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**SENATE BILL 5304**

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**State of Washington**

**67th Legislature**

**2021 Regular Session**

**By** Senators Wilson, C., Dhingra, Darneille, Das, Frockt, Hasegawa, Holy, Lovelett, Nguyen, Rivers, and Wellman

Read first time 01/20/21. Referred to Committee on Human Services, Reentry & Rehabilitation.

1 AN ACT Relating to providing reentry services to persons  
2 releasing from state and local institutions; amending RCW 74.09.670,  
3 74.09.555, 9.94.049, 72.09.370, 71.24.470, 71.24.480, 71.24.035, and  
4 72.09.270; adding a new section to chapter 71.24 RCW; and creating  
5 new sections.

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

7 NEW SECTION. **Sec. 1.** The legislature finds that the success of  
8 persons with behavioral health needs being released from confinement  
9 in a prison, jail, juvenile rehabilitation facility, state hospital,  
10 and other state and local institutions can be increased with access  
11 to continuity of medical assistance, supportive services, and other  
12 targeted assistance. The legislature finds that this act provides  
13 strategies to prevent interruption of medical assistance benefits and  
14 to allow for a seamless transfer between systems of care. The  
15 legislature further finds that this act removes stigmatizing language  
16 from the program created under RCW 72.09.370 and 71.24.470 and  
17 creates a work group to study how to expand the cost-effective  
18 strategies of this program to other populations and settings to  
19 enhance recovery, reduce recidivism, and improve safety.

1       **Sec. 2.** RCW 74.09.670 and 2016 c 154 s 2 are each amended to  
2 read as follows:

3       ~~((The))~~ When the authority receives information that a person  
4 enrolled in medical assistance is confined in a setting in which  
5 federal financial participation is disallowed by the state's  
6 agreements with the federal government, the authority ~~((is directed~~  
7 ~~to))~~ shall suspend, rather than terminate, medical assistance  
8 benefits ~~((by July 1, 2017,))~~ for these persons, including those who  
9 are incarcerated in a correctional institution as defined in RCW  
10 9.94.049, or committed to a state hospital or other treatment  
11 facility. ~~((This must include the ability for a))~~ A person who is not  
12 currently enrolled in medical assistance must be allowed to apply for  
13 medical assistance in suspense status during ~~((incarceration))~~  
14 confinement, and the ability to apply may not depend upon knowledge  
15 of the release or discharge date of the person. ~~((The authority must~~  
16 ~~provide a progress report describing program design and a detailed~~  
17 ~~fiscal estimate to the governor and relevant committees of the~~  
18 ~~legislature by December 1, 2016.))~~

19       **Sec. 3.** RCW 74.09.555 and 2019 c 325 s 4005 are each amended to  
20 read as follows:

21       (1) The authority shall adopt rules and policies providing that  
22 when persons ~~((with a mental disorder,))~~ who were enrolled in medical  
23 assistance immediately prior to confinement, or who become enrolled  
24 in medical assistance in suspense status during the period of  
25 confinement, are released from confinement, their medical assistance  
26 coverage ~~((will))~~ shall be fully reinstated ~~((on the day))~~ no later  
27 than at the moment of their release, subject to any expedited review  
28 of their continued eligibility for medical assistance coverage that  
29 is required under federal or state law. The authority may reinstate  
30 medical assistance prior to the day of release provided that no  
31 federal funds are expended for any purpose that is not authorized by  
32 the state's agreements with the federal government.

33       (2) The authority, in collaboration with the Washington  
34 association of sheriffs and police chiefs, the department of  
35 corrections, the department of children, youth, and families, managed  
36 care organizations, and behavioral health administrative services  
37 organizations, shall establish procedures for coordination between  
38 the authority and department field offices, institutions for mental  
39 disease, and correctional institutions, as defined in RCW 9.94.049,

1 that result in prompt reinstatement of eligibility and speedy  
2 eligibility determinations for (~~persons who are likely to be~~  
3 ~~eligible for~~) medical assistance services upon release from  
4 confinement. Procedures developed under this subsection must address:

5 (a) Mechanisms for receiving medical assistance services  
6 applications on behalf of confined persons in anticipation of their  
7 release from confinement;

8 (b) Expeditious review of applications filed by or on behalf of  
9 confined persons and, to the extent practicable, completion of the  
10 review before the person is released;

11 (c) Mechanisms for providing medical assistance services identity  
12 cards to persons eligible for medical assistance services  
13 (~~immediately upon~~) before their release from confinement; (~~and~~)

14 (d) Coordination with the federal social security administration,  
15 through interagency agreements or otherwise, to expedite processing  
16 of applications for federal supplemental security income or social  
17 security disability benefits, including federal acceptance of  
18 applications on behalf of confined persons; and

19 (e) Assuring that notification of the person's release date,  
20 current location, and other appropriate information is provided to  
21 the person's managed care organization at least 30 days before the  
22 person's scheduled release from confinement, or as soon as  
23 practicable thereafter.

24 (3) Where medical or psychiatric examinations during a person's  
25 confinement indicate that the person is disabled, the correctional  
26 institution or institution for mental diseases shall provide the  
27 authority with that information for purposes of making medical  
28 assistance eligibility and enrollment determinations prior to the  
29 person's release from confinement. The authority shall, to the  
30 maximum extent permitted by federal law, use the examination in  
31 making its determination whether the person is disabled and eligible  
32 for medical assistance.

33 (4) For purposes of this section, "confined" or "confinement"  
34 means incarcerated in a correctional institution, as defined in RCW  
35 9.94.049, or admitted to an institute for mental disease, as defined  
36 in 42 C.F.R. part 435, Sec. 1009 on July 24, 2005.

37 (~~For purposes of this section, "likely to be eligible" means~~  
38 ~~that a person:~~

39 ~~(a) Was enrolled in medicaid or supplemental security income or~~  
40 ~~the medical care services program immediately before he or she was~~

1 ~~confined and his or her enrollment was terminated during his or her~~  
2 ~~confinement; or~~

3 ~~(b) Was enrolled in medicaid or supplemental security income or~~  
4 ~~the medical care services program at any time during the five years~~  
5 ~~before his or her confinement, and medical or psychiatric~~  
6 ~~examinations during the person's confinement indicate that the person~~  
7 ~~continues to be disabled and the disability is likely to last at~~  
8 ~~least twelve months following release.~~

9 ~~(6))~~ The economic services administration within the department  
10 shall adopt standardized statewide screening and application  
11 practices and forms designed to facilitate the application of a  
12 confined person (~~who is likely to be eligible~~) for medicaid.

13 NEW SECTION. **Sec. 4.** (1) The health care authority shall apply  
14 for a waiver allowing the state to provide medicaid services to  
15 persons who are confined in a correctional institution as defined in  
16 RCW 9.94.049 or confined in a state hospital or other treatment  
17 facility up to 30 days prior to the person's release or discharge to  
18 the community. The purpose is to create continuity of care and  
19 provide reentry services.

20 (2) The health care authority shall consult with the work group  
21 established under section 9 of this act about how to optimize the  
22 waiver application and its chance of success, including by limiting  
23 its scope if deemed appropriate.

24 (3) The health care authority shall inform the governor and  
25 relevant committees of the legislature in writing when the waiver  
26 application is submitted and update them as to progress of the waiver  
27 at appropriate points.

28 **Sec. 5.** RCW 9.94.049 and 1995 c 314 s 6 are each amended to read  
29 as follows:

30 (1) For the purposes of this chapter, the term "correctional  
31 institution" means any place designated by law for the keeping of  
32 persons held in custody under process of law, or under lawful arrest,  
33 including state prisons, county and local jails, juvenile detention  
34 centers, and other facilities operated by the department of  
35 corrections, department of children, youth, and families, or local  
36 governmental units primarily for the purposes of punishment,  
37 correction, or rehabilitation following conviction or adjudication of  
38 a criminal offense.

1 (2) For the purposes of RCW 9.94.043 and 9.94.045, "state  
2 correctional institution" means all state correctional facilities  
3 under the supervision of the secretary of the department of  
4 corrections used solely for the purpose of confinement of convicted  
5 felons.

6 **Sec. 6.** RCW 72.09.370 and 2019 c 325 s 5025 are each amended to  
7 read as follows:

8 (1) The ~~((offender))~~ reentry community ~~((safety))~~ services  
9 program is established to provide intensive services to ~~((offenders))~~  
10 persons identified under this subsection and to thereby promote  
11 successful reentry, public safety, and recovery. The secretary shall  
12 identify ~~((offenders))~~ persons in confinement or partial confinement  
13 who: (a) Are reasonably believed to ~~((be dangerous))~~ present a danger  
14 to themselves or others if released to the community without  
15 supportive services; and (b) have a mental disorder. In ~~((determining~~  
16 ~~an offender's dangerousness))~~ evaluating these criteria, the  
17 secretary shall consider behavior known to the department and  
18 factors, based on research, that are linked to ~~((an increased))~~ risk  
19 ~~((for))~~ of dangerousness ~~((of offenders))~~ for persons with mental  
20 illnesses within the criminal justice system and shall include  
21 consideration of ~~((an offender's))~~ the person's history of substance  
22 use disorder or abuse.

23 (2) Prior to release of ~~((an offender))~~ a person identified under  
24 this section, a team consisting of representatives of the department  
25 of corrections, the health care authority, and, as necessary, the  
26 indeterminate sentence review board, divisions or administrations  
27 within the department of social and health services, specifically  
28 including the division of developmental disabilities, the appropriate  
29 managed care organization ~~((contracted with the health care~~  
30 ~~authority, the appropriate))~~ or behavioral health administrative  
31 services organization, and ~~((the))~~ reentry community services  
32 providers, as appropriate, shall develop a plan, as determined  
33 necessary by the team, for delivery of treatment and support services  
34 to the ~~((offender))~~ person upon release. In developing the plan, the  
35 ~~((offender))~~ person shall be offered assistance in executing a mental  
36 health advance directive under chapter 71.32 RCW, after being fully  
37 informed of the benefits, scope, and purposes of such directive. The  
38 team may include a school district representative for ~~((offenders))~~  
39 persons under the age of ~~((twenty-one))~~ 21. The team shall consult

1 with the (~~offender's~~) person's counsel, if any, and, as  
2 appropriate, the (~~offender's~~) person's family and community. The  
3 team shall notify the crime victim/witness program, which shall  
4 provide notice to all people registered to receive notice under RCW  
5 72.09.712 of the proposed release plan developed by the team.  
6 Victims, witnesses, and other interested people notified by the  
7 department may provide information and comments to the department on  
8 potential safety risk to specific individuals or classes of  
9 individuals posed by the specific (~~offender~~) person. The team may  
10 recommend: (a) That the (~~offender~~) person be evaluated by (~~the~~) a  
11 designated crisis responder, as defined in chapter 71.05 RCW; (b)  
12 department-supervised community treatment; or (c) voluntary community  
13 mental health or substance use disorder or abuse treatment.

14 (3) Prior to release of (~~an offender~~) a person identified under  
15 this section, the team shall determine whether or not an evaluation  
16 by a designated crisis responder is needed. If an evaluation is  
17 recommended, the supporting documentation shall be immediately  
18 forwarded to the appropriate designated crisis responder. The  
19 supporting documentation shall include the (~~offender's~~) person's  
20 criminal history, history of judicially required or administratively  
21 ordered involuntary antipsychotic medication while in confinement,  
22 and any known history of involuntary civil commitment.

23 (4) If an evaluation by a designated crisis responder is  
24 recommended by the team, such evaluation shall occur not more than  
25 ten days, nor less than five days, prior to release.

26 (5) A second evaluation by a designated crisis responder shall  
27 occur on the day of release if requested by the team, based upon new  
28 information or a change in the (~~offender's~~) person's mental  
29 condition, and the initial evaluation did not result in an emergency  
30 detention or a summons under chapter 71.05 RCW.

31 (6) If the designated crisis responder determines an emergency  
32 detention under chapter 71.05 RCW is necessary, the department shall  
33 release the (~~offender~~) person only to a state hospital or to a  
34 consenting evaluation and treatment facility or secure withdrawal  
35 management and stabilization facility. The department shall arrange  
36 transportation of the (~~offender~~) person to the hospital or  
37 facility.

38 (7) If the designated crisis responder believes that a less  
39 restrictive alternative treatment is appropriate, he or she shall  
40 seek a summons, pursuant to the provisions of chapter 71.05 RCW, to

1 require the ~~((offender))~~ person to appear at an evaluation and  
2 treatment facility or secure withdrawal management and stabilization  
3 facility. If a summons is issued, the ~~((offender))~~ person shall  
4 remain within the corrections facility until completion of his or her  
5 term of confinement and be transported, by corrections personnel on  
6 the day of completion, directly to the identified ~~((evaluation and~~  
7 ~~treatment))~~ facility.

8 (8) The secretary shall adopt rules to implement this section.

9 **Sec. 7.** RCW 71.24.470 and 2019 c 325 s 1030 are each amended to  
10 read as follows:

11 (1) The director shall contract, to the extent that funds are  
12 appropriated for this purpose, for case management services and such  
13 other services as the director deems necessary to assist  
14 ~~((offenders))~~ persons identified under RCW 72.09.370 for  
15 participation in the ~~((offender))~~ reentry community ~~((safety))~~  
16 services program. The contracts may be with any qualified and  
17 appropriate entities.

18 (2) The case manager has the authority to assist these  
19 ~~((offenders))~~ persons in obtaining the services, as set forth in the  
20 plan created under RCW 72.09.370(2), for up to five years. The  
21 services may include coordination of mental health services,  
22 assistance with unfunded medical expenses, assistance obtaining  
23 substance use disorder treatment, housing, employment services,  
24 educational or vocational training, independent living skills,  
25 parenting education, anger management services, peer services, and  
26 such other services as the case manager deems necessary.

27 (3) The legislature intends that funds appropriated for the  
28 purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section  
29 are to supplement and not to supplant general funding. Funds  
30 appropriated to implement RCW 72.09.370, 71.05.145, and 71.05.212,  
31 and this section are not to be considered available resources as  
32 defined in RCW 71.24.025 and are not subject to the priorities,  
33 terms, or conditions in the appropriations act established pursuant  
34 to RCW 71.24.035.

35 (4) The ~~((offender))~~ reentry community ~~((safety))~~ services  
36 program was formerly known as the community integration assistance  
37 program.

1       **Sec. 8.** RCW 71.24.480 and 2019 c 325 s 1031 are each amended to  
2 read as follows:

3       (1) A licensed or certified behavioral health agency acting in  
4 the course of the (~~provider's~~) agency's duties under this  
5 chapter(~~, is~~) and its individual employees are not liable for civil  
6 damages resulting from the injury or death of another caused by a  
7 participant in the (~~offender~~) reentry community (~~safety~~) services  
8 program who is a client of the (~~provider or organization~~) agency,  
9 unless the act or omission of the (~~provider or organization~~) agency  
10 or employee constitutes:

11       (a) Gross negligence;

12       (b) Willful or wanton misconduct; or

13       (c) A breach of the duty to warn of and protect from a client's  
14 threatened violent behavior if the client has communicated a serious  
15 threat of physical violence against a reasonably ascertainable victim  
16 or victims.

17       (2) In addition to any other requirements to report violations,  
18 the licensed or certified behavioral health agency shall report (~~an~~  
19 ~~offender's~~) a reentry community services program participant's  
20 expressions of intent to harm or other predatory behavior, regardless  
21 of whether there is an ascertainable victim, in progress reports and  
22 other established processes that enable courts and supervising  
23 entities to assess and address the progress and appropriateness of  
24 treatment.

25       (3) A licensed or certified behavioral health agency's mere act  
26 of treating a participant in the (~~offender~~) reentry community  
27 (~~safety~~) services program is not negligence. Nothing in this  
28 subsection alters the licensed or certified behavioral health  
29 agency's normal duty of care with regard to the client.

30       (4) The limited liability provided by this section applies only  
31 to the conduct of licensed or certified behavioral health agencies  
32 and their employees and does not apply to conduct of the state.

33       (5) For purposes of this section, "participant in the  
34 (~~offender~~) reentry community (~~safety~~) services program" means a  
35 person who has been identified under RCW 72.09.370 as (~~an offender~~)  
36 a person who: (a) Is reasonably believed to (~~be dangerous~~) present  
37 a danger to himself or herself or others if released to the community  
38 without supportive services; and (b) has a mental disorder.



1        NEW SECTION.    **Sec. 9.**    A new section is added to chapter 71.24  
2    RCW to read as follows:

3        (1) The authority shall convene a reentry services work group to  
4    consider ways to improve reentry services for persons with an  
5    identified behavioral health services need. The work group shall:

6        (a) Advise the authority on its waiver application under section  
7    6 of this act;

8        (b) Consider the value of expanding, replicating, or adapting the  
9    essential elements of the reentry community services program under  
10   RCW 72.09.370 and 71.24.470 to benefit new populations, such as:

11        (i) A larger group of incarcerated persons in the department of  
12   corrections than those who currently have the opportunity to  
13   participate;

14        (ii) State hospital patients committed under criminal insanity  
15   laws under chapter 10.77 RCW;

16        (iii) Involuntary treatment patients committed under chapter  
17   71.05 RCW;

18        (iv) Persons committed to juvenile rehabilitation;

19        (v) Persons confined in jail; and

20        (vi) Other populations recommended by the work group;

21        (c) Consider whether modifications should be made to the reentry  
22   community services program;

23        (d) Identify potential costs and savings for the state and local  
24   governments which could be realized through expansion or replication  
25   of the reentry community services program or other reentry programs  
26   which are supported by evidence;

27        (e) Consider the sustainability of reentry or diversion services  
28   provided by pilot programs funded by contempt fines in *Trueblood, et*  
29   *al., v. Washington State DSHS*, No. 15-35462;

30        (f) Recommend a means of funding expanded reentry services; and

31        (g) Consider incorporation of peer services into the reentry  
32   community services programs.

33        (2) The authority shall invite participation in the work group by  
34   stakeholders including but not limited to representatives from:  
35   Disability rights Washington; behavioral health advocacy  
36   organizations; behavioral health peers; reentry community services  
37   providers; community behavioral health agencies; advocates for  
38   persons with developmental disabilities; the department of  
39   corrections; the department of children, youth, and families; the  
40   Washington association of sheriffs and police chiefs; prosecutors;

1 defense attorneys; the Washington state association of counties; King  
2 county behavioral health and recovery division; the department of  
3 social and health services; state hospital employees who serve  
4 patients committed under chapters 10.77 and 71.05 RCW; the public  
5 safety review panel under RCW 10.77.270; managed care organizations;  
6 behavioral health administrative services organizations; the  
7 Washington statewide reentry council; the Washington state senate;  
8 the Washington state house of representatives; and the Washington  
9 state institute for public policy.

10 (3) The work group must provide a progress report to the governor  
11 and appropriate committees of the legislature by December 1, 2021,  
12 and a final report by December 1, 2022.

13 **Sec. 10.** RCW 71.24.035 and 2020 c 256 s 202 are each amended to  
14 read as follows:

15 (1) The authority is designated as the state behavioral health  
16 authority which includes recognition as the single state authority  
17 for substance use disorders and state mental health authority.

18 (2) The director shall provide for public, client, tribal, and  
19 licensed or certified behavioral health agency participation in  
20 developing the state behavioral health program, developing related  
21 contracts, and any waiver request to the federal government under  
22 medicaid.

23 (3) The director shall provide for participation in developing  
24 the state behavioral health program for children and other  
25 underserved populations, by including representatives on any  
26 committee established to provide oversight to the state behavioral  
27 health program.

28 (4) The authority shall be designated as the behavioral health  
29 administrative services organization for a regional service area if a  
30 behavioral health administrative services organization fails to meet  
31 the authority's contracting requirements or refuses to exercise the  
32 responsibilities under its contract or state law, until such time as  
33 a new behavioral health administrative services organization is  
34 designated.

35 (5) The director shall:

36 (a) Assure that any behavioral health administrative services  
37 organization, managed care organization, or community behavioral  
38 health program provides medically necessary services to medicaid  
39 recipients consistent with the state's medicaid state plan or federal

1 waiver authorities, and nonmedicaid services consistent with  
2 priorities established by the authority;

3 (b) Develop contracts in a manner to ensure an adequate network  
4 of inpatient services, evaluation and treatment services, and  
5 facilities under chapter 71.05 RCW to ensure access to treatment,  
6 resource management services, and community support services;

7 (c) Make contracts necessary or incidental to the performance of  
8 its duties and the execution of its powers, including managed care  
9 contracts for behavioral health services, contracts entered into  
10 under RCW 74.09.522, and contracts with public and private agencies,  
11 organizations, and individuals to pay them for behavioral health  
12 services;

13 (d) Define administrative costs and ensure that the behavioral  
14 health administrative services organization does not exceed an  
15 administrative cost of (~~ten~~) 10 percent of available funds;

16 (e) Establish, to the extent possible, a standardized auditing  
17 procedure which is designed to assure compliance with contractual  
18 agreements authorized by this chapter and minimizes paperwork  
19 requirements. The audit procedure shall focus on the outcomes of  
20 service as provided in RCW 71.24.435, 70.320.020, and 71.36.025;

21 (f) Develop and maintain an information system to be used by the  
22 state and behavioral health administrative services organizations and  
23 managed care organizations that includes a tracking method which  
24 allows the authority to identify behavioral health clients'  
25 participation in any behavioral health service or public program on  
26 an immediate basis. The information system shall not include  
27 individual patient's case history files. Confidentiality of client  
28 information and records shall be maintained as provided in this  
29 chapter and chapter 70.02 RCW;

30 (g) Monitor and audit behavioral health administrative services  
31 organizations as needed to assure compliance with contractual  
32 agreements authorized by this chapter;

33 (h) Monitor and audit access to behavioral health services for  
34 individuals eligible for medicaid who are not enrolled in a managed  
35 care organization;

36 (i) Adopt such rules as are necessary to implement the  
37 authority's responsibilities under this chapter;

38 (j) Administer or supervise the administration of the provisions  
39 relating to persons with substance use disorders and intoxicated

1 persons of any state plan submitted for federal funding pursuant to  
2 federal health, welfare, or treatment legislation;

3 (k) Require the behavioral health administrative services  
4 organizations and the managed care organizations to develop  
5 agreements with tribal, city, and county jails and the department of  
6 corrections to accept referrals for enrollment on behalf of a  
7 confined person, prior to the person's release;

8 (l) Require behavioral health administrative services  
9 organizations and managed care organizations, as applicable, to  
10 provide services as identified in RCW 71.05.585 to individuals  
11 committed for involuntary commitment under less restrictive  
12 alternative court orders when:

13 (i) The individual is enrolled in the medicaid program; or

14 (ii) The individual is not enrolled in medicaid, does not have  
15 other insurance which can pay for the services, and the behavioral  
16 health administrative services organization has adequate available  
17 resources to provide the services; (~~and~~)

18 (m) Coordinate with the centers for medicare and medicaid  
19 services to provide that behavioral health aide services are eligible  
20 for federal funding of up to (~~one hundred~~) 100 percent; and

21 (n) Require managed care organizations and behavioral health  
22 administrative services organizations to assure that sufficient  
23 contractors exist to provide services through the reentry community  
24 services program under RCW 72.09.370 and 71.24.470 for eligible  
25 clients in every regional service area.

26 (6) The director shall use available resources only for  
27 behavioral health administrative services organizations and managed  
28 care organizations, except:

29 (a) To the extent authorized, and in accordance with any  
30 priorities or conditions specified, in the biennial appropriations  
31 act; or

32 (b) To incentivize improved performance with respect to the  
33 client outcomes established in RCW 71.24.435, 70.320.020, and  
34 71.36.025, integration of behavioral health and medical services at  
35 the clinical level, and improved care coordination for individuals  
36 with complex care needs.

37 (7) Each behavioral health administrative services organization,  
38 managed care organization, and licensed or certified behavioral  
39 health agency shall file with the secretary of the department of  
40 health or the director, on request, such data, statistics, schedules,

1 and information as the secretary of the department of health or the  
2 director reasonably requires. A behavioral health administrative  
3 services organization, managed care organization, or licensed or  
4 certified behavioral health agency which, without good cause, fails  
5 to furnish any data, statistics, schedules, or information as  
6 requested, or files fraudulent reports thereof, may be subject to the  
7 contractual remedies in RCW 74.09.871 or may have its service  
8 provider certification or license revoked or suspended.

9 (8) The superior court may restrain any behavioral health  
10 administrative services organization, managed care organization, or  
11 service provider from operating without a contract, certification, or  
12 a license or any other violation of this section. The court may also  
13 review, pursuant to procedures contained in chapter 34.05 RCW, any  
14 denial, suspension, limitation, restriction, or revocation of  
15 certification or license, and grant other relief required to enforce  
16 the provisions of this chapter.

17 (9) Upon petition by the secretary of the department of health or  
18 the director, and after hearing held upon reasonable notice to the  
19 facility, the superior court may issue a warrant to an officer or  
20 employee of the secretary of the department of health or the director  
21 authorizing him or her to enter at reasonable times, and examine the  
22 records, books, and accounts of any behavioral health administrative  
23 services organization, managed care organization, or service provider  
24 refusing to consent to inspection or examination by the authority.

25 (10) Notwithstanding the existence or pursuit of any other  
26 remedy, the secretary of the department of health or the director may  
27 file an action for an injunction or other process against any person  
28 or governmental unit to restrain or prevent the establishment,  
29 conduct, or operation of a behavioral health administrative services  
30 organization, managed care organization, or service provider without  
31 a contract, certification, or a license under this chapter.

32 (11) The authority shall distribute appropriated state and  
33 federal funds in accordance with any priorities, terms, or conditions  
34 specified in the appropriations act.

35 (12) The authority, in cooperation with the state congressional  
36 delegation, shall actively seek waivers of federal requirements and  
37 such modifications of federal regulations as are necessary to allow  
38 federal medicaid reimbursement for services provided by freestanding  
39 evaluation and treatment facilities licensed under chapter 71.12 RCW  
40 or certified under chapter 71.05 RCW. The authority shall

1 periodically share the results of its efforts with the appropriate  
2 committees of the senate and the house of representatives.

3 (13) The authority may:

4 (a) Plan, establish, and maintain substance use disorder  
5 prevention and substance use disorder treatment programs as necessary  
6 or desirable;

7 (b) Coordinate its activities and cooperate with behavioral  
8 programs in this and other states, and make contracts and other joint  
9 or cooperative arrangements with state, tribal, local, or private  
10 agencies in this and other states for behavioral health services and  
11 for the common advancement of substance use disorder programs;

12 (c) Solicit and accept for use any gift of money or property made  
13 by will or otherwise, and any grant of money, services, or property  
14 from the federal government, the state, or any political subdivision  
15 thereof or any private source, and do all things necessary to  
16 cooperate with the federal government or any of its agencies in  
17 making an application for any grant;

18 (d) Keep records and engage in research and the gathering of  
19 relevant statistics; and

20 (e) Acquire, hold, or dispose of real property or any interest  
21 therein, and construct, lease, or otherwise provide substance use  
22 disorder treatment programs.

23 NEW SECTION. **Sec. 11.** The Washington state institute for public  
24 policy shall update its previous evaluations of the reentry community  
25 services program under RCW 72.09.370 and 71.24.470, and broaden its  
26 cost-benefit analysis to include impacts on the use of public  
27 services, and other factors. The institute shall collaborate with the  
28 work group established under section 9 of this act to determine  
29 research parameters and help the work group answer additional  
30 research questions including, but not limited to, the potential cost,  
31 benefit, and risks involved in expanding or replicating the reentry  
32 community services program; and what modifications to the program are  
33 most likely to prove advantageous based on the current state of  
34 knowledge about evidence-based, research-based, and promising  
35 programs. The department of corrections, health care authority,  
36 administrative office of the courts, King county, and department of  
37 social and health services must cooperate with the institute to  
38 facilitate access to data or other resources necessary to complete  
39 this work. The institute must provide a preliminary report by

1 December 1, 2021, and a final report by November 1, 2022, to the  
2 governor and relevant committees of the legislature.

3 **Sec. 12.** RCW 72.09.270 and 2008 c 231 s 48 are each amended to  
4 read as follows:

5 (1) The department of corrections shall develop an individual  
6 reentry plan as defined in RCW 72.09.015 for every ~~((offender))~~  
7 person who is committed to the jurisdiction of the department except:

8 (a) ~~((Offenders))~~ Persons who are sentenced to life without the  
9 possibility of release or sentenced to death under chapter 10.95 RCW;  
10 and

11 (b) ~~((Offenders))~~ Persons who are subject to the provisions of 8  
12 U.S.C. Sec. 1227.

13 (2) The individual reentry plan may be one document, or may be a  
14 series of individual plans that combine to meet the requirements of  
15 this section.

16 (3) In developing individual reentry plans, the department shall  
17 assess all ~~((offenders))~~ persons using standardized and comprehensive  
18 tools to identify the criminogenic risks, programmatic needs, and  
19 educational and vocational skill levels for each ~~((offender))~~ person.  
20 The assessment tool should take into account demographic biases, such  
21 as culture, age, and gender, as well as the needs of the ~~((offender))~~  
22 person, including any learning disabilities, substance abuse or  
23 mental health issues, and social or behavior deficits.

24 (4)(a) The initial assessment shall be conducted as early as  
25 sentencing, but, whenever possible, no later than ~~((forty-five))~~ 45  
26 days of being sentenced to the jurisdiction of the department of  
27 corrections.

28 (b) The ~~((offender's))~~ person's individual reentry plan shall be  
29 developed as soon as possible after the initial assessment is  
30 conducted, but, whenever possible, no later than ~~((sixty))~~ 60 days  
31 after completion of the assessment, and shall be periodically  
32 reviewed and updated as appropriate.

33 (5) The individual reentry plan shall, at a minimum, include:

34 (a) A plan to maintain contact with the inmate's children and  
35 family, if appropriate. The plan should determine whether parenting  
36 classes, or other services, are appropriate to facilitate successful  
37 reunification with the ~~((offender's))~~ person's children and family;

38 (b) An individualized portfolio for each ~~((offender))~~ person that  
39 includes the ~~((offender's))~~ person's education achievements,

1 certifications, employment, work experience, skills, and any training  
2 received prior to and during incarceration; and

3 (c) A plan for the (~~offender~~) person during the period of  
4 incarceration through reentry into the community that addresses the  
5 needs of the (~~offender~~) person including education, employment,  
6 substance abuse treatment, mental health treatment, family  
7 reunification, and other areas which are needed to facilitate a  
8 successful reintegration into the community.

9 (6) (a) Prior to discharge of any (~~offender~~) person, the  
10 department shall:

11 (i) Evaluate the (~~offender's~~) person's needs and, to the extent  
12 possible, connect the (~~offender~~) person with existing services and  
13 resources that meet those needs; and

14 (ii) Connect the (~~offender~~) person with a community justice  
15 center and/or community transition coordination network in the area  
16 in which the (~~offender~~) person will be residing once released from  
17 the correctional system if one exists.

18 (b) If the department recommends partial confinement in (~~an~~  
19 ~~offender's~~) a person's individual reentry plan, the department shall  
20 maximize the period of partial confinement for the (~~offender~~)  
21 person as allowed pursuant to RCW 9.94A.728 to facilitate the  
22 (~~offender's~~) person's transition to the community.

23 (7) The department shall establish mechanisms for sharing  
24 information from individual reentry plans to those persons involved  
25 with the (~~offender's~~) person's treatment, programming, and reentry,  
26 when deemed appropriate. When feasible, this information shall be  
27 shared electronically.

28 (8) (a) In determining the county of discharge for (~~an offender~~)  
29 a person released to community custody, the department may (~~not~~)  
30 approve a residence location that is not in the (~~offender's~~)  
31 person's county of origin (~~unless it is determined by the~~) if the  
32 department determines that the (~~offender's return to his or her~~  
33 ~~county of origin would be inappropriate considering~~) residence  
34 location would be appropriate based on any court-ordered condition of  
35 the (~~offender's~~) person's sentence, victim safety concerns,  
36 (~~negative influences on the offender in the community, or the~~) and  
37 factors that increase opportunities for successful reentry and long-  
38 term support including, but not limited to, location of family or  
39 other sponsoring persons or organizations that will support the  
40 (~~offender~~) person, availability of appropriate programming or



1 treatment, and access to housing, employment, and prosocial  
2 influences on the person in the community.

3 (b) If the (~~offender~~) person is not returned to his or her  
4 county of origin, the department shall provide the law and justice  
5 council of the county in which the (~~offender~~) person is placed with  
6 a written explanation.

7 (c)(i) For purposes of this section, except as provided in  
8 (c)(ii) of this subsection, the (~~offender's~~) person's county of  
9 origin means the county of the (~~offender's~~) person's residence at  
10 the time of the person's first felony conviction in Washington state.

11 (ii) If the person is a homeless person as defined in RCW  
12 43.185C.010, or the person's residence is unknown, then the person's  
13 county of origin means the county of the person's first felony  
14 conviction in Washington state.

15 (9) Nothing in this section creates a vested right in  
16 programming, education, or other services.

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