
SUBSTITUTE HOUSE BILL 1765

State of Washington

53rd Legislature

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By House Committee on Corrections (originally sponsored by Representatives L. Johnson, Morris, Long, Cooke, Dellwo, Mastin, Thibaudeau, Campbell, Riley, Johanson, Karahalios, Eide, J. Kohl, Springer and Leonard)

Read first time 03/03/93.

1 AN ACT Relating to a corrections mental health center operated
2 through a partnership of the department of corrections and the
3 University of Washington; creating new sections; and declaring an
4 emergency.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** Historically the Washington state department
7 of corrections has provided medical treatment to those committed to its
8 care. Federal court decisions during the 1970's and 1980's have
9 mandated the availability of mental health treatment within the context
10 of this corrections medical care.

11 While the department's overall census has increased significantly
12 during the last five years, the proportion of mentally ill committed to
13 the department has expanded at an even more dramatic rate. In 1985,
14 two percent of the offenders entering corrections were considered to be
15 in need of mental health treatment. By June 1992, this percentage had
16 increased to fifteen percent of all incoming offenders. This number is
17 anticipated to reach twenty percent for incoming offenders within the
18 next five years.

1 Neither the quality nor quantity of mental health services within
2 the department has been sufficient to meet this expanding need.
3 Qualified mental health professionals have proved difficult to recruit,
4 resulting in vacancy rates as high as twenty-two percent for these
5 positions. Rarely do those few available professionals possess the
6 unique skills and experience for this type of work. Corrections mental
7 health staff training opportunities are limited as are research
8 initiatives with this population. While such training and research has
9 been available to state hospitals in recent years, comparable
10 activities have not existed within corrections. In addition,
11 coordination between the correctional mental health system and the
12 community mental health network and other community providers of mental
13 health care, law enforcement, and the general public should be
14 established in an effort to build bridges of cooperation that will
15 address the need for prevention and reintegration strategies for the
16 mentally ill offenders that will eventually be transitioned into the
17 community.

18 NEW SECTION. **Sec. 2.** (1) The department of corrections and the
19 University of Washington shall enter into a collaborative arrangement
20 to provide improved services for mentally ill offenders with a focus on
21 prevention, treatment, and reintegration to society. The participants
22 in the collaborative arrangement shall develop a strategic plan within
23 sixty days after the effective date of this act to address the
24 management of mentally ill offenders within the correctional system,
25 facilitating their reentry into the community and the mental health
26 system, and preventing the inappropriate incarceration of mentally ill
27 individuals. The collaborative arrangement shall also specify the
28 establishment and maintenance of a corrections mental health center
29 located at McNeil Island corrections center. The collaborative
30 arrangement shall require that an advisory panel of key stakeholders is
31 established and consulted throughout the development and implementation
32 of the center. The stakeholders advisory panel shall include a broad
33 array of interest groups drawn from representatives of mental health,
34 criminal justice, and correctional systems. The stakeholder advisory
35 panel shall include, but is not limited to, membership from: The
36 department of corrections, the department of social and health services
37 mental health division and division of juvenile rehabilitation,
38 regional support networks, local and regional law enforcement agencies,

1 the sentencing guidelines commission, county and city jails, mental
2 health advocacy groups for the mentally ill, developmentally disabled,
3 and traumatically brain-injured, and the general public. It shall be
4 the responsibility of the center established by the department of
5 corrections and University of Washington, in consultation with the
6 stakeholder advisory groups, to achieve, but not be limited to, the
7 implementation and evaluation of the following strategic plan
8 objectives:

9 (a) Develop new and innovative treatment approaches for corrections
10 mental health clients;

11 (b) Improve the quality of mental health services within the
12 department and throughout the corrections system;

13 (c) Facilitate mental health staff recruitment and training to meet
14 departmental, county, and municipal needs;

15 (d) Expand research activities within the department in the area of
16 treatment services, the design of delivery systems, the development of
17 organizational models, and training for corrections mental health care
18 professionals;

19 (e) Improve the work environment for correctional employees by
20 developing the skills, knowledge, and understanding of how to work with
21 offenders with special chronic mental health challenges;

22 (f) Establish a more positive rehabilitative environment for
23 offenders;

24 (g) Strengthen multidisciplinary mental health collaboration
25 between the University of Washington, other groups committed to the
26 intent of this act, and the department of corrections;

27 (h) Strengthen department linkages between institutions of higher
28 education, public sector mental health systems, and county and
29 municipal corrections;

30 (i) Assist in the continued formulation of corrections mental
31 health policies;

32 (j) Develop innovative and effective recruitment and training
33 programs for correctional personnel working with mentally ill
34 offenders;

35 (k) Assist in the development of a coordinated continuum of mental
36 health care capable of providing services from corrections entry to
37 community return;

38 (l) Evaluate all current and innovative approaches developed within
39 this center in terms of their effective and efficient achievement of

1 improve mental health of inmates, development and utilization of
2 personnel, the impact of these approaches on the functioning of
3 correctional institutions, and the relationship of the corrections
4 system to mental health and criminal justice systems. Specific
5 attention should be paid to evaluating the effects of programs on the
6 reintegration of mentally ill offenders into the community and the
7 prevention of inappropriate incarceration of mentally ill persons.

8 (2) The corrections mental health center shall be responsible for
9 conducting research, training, and treatment activities for the
10 mentally ill offender within selected sites operated by the department.
11 The department shall be responsible for the provision of support
12 services for the center such as food services, maintenance, perimeter
13 security, classification, offender supervision, and living unit
14 functions. The University of Washington shall be responsible for the
15 development, implementation, and evaluation of the clinical, treatment,
16 research, and evaluation components of the mentally ill offender
17 center. The institute of public policy and management shall be
18 consulted regarding the development of the center and in the
19 recommendations regarding public policy. As resources permit, training
20 within the center shall be available to state, county, and municipal
21 agencies requiring such services. Other state colleges, state
22 universities, and mental health providers may be involved in activities
23 as required on a subcontract basis. Community mental health
24 organizations, research groups, and community advocacy groups shall be
25 critical components of the center's operations and involved as
26 appropriate to annual objectives. Mentally ill clients shall be drawn
27 from throughout the department's population and transferred to the
28 center as clinical need, available services, and department
29 jurisdiction permits.

30 (3) The department shall prepare a report of the center's progress
31 toward the attainment of stated goals and provide such report to the
32 legislature annually.

33 NEW SECTION. **Sec. 3.** This act is necessary for the immediate
34 preservation of the public peace, health, or safety, or support of the
35 state government and its existing public institutions, and shall take
36 effect immediately.

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