E2SSB 5304 - H COMM AMD By Committee on Health Care & Wellness

ADOPTED AND ENGROSSED 04/09/2021

1 Strike everything after the enacting clause and insert the 2 following:

The legislature finds that when 3 "NEW SECTION. Sec. 1. considering releasing persons from state and local institutions, 4 realizing the safety of the public is the primary concern. 5 The legislature also finds that the success of persons with behavioral 6 7 health needs being released from confinement in a prison, jail, juvenile rehabilitation facility, state hospital, and other state and 8 local institutions can be increased with access to continuity of 9 medical assistance, supportive services, and other targeted 10 11 assistance. The legislature finds that this act provides strategies 12 to prevent interruption of medical assistance benefits and to allow 13 for a seamless transfer between systems of care. The legislature 14 further finds that this act removes stigmatizing language from the program created under RCW 72.09.370 and 71.24.470 and creates a work 15 16 group to study how to expand the cost-effective strategies of this 17 program to other populations and settings to enhance recovery, reduce 18 recidivism, and improve safety.

19 Sec. 2. RCW 74.09.670 and 2016 c 154 s 2 are each amended to 20 read as follows:

21 ((The)) When the authority receives information that a person 22 enrolled in medical assistance is confined in a setting in which federal financial participation is disallowed by the state's 23 24 agreements with the federal government, the authority ((is directed 25 suspend, rather than terminate, medical assistance shall to)) 26 benefits ((by July 1, 2017,)) for these persons, including those who 27 are incarcerated in a correctional institution as defined in RCW 9.94.049, or committed to a state hospital or other treatment 28 facility. ((This must include the ability for a)) A person who is not 29 30 currently enrolled in medical assistance must be allowed to apply for 31 medical assistance in suspense status during ((incarceration))

1 <u>confinement</u>, and <u>the ability to apply</u> may not depend upon knowledge 2 of the release <u>or discharge</u> date of the person. ((The authority must 3 provide a progress report describing program design and a detailed 4 fiscal estimate to the governor and relevant committees of the 5 legislature by December 1, 2016.))

6 **Sec. 3.** RCW 74.09.555 and 2019 c 325 s 4005 are each amended to 7 read as follows:

(1) The authority shall adopt rules and policies providing that 8 9 when persons ((with a mental disorder,)) who were enrolled in medical assistance immediately prior to confinement, or who become enrolled 10 in medical assistance in suspense status during the period of 11 confinement, are released from confinement, their medical assistance 12 coverage ((will)) shall be fully reinstated ((on the day)) no later 13 than at the moment of their release, subject to any expedited review 14 15 of their continued eligibility for medical assistance coverage that 16 is required under federal or state law. The authority may reinstate medical assistance prior to the day of release provided that no 17 18 federal funds are expended for any purpose that is not authorized by the state's agreements with the federal government. 19

The authority, in collaboration with the Washington 20 (2) association of sheriffs and police chiefs, the department of 21 corrections, the department of children, youth, and families, managed 22 care organizations, and behavioral health administrative services 23 24 organizations, shall establish procedures for coordination between the authority and department field offices, institutions for mental 25 disease, and correctional institutions, as defined in RCW 9.94.049, 26 27 that result in prompt reinstatement of eligibility and speedy eligibility determinations for ((persons who are likely to be 28 eligible for)) medical assistance services upon 29 release from 30 confinement. Procedures developed under this subsection must address:

31 (a) Mechanisms for receiving medical assistance services 32 applications on behalf of confined persons in anticipation of their 33 release from confinement;

34 (b) Expeditious review of applications filed by or on behalf of 35 confined persons and, to the extent practicable, completion of the 36 review before the person is released;

37 (c) Mechanisms for providing medical assistance services identity 38 cards to persons eligible for medical assistance services 39 ((immediately upon)) before their release from confinement; ((and))

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1 (d) Coordination with the federal social security administration, 2 through interagency agreements or otherwise, to expedite processing 3 of applications for federal supplemental security income or social 4 security disability benefits, including federal acceptance of 5 applications on behalf of confined persons; and

6 <u>(e) Assuring that notification of the person's release date,</u> 7 <u>current location, and other appropriate information is provided to</u> 8 <u>the person's managed care organization before the person's scheduled</u> 9 <u>release from confinement, or as soon as practicable thereafter</u>.

(3) Where medical or psychiatric examinations during a person's 10 11 confinement indicate that the person is disabled, the correctional institution or institution for mental diseases shall provide the 12 authority with that information for purposes of making medical 13 assistance eligibility and enrollment determinations prior to the 14 person's release from confinement. The authority shall, to the 15 16 maximum extent permitted by federal law, use the examination in 17 making its determination whether the person is disabled and eligible for medical assistance. 18

19 (4) For purposes of this section, "confined" or "confinement" 20 means incarcerated in a correctional institution, as defined in RCW 21 9.94.049, or admitted to an institute for mental disease, as defined 22 in 42 C.F.R. part 435, Sec. 1009 on July 24, 2005.

23 (5) ((For purposes of this section, "likely to be eligible" means 24 that a person:

25 (a) Was enrolled in medicaid or supplemental security income or 26 the medical care services program immediately before he or she was 27 confined and his or her enrollment was terminated during his or her 28 confinement; or

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

35 (6)) The economic services administration within the department 36 shall adopt standardized statewide screening and application 37 practices and forms designed to facilitate the application of a 38 confined person ((who is likely to be eligible)) for medicaid. <u>NEW SECTION.</u> Sec. 4. (1) The health care authority shall apply for a waiver allowing the state to provide medicaid services to persons who are confined in a correctional institution as defined in RCW 9.94.049 or confined in a state hospital or other treatment facility up to 30 days prior to the person's release or discharge to the community. The purpose is to create continuity of care and provide reentry services.

8 (2) The health care authority shall consult with the work group 9 established under section 9 of this act about how to optimize the 10 waiver application and its chance of success, including by limiting 11 its scope if deemed appropriate.

12 (3) The health care authority shall inform the governor and 13 relevant committees of the legislature in writing when the waiver 14 application is submitted and update them as to progress of the waiver 15 at appropriate points.

16 (4) No provision of this section may be interpreted to require 17 the health care authority to provide medicaid services to persons who 18 are confined in a correctional institution, state hospital, or other 19 treatment facility up to 30 days prior to the person's release or 20 discharge unless the health care authority obtains final approval for 21 its waiver application from the centers for medicare and medicaid 22 services.

23 Sec. 5. RCW 9.94.049 and 1995 c 314 s 6 are each amended to read 24 as follows:

25 (1) For the purposes of this chapter, the term "correctional 26 institution" means any place designated by law for the keeping of 27 persons held in custody under process of law, or under lawful arrest, including state prisons, county and local jails, juvenile detention 28 <u>centers</u>, and other facilities operated by the department 29 of 30 corrections, department of children, youth, and families, or local governmental units primarily for the purposes of punishment, 31 correction, or rehabilitation following conviction or adjudication of 32 a criminal offense. 33

34 (2) For the purposes of RCW 9.94.043 and 9.94.045, "state 35 correctional institution" means all state correctional facilities 36 under the supervision of the secretary of the department of 37 corrections used solely for the purpose of confinement of convicted 38 felons. 1 Sec. 6. RCW 72.09.370 and 2019 c 325 s 5025 are each amended to 2 read as follows:

3 The ((offender)) reentry community ((safety)) services (1)program is established to provide intensive services to ((offenders)) 4 persons identified under this subsection and to thereby promote 5 6 successful reentry, public safety, and recovery. The secretary shall 7 identify ((offenders)) persons in confinement or partial confinement who: (a) Are reasonably believed to ((be dangerous)) present a danger 8 to themselves or others if released to the community without 9 supportive services; and (b) have a mental disorder. In ((determining 10 11 an offender's dangerousness)) evaluating these criteria, the 12 secretary shall consider behavior known to the department and factors, based on research, that are linked to ((an increased)) risk 13 14 ((for)) of dangerousness ((of offenders)) for persons with mental illnesses within the criminal justice system and shall include 15 consideration of ((an offender's)) the person's history of substance 16 17 use disorder or abuse.

(2) Prior to release of ((an offender)) a person identified under 18 this section, a team consisting of representatives of the department 19 of corrections, the health care authority, and, as necessary, the 20 21 indeterminate sentence review board, divisions or administrations within the department of social and health services, specifically 22 including the division of developmental disabilities, the appropriate 23 managed care organization ((contracted with the health care 24 25 authority, the appropriate)) or behavioral health administrative services organization, and ((the)) reentry community services 26 providers, as appropriate, shall develop a plan, as determined 27 necessary by the team, for delivery of treatment and support services 28 29 to the ((offender)) person upon release. In developing the plan, the ((offender)) person shall be offered assistance in executing a mental 30 31 health <u>advance</u> directive under chapter 71.32 RCW, after being fully 32 informed of the benefits, scope, and purposes of such directive. The team may include a school district representative for ((offenders)) 33 persons under the age of ((twenty-one)) 21. The team shall consult 34 35 with the ((offender's)) <u>person's</u> counsel, if any, and, as appropriate, the ((offender's)) person's family and community. The 36 team shall notify the crime victim/witness program, which shall 37 provide notice to all people registered to receive notice under RCW 38 39 72.09.712 of the proposed release plan developed by the team. 40 Victims, witnesses, and other interested people notified by the Official Print - 5 5304-S2.E AMH ENGR H1393.E

1 department may provide information and comments to the department on safety risk to specific individuals or classes 2 potential of 3 individuals posed by the specific ((offender)) person. The team may recommend: (a) That the ((offender)) person be evaluated by ((the)) a 4 designated crisis responder, as defined in chapter 71.05 RCW; (b) 5 6 department-supervised community treatment; or (c) voluntary community mental health or substance use disorder or abuse treatment. 7

(3) Prior to release of ((an offender)) a person identified under 8 this section, the team shall determine whether or not an evaluation 9 by a designated crisis responder is needed. If an evaluation is 10 11 recommended, the supporting documentation shall be immediately 12 forwarded to the appropriate designated crisis responder. The supporting documentation shall include the ((offender's)) person's 13 criminal history, history of judicially required or administratively 14 ordered involuntary antipsychotic medication while in confinement, 15 16 and any known history of involuntary civil commitment.

17 (4) If an evaluation by a designated crisis responder is 18 recommended by the team, such evaluation shall occur not more than 19 ten days, nor less than five days, prior to release.

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

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

32 (7) If the designated crisis responder believes that a less restrictive alternative treatment is appropriate, he or she shall 33 seek a summons, pursuant to the provisions of chapter 71.05 RCW, to 34 35 require the ((offender)) person to appear at an evaluation and 36 treatment facility or secure withdrawal management and stabilization facility. If a summons is issued, the ((offender)) person shall 37 remain within the corrections facility until completion of his or her 38 39 term of confinement and be transported, by corrections personnel on 1 the day of completion, directly to the identified ((evaluation and 2 treatment)) facility.

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

4 Sec. 7. RCW 71.24.470 and 2019 c 325 s 1030 are each amended to 5 read as follows:

(1) The director shall contract, to the extent that funds are 6 appropriated for this purpose, for case management services and such 7 other services as the director deems necessary to assist 8 ((offenders)) <u>persons</u> identified under RCW 72.09.370 for 9 participation in the ((offender)) reentry community ((safety)) 10 11 services program. The contracts may be with any qualified and appropriate entities. The director shall ensure the authority has 12 coverage in all counties of the state for the purposes of providing 13 reentry community services program services. 14

15 (2)The case manager has the authority to assist these ((offenders)) persons in obtaining the services, as set forth in the 16 plan created under RCW 72.09.370(2), for up to five years. The 17 services may include coordination of mental health services, 18 assistance with unfunded medical expenses, <u>assistance</u> obtaining 19 substance use disorder treatment, housing, employment services, 20 21 educational or vocational training, independent living skills, parenting education, anger management services, peer services, and 22 such other services as the case manager deems necessary. 23

24 (3) The legislature intends that funds appropriated for the purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section 25 26 are to supplement and not to supplant general funding. Funds 27 appropriated to implement RCW 72.09.370, 71.05.145, and 71.05.212, 28 and this section are not to be considered available resources as defined in RCW 71.24.025 and are not subject to the priorities, 29 30 terms, or conditions in the appropriations act established pursuant 31 to RCW 71.24.035.

32 (4) The ((offender)) reentry community ((safety)) services 33 program was formerly known as the community integration assistance 34 program.

35 Sec. 8. RCW 71.24.480 and 2019 c 325 s 1031 are each amended to 36 read as follows:

37 (1) A licensed or certified behavioral health agency acting in 38 the course of the ((provider's)) agency's duties under this Official Print - 7 5304-S2.E AMH ENGR H1393.E chapter((, is)) and its individual employees are not liable for civil damages resulting from the injury or death of another caused by a participant in the ((offender)) reentry community ((safety)) services program who is a client of the ((provider or organization)) agency, unless the act or omission of the ((provider or organization)) agency or employee constitutes:

7 (a) Gross negligence;

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(b) Willful or wanton misconduct; or

9 (c) A breach of the duty to warn of and protect from a client's 10 threatened violent behavior if the client has communicated a serious 11 threat of physical violence against a reasonably ascertainable victim 12 or victims.

(2) In addition to any other requirements to report violations, 13 14 the licensed or certified behavioral health agency shall report ((an offender's)) a reentry community services program participant's 15 16 expressions of intent to harm or other predatory behavior, regardless 17 of whether there is an ascertainable victim, in progress reports and 18 other established processes that enable courts and supervising entities to assess and address the progress and appropriateness of 19 20 treatment.

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

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

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

35 <u>NEW SECTION.</u> Sec. 9. A new section is added to chapter 71.24 36 RCW to read as follows:

37 (1) The authority shall convene a reentry services work group to 38 consider ways to improve reentry services for persons with an 39 identified behavioral health services need. The work group shall:

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

3 (b) Develop a plan to assure notifications of the person's 4 release date, current location, and other appropriate information are 5 provided to the person's managed care organization before the 6 person's scheduled release from confinement, or as soon as 7 practicable thereafter, in accordance with RCW 74.09.555;

8 (c) 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:

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

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(iv) Persons committed to juvenile rehabilitation;

19 (v) Persons confined in jail; and

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

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

(e) Identify potential costs and savings for the state and local governments which could be realized through the use of telehealth technology to provide behavioral health services, expansion or replication of the reentry community services program, or other reentry programs which are supported by evidence;

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

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

32 (h) Consider incorporation of peer services into the reentry33 community services programs.

34 (2) (a) In addition, the authority shall convene a subcommittee of 35 the work group consisting of a representative of the authority, one 36 representative of each managed care organization contracted with the 37 authority under chapter 74.09 RCW, representatives of the Washington 38 association of sheriffs and police chiefs, representatives of jails, 39 and other members that the work group determines are appropriate to 40 inform the tasks of the work group.

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- (b) The subcommittee must:

2 (i) Determine and make progress toward implementing a process for 3 transmitting real-time location information related to incarcerated 4 individuals to the managed care organization in which the individual 5 is enrolled;

6 (ii) Develop a process to transmit patient health information 7 between jails and managed care organizations to ensure high quality 8 health care for incarcerated individuals enrolled in a managed care 9 organization; and

10 (iii) Improve collaboration between the authority, the managed 11 care organizations, and the jails as it pertains to care coordination 12 both when an individual enters custody and upon release.

The subcommittee must submit an initial report to the 13 (C) relevant committees of the legislature by December 1, 2021, and a 14 final report by December 1, 2022. The reports shall evaluate the 15 16 progress of managed care organizations with respect to meeting their 17 contractual obligations regarding clinical coordination when an individual enters custody as well as care coordination and connection 18 to reentry services upon release, including any corrective action 19 taken by the authority against a managed care organization related to 20 21 noncompliance. The reports shall also identify any barriers to 22 effective care coordination for individuals in jail and 23 recommendations to overcome those barriers.

(3) The authority shall invite participation in the work group by 24 25 stakeholders including but not limited to representatives from: Disability rights Washington; 26 behavioral health advocacy organizations; behavioral health peers; reentry community services 27 providers; community behavioral health agencies; advocates 28 for 29 persons with developmental disabilities; the department of corrections; the department of children, youth, and families; the 30 31 Washington association of sheriffs and police chiefs; prosecutors; defense attorneys; the Washington state association of counties; King 32 county behavioral health and recovery division; the department of 33 social and health services; state hospital employees who serve 34 patients committed under chapters 10.77 and 71.05 RCW; the public 35 safety review panel under RCW 10.77.270; managed care organizations; 36 health administrative services organizations; 37 behavioral jail 38 administrators; the Washington statewide reentry council; the 39 Washington state senate; the Washington state house of 1 representatives; and the Washington state institute for public
2 policy.

3 (4) The work group must provide a progress report to the governor 4 and appropriate committees of the legislature by July 1, 2022, and a 5 final report by December 1, 2023.

NEW SECTION. Sec. 10. The Washington state institute for public 6 policy shall update its previous evaluations of the reentry community 7 services program under RCW 72.09.370 and 71.24.470, and broaden its 8 cost-benefit analysis to include impacts on the use of public 9 services, and other factors. The institute shall collaborate with the 10 work group established under section 9 of this act to determine 11 research parameters and help the work group answer additional 12 research questions including, but not limited to, the potential cost, 13 benefit, and risks involved in expanding or replicating the reentry 14 15 community services program; and what modifications to the program are 16 most likely to prove advantageous based on the current state of 17 knowledge about evidence-based, research-based, and promising programs. The department of corrections, health care authority, 18 administrative office of the courts, King county, and department of 19 social and health services must cooperate with the institute to 20 21 facilitate access to data or other resources necessary to complete this work. The institute must provide a preliminary report by July 1, 22 2022, and a final report by November 1, 2023, to the governor and 23 24 relevant committees of the legislature.

25 Sec. 11. RCW 72.09.270 and 2008 c 231 s 48 are each amended to 26 read as follows:

(1) The department of corrections shall develop an individual
 reentry plan as defined in RCW 72.09.015 for every ((offender))
 <u>person</u> who is committed to the jurisdiction of the department except:

30 (a) ((Offenders)) <u>Persons</u> who are sentenced to life without the 31 possibility of release or sentenced to death under chapter 10.95 RCW; 32 and

33 (b) ((Offenders)) <u>Persons</u> who are subject to the provisions of 8 34 U.S.C. Sec. 1227.

35 (2) The individual reentry plan may be one document, or may be a 36 series of individual plans that combine to meet the requirements of 37 this section. 1 (3) In developing individual reentry plans, the department shall assess all ((offenders)) persons using standardized and comprehensive 2 tools to identify the criminogenic risks, programmatic needs, and 3 educational and vocational skill levels for each ((offender)) person. 4 The assessment tool should take into account demographic biases, such 5 6 as culture, age, and gender, as well as the needs of the ((offender)) 7 person, including any learning disabilities, substance abuse or mental health issues, and social or behavior deficits. 8

9 (4)(a) The initial assessment shall be conducted as early as 10 sentencing, but, whenever possible, no later than ((forty-five)) 45 11 days of being sentenced to the jurisdiction of the department of 12 corrections.

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

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

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

(b) An individualized portfolio for each ((offender)) person that includes the ((offender's)) person's education achievements, certifications, employment, work experience, skills, and any training received prior to and during incarceration; and

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

33 (6)(a) Prior to discharge of any ((offender)) person, the 34 department shall:

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

38 (ii) Connect the ((offender)) <u>person</u> with a community justice 39 center and/or community transition coordination network in the area in which the ((offender)) person will be residing once released from
the correctional system if one exists.

3 (b) If the department recommends partial confinement in ((an 4 offender's)) <u>a person's</u> individual reentry plan, the department shall 5 maximize the period of partial confinement for the ((offender)) 6 <u>person</u> as allowed pursuant to RCW 9.94A.728 to facilitate the 7 ((offender's)) <u>person's</u> transition to the community.

8 (7) The department shall establish mechanisms for sharing 9 information from individual reentry plans to those persons involved 10 with the ((offender's)) person's treatment, programming, and reentry, 11 when deemed appropriate. When feasible, this information shall be 12 shared electronically.

(8) (a) In determining the county of discharge for ((an offender)) 13 14 <u>a person</u> released to community custody, the department may ((not)) approve a residence location that is not in the ((offender's)) 15 16 person's county of origin ((unless it is determined by the)) if the 17 department determines that the ((offender's return to his or her 18 county of origin would be inappropriate considering)) residence 19 location would be appropriate based on any court-ordered condition of ((offender's)) person's sentence, victim safety concerns, 20 the 21 ((negative influences on the offender in the community, or the)) and 22 factors that increase opportunities for successful reentry and long-23 term support including, but not limited to, location of family or 24 other sponsoring persons or organizations that will support the 25 ((offender)) person, availability of appropriate programming or treatment, and access to housing, employment, and prosocial 26 27 influences on the person in the community.

(b) <u>In implementing the provisions of this subsection, the</u> department shall approve residence locations in a manner that will not cause any one county to be disproportionately impacted.

31 (c) If the ((offender)) person is not returned to his or her 32 county of origin, the department shall provide the law and justice 33 council of the county in which the ((offender)) person is placed with 34 a written explanation.

35 (((c))) <u>(d)(i)</u> For purposes of this section, <u>except as provided</u> 36 <u>in (d)(ii) of this subsection</u>, the ((offender's)) <u>person's</u> county of 37 origin means the county of the ((offender's)) <u>person's residence at</u> 38 <u>the time of the person's</u> first felony conviction in Washington <u>state</u>. 39 <u>(ii)</u> If the person is a homeless person as defined in RCW

40 <u>43.185C.010, or the person's residence is unknown, then the person's</u>

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1 <u>county of origin means the county of the person's first felony</u> 2 <u>conviction in Washington state.</u>

3 (9) Nothing in this section creates a vested right in 4 programming, education, or other services.

5 Sec. 12. RCW 43.380.020 and 2019 c 415 s 976 are each amended to 6 read as follows:

7 (1) Subject to the availability of amounts appropriated for this 8 specific purpose, the Washington statewide reentry council is created 9 and located within the department for the purpose of promoting 10 successful reentry of offenders after incarceration.

11 (2) Through the executive director that may be appointed by the 12 council, the department shall administer the council by:

(a) Providing the council and its executive director use of thedepartment's facilities; and

15 (b) Managing grants and other funds received, used, and disbursed 16 by the council.

17 (((3) Except during the 2019-2021 fiscal biennium, the department 18 may not designate additional full-time staff to the administration of 19 the council beyond the executive director.))"

20 Correct the title.

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