

SENATE BILL REPORT

SB 5888

As of January 16, 2024

Title: An act relating to statewide health care coordination and communication regarding individuals housed in confinement settings.

Brief Description: Concerning statewide health care coordination and communication regarding individuals housed in confinement settings.

Sponsors: Senators Wilson, C., Boehnke, Hasegawa, Nguyen, Nobles and Wellman.

Brief History:

Committee Activity: Human Services: 1/16/24.

Brief Summary of Bill

- Creates the Council of Health Care Coordination for Justice-Involved Youth and Adults at the Department of Health.

SENATE COMMITTEE ON HUMAN SERVICES

Staff: Kelsey-anne Fung (786-7479)

Background: County Juvenile Detention Facilities. Confinement imposed by a juvenile court up to 30 days is served in a county juvenile detention facility. Counties with more than 50,000 inhabitants are required to provide and maintain a juvenile detention facility, while counties with fewer inhabitants may provide and maintain such a facility. A consortium of counties in Eastern Washington contract with Martin Hall Juvenile Detention Facility (Martin Hall) in Medical Lake for juvenile detention services.

Juvenile Rehabilitation Institutions. The Juvenile Rehabilitation (JR) division of the Department of Children, Youth, and Families (DCYF) operates two secure residential facilities for juveniles who are convicted of crimes and sentenced to more than 30 days of confinement. The Echo Glen Children's Center in Snoqualmie serves younger males as well

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

as female juveniles. The Green Hill School in Chehalis serves older male juveniles.

Department of Social and Health Services. The Department of Social and Health Services (DSHS) Behavioral Health Administration operates three state hospitals for psychiatric treatment: Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center. These hospitals treat patients from around the state, primarily those who are committed by a court for long-term mental health treatment for 90 days or more. DSHS also operates the Special Commitment Center, which is a total confinement facility on McNeil Island that provides specialized mental health treatment for civilly committed sex offenders who have completed their prison sentences.

Department of Corrections. The Washington State Department of Corrections (DOC) operates and manages 11 adult correctional facilities across the state. There are nine serving males and two serving females. As of October 2023, 13,554 individuals are incarcerated in DOC prisons.

Federally Recognized Tribes. A federally recognized tribe is an American Indian or Alaska Native tribal entity recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation. Tribal sovereignty includes the right to establish their own form of government, determine membership requirements, enact legislation, and establish law enforcement and court systems. There are 574 federally recognized American Indian and Alaska Native tribes and villages, 29 of which are in Washington.

Tribal courts exert general jurisdiction over their tribal membership, as limited by the tribal code and constitution, and federal law. Few tribes have their own jails or juvenile detention facilities. Many tribes contract to use local county jail facilities, or they contract with other tribes that have jail facilities. Legislation from 2022 allows DOC to receive and imprison a person sentenced to prison by the authority of a federally recognized tribe.

Jails. Cities and counties are authorized to acquire, build, operate, and maintain holding, detention, special detention, and correctional facilities at any place within the county designated by the county or municipal legislative authority.

Summary of Bill: The Council of Health Care Coordination for Justice-Involved Youth and Adults (Council) is created and located in the Department of Health (DOH) to address coordination and communication between federally recognized tribes and state and local agencies that house individuals in confinement settings.

Membership. The Council must be composed of the following voting members:

- a physician appointed by the Secretary of DOH;
- the Secretary of DSHS, or the Secretary's designee;
- the Director of the Health Care Authority (HCA), or the director's designee;
- the Secretary of DOC, or the Secretary's designee;

- the Secretary of DCYF, or the Secretary's designee;
- a representative from the Washington Association of Sheriffs and Police Chiefs (WASPC);
- a member representing a federally recognized tribe in Washington State, appointed by the Governor's Office of Indian Affairs;
- the Governor, or the Governor's designee;
- a member representing county juvenile court administrators; and
- a member with lived experience of using the health care system in a total confinement institution.

Nonvoting members may include, but not limited to, additional persons with lived experience of using the health care system in a total confinement institution or members of the public with knowledge of carceral health care. Travel expenses for meetings and official business of the Council must be reimbursed for Council members and DOH must provide stipends to eligible Council members.

The physician appointed by the DOH Secretary must be the Council chair and be fully dedicated to Council duties. Through DOH, the Council must also employ a data analyst, an administrative assistance, and two epidemiologists as full-time staff.

Duties. The Council must meet at least quarterly and additional meetings may be called by the chair. Additional meetings are required to be called by the chair upon the written request of eight members. The meetings must comply with the Open Public Meetings Act.

The Council must review current laws and policies relating to health care information sharing among agencies that house individuals in jails, DOC, juvenile rehabilitation facilities, juvenile detention facilities, Western and Eastern State hospitals, the Special Commitment Center, and other entities deemed appropriate by the Council. The Council must make recommendations to:

- improve and ensure information and data sharing among and within state agencies regarding the health of adults and juveniles in such facilities;
- improve coordination among and within state and local agencies and avoid duplication;
- provide an easy, fast, and effective forum for communication and information sharing among DOH, HCA, DSHS, DOC, DCYF, WASPC, court administrators, and federal, local, and community organizations; and
- improve communication and information sharing between the state and its federal partners to proactively address public health issues.

The Council may appoint advisory committees which must be reviewed on a biennial basis. Council members must participate in, or coordinate with, any additional councils or statewide activities created in the future involving the health of adults and youth who are incarcerated or otherwise housed in confinement settings. Council members are responsible for tracking activities within their responsive agencies or jurisdictions that relate to the

health of individuals housed in confinement facilities. The Council must submit an annual report beginning November 1, 2024, on the Council's activities accomplished in the prior year to the Governor and appropriate committees of the Legislature.

Correctional institution means any place designated by law for the keeping of persons held in custody under process of law, or under lawful arrest, including state prisons, county and local jails, juvenile detention centers, and other facilities operated by DOC, DCYF, or local governmental units primarily for the purposes of punishment, correction, or rehabilitation following conviction or adjudication of a criminal offense. Confinement means incarcerated in a correctional institution or admitted to an institute for mental disease under federal law.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony: PRO: This bill will improve planning and coordination of health care services when people are leaving institutions of incarceration. This bill will allow state and local agencies to coordinate health care services, which is critical for the federal 1115 waiver that allows reentry coverage for up to 90 days prior to release from incarceration. Individuals often transfer among and between jails and prisons, and there are gaps and miscommunications, and times when systems are not communicating with each other.

Efforts have lagged behind relating to lack of system being interconnected within agencies, and among and between agencies. Efforts are duplicated when people do not have access to the same information and ways to share, and it is not a good use of resources.

This bill would continue the work of the multi-agency workgroup that has been meeting on reentry and make it permanent as a council. This is also related to work being done around electronic health records and infrastructure.

Persons Testifying: PRO: Senator Claire Wilson, Prime Sponsor; Marc Stern.

Persons Signed In To Testify But Not Testifying: No one.