

SENATE BILL REPORT

SB 6002

As Reported By Senate Committee On:
Human Services & Corrections, March 4, 1997
Ways & Means, March 10, 1997

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

Brief Description: Supervising mentally ill offenders.

Sponsors: Senators Long, Hargrove and Oke.

Brief History:

Committee Activity: Human Services & Corrections: 2/26/97, 3/4/97 [DPS-WM].
Ways & Means: 3/10/97 [DP2S].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 6002 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Long, Chair; Zarelli, Vice Chair; Franklin, Hargrove, Kohl, Schow and Stevens.

Staff: Kyle Thiessen (786-7754)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 6002 be substituted therefor, and the second substitute bill do pass.

Signed by Senators West, Chair; Strannigan, Vice Chair; Bauer, Brown, Fraser, Hochstatter, Kohl, Long, Loveland, McDonald, Roach, Rossi, Schow, Sheldon, Snyder, Spanel, Swecker, Thibaudeau, Winsley and Zarelli.

Staff: Bryon Moore (786-7726)

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 Second Substitute Bill: A pilot program is created to provide specialized access and services to 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 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 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.

Second Substitute Bill Compared to Substitute Bill: Clarifying language is added to the reporting requirements. An additional requirement is added that the reoffense rate by enrollees in the program must be below 15 percent in five years or the program terminates.

The \$500,000 general fund state appropriation is removed.

Substitute Bill Compared to Original Bill: Eligibility requirements are clarified so that the pilot program is limited to offenders with a major mental illness and at least one year remaining before the expiration of their sentences. An offender may remain in the program until the end of his or her sentence or up to three years, whichever is longer.

An oversight committee is created to provide guidance on policy, resolve disputes, advice on eligibility requirements, set minimum service contract standards, and assist the two involved departments in reporting to the Legislature on services and outcomes.

The Department of Social and Health Services indemnifies and holds harmless the regional support network and mental health providers for any acts committed by an enrolled offender.

Appropriation: None.

Fiscal Note: Requested on February 25, 1997.

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

Testimony For: This bill addresses seriously mentally ill offenders who are likely to reoffend if not provided treatment. Programs like this in Oregon, California, and elsewhere have reduced recidivism substantially. This program will also cost less than maintaining the offenders in total confinement until the expiration of their sentences. Acquisition of housing and the other required services are important elements for success of the program.

Testimony Against: None.

Testified: Jann Hoppler, DSHS, Mental Health (pro); Ted Wilson, DOC; Randy Ray, Brad Boswell, Aequus Corporation/Eli Lilly & Company (pro); Jean Wessman, Washington Association of Counties (pro).