.

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

Senate Committee on Human Services & Corrections

Senate Committee on Ways & Means

House Committee on Criminal Justice & Corrections

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 a person's illness, their reoffending, and a threat to public safety.

Summary: A pilot program is created to provide specialized access and services to approximately 25 mentally ill offenders at any one time who, upon release from total confinement, have been identified by the Department of Corrections as high-priority clients for services and meet service program entrance criteria. The program will be operated by a regional support network or other private provider. Offenders placed in the program must remain until the end of their sentence unless released by the Department of Corrections.

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 ten 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 persuade 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, pre-vocational 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 reports 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.

Votes on Final Passage:

Senate	44	0	
House	87	7	(House amended)
Senate	43	0	(Senate concurred)

Effective: July 27, 1997

Partial Veto Summary: The Governor vetoed the section that provided indemnification to the pilot project's service providers.