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

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

NEW SECTION. Sec. 1. The legislature finds that the success of
persons with behavioral health needs being released from confinement
in a prison, jail, juvenile rehabilitation facility, state hospital,
and other state and local institutions can be increased with access
to continuity of medical assistance, supportive services, and other
targeted assistance. The legislature finds that this act provides
strategies to prevent interruption of medical assistance benefits and
to allow for a seamless transfer between systems of care. The
legislature 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 group to study how to expand the cost-effective
strategies of this program to other populations and settings to
enhance recovery, reduce recidivism, and improve safety.
Sec. 2. RCW 74.09.670 and 2016 c 154 s 2 are each amended to read as follows:

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

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

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

(2) The authority, in collaboration with the Washington association of sheriffs and police chiefs, the department of corrections, the department of children, youth, and families, managed care organizations, and behavioral health administrative services organizations, shall establish procedures for coordination between the authority and department field offices, institutions for mental disease, and correctional institutions, as defined in RCW 9.94.049,
that result in prompt reinstatement of eligibility and speedy
eligibility determinations for (persons who are likely to be
eligible for) medical assistance services upon release from
confinement. Procedures developed under this subsection must address:
(a) Mechanisms for receiving medical assistance services
applications on behalf of confined persons in anticipation of their
release from confinement;
(b) Expeditious review of applications filed by or on behalf of
confined persons and, to the extent practicable, completion of the
review before the person is released;
(c) Mechanisms for providing medical assistance services identity
cards to persons eligible for medical assistance services
((immediately upon)) before their release from confinement; ((and))
(d) Coordination with the federal social security administration,
through interagency agreements or otherwise, to expedite processing
of applications for federal supplemental security income or social
security disability benefits, including federal acceptance of
applications on behalf of confined persons; and
(e) Assuring that notification of the person's release date,
current location, and other appropriate information is provided to
the person's managed care organization at least 30 days before the
person's scheduled release from confinement, or as soon as
practicable thereafter.
(3) Where medical or psychiatric examinations during a person's
confinement indicate that the person is disabled, the correctional
institution or institution for mental diseases shall provide the
authority with that information for purposes of making medical
assistance eligibility and enrollment determinations prior to the
person's release from confinement. The authority shall, to the
maximum extent permitted by federal law, use the examination in
making its determination whether the person is disabled and eligible
for medical assistance.
(4) For purposes of this section, "confined" or "confinement"
means incarcerated in a correctional institution, as defined in RCW
9.94.049, or admitted to an institute for mental disease, as defined
in 42 C.F.R. part 435, Sec. 1009 on July 24, 2005.
(5) ((For purposes of this section, "likely to be eligible" means
that a person:
(a) Was enrolled in medicaid or supplemental security income or
the medical care services program immediately before he or she was

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confined and his or her enrollment was terminated during his or her
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.

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

NEW SECTION. 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.

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

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

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

(1) For the purposes of this chapter, the term "correctional
institute" 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 the department of
corrections, department of children, youth, and families, or local
governmental units primarily for the purposes of punishment,
correction, or rehabilitation following conviction or adjudication of
a criminal offense.
For the purposes of RCW 9.94.043 and 9.94.045, "state correctional institution" means all state correctional facilities under the supervision of the secretary of the department of corrections used solely for the purpose of confinement of convicted felons.

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

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

(2) Prior to release of a person identified under this section, a team consisting of representatives of the department of corrections, the health care authority, and, as necessary, the indeterminate sentence review board, divisions or administrations within the department of social and health services, specifically including the division of developmental disabilities, the appropriate managed care organization or behavioral health administrative services organization, and the reentry community services providers, as appropriate, shall develop a plan, as determined necessary by the team, for delivery of treatment and support services to the person upon release. In developing the plan, the person shall be offered assistance in executing a mental health advance directive under chapter 71.32 RCW, after being fully informed of the benefits, scope, and purposes of such directive. The team may include a school district representative for persons under the age of twenty-one. The team shall consult
with the ((offender's)) person's counsel, if any, and, as appropriate, the ((offender's)) person's family and community. The team shall notify the crime victim/witness program, which shall provide notice to all people registered to receive notice under RCW 72.09.712 of the proposed release plan developed by the team. Victims, witnesses, and other interested people notified by the department may provide information and comments to the department on potential safety risk to specific individuals or classes of individuals posed by the specific ((offender)) person. The team may recommend: (a) That the ((offender)) person be evaluated by ((the)) a designated crisis responder, as defined in chapter 71.05 RCW; (b) department-supervised community treatment; or (c) voluntary community mental health or substance use disorder or abuse treatment.

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

(4) If an evaluation by a designated crisis responder is recommended by the team, such evaluation shall occur not more than 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.

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

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

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

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

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

(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 
are to supplement and not to supplant general funding. Funds 
appropriated to implement RCW 72.09.370, 71.05.145, and 71.05.212, 
and this section are not to be considered available resources as 
defined in RCW 71.24.025 and are not subject to the priorities, 
terms, or conditions in the appropriations act established pursuant 
to RCW 71.24.035.

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

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

(1) A licensed or certified behavioral health agency acting in the course of the provider's agency's duties under this chapter 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 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:

   (a) Gross negligence;
   (b) Willful or wanton misconduct; or
   (c) A breach of the duty to warn of and protect from a client's threatened violent behavior if the client has communicated a serious threat of physical violence against a reasonably ascertainable victim or victims.

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

(3) A licensed or certified behavioral health agency's mere act of treating a participant in the offender reentry community 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 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 present a danger to himself or herself or others if released to the community without supportive services; and (b) has a mental disorder.
NEW SECTION. Sec. 9. A new section is added to chapter 71.24 RCW to read as follows:

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

(a) Advise the authority on its waiver application under section 6 of this act;
(b) Consider the value of expanding, replicating, or adapting the essential elements of the reentry community services program under 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;
(ii) State hospital patients committed under criminal insanity laws under chapter 10.77 RCW;
(iii) Involuntary treatment patients committed under chapter 71.05 RCW;
(iv) Persons committed to juvenile rehabilitation;
(v) Persons confined in jail; and
(vi) Other populations recommended by the work group;
(c) Consider whether modifications should be made to the reentry community services program;
(d) Identify potential costs and savings for the state and local governments which could be realized through expansion or replication of the reentry community services program or other reentry programs which are supported by evidence;
(e) 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;
(f) Recommend a means of funding expanded reentry services; and
(g) Consider incorporation of peer services into the reentry community services programs.

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

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

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

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

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

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

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

(5) The director shall:

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

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

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

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

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

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

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

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

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

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

(j) Administer or supervise the administration of the provisions
relating to persons with substance use disorders and intoxicated
persons of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation;

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

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

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

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

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

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

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

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

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

(7) Each behavioral health administrative services organization, managed care organization, and licensed or certified behavioral health agency shall file with the secretary of the department of health or the director, on request, such data, statistics, schedules,
and information as the secretary of the department of health or the
director reasonably requires. A behavioral health administrative
services organization, managed care organization, or licensed or
certified behavioral health agency which, without good cause, fails
to furnish any data, statistics, schedules, or information as
requested, or files fraudulent reports thereof, may be subject to the
contractual remedies in RCW 74.09.871 or may have its service
provider certification or license revoked or suspended.

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

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

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

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

(12) The authority, in cooperation with the state congressional
delegation, shall actively seek waivers of federal requirements and
such modifications of federal regulations as are necessary to allow
federal medicaid reimbursement for services provided by freestanding
evaluation and treatment facilities licensed under chapter 71.12 RCW
or certified under chapter 71.05 RCW. The authority shall
periodically share the results of its efforts with the appropriate committees of the senate and the house of representatives.

(13) The authority may:

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

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

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

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

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

NEW SECTION. Sec. 11. The Washington state institute for public policy shall update its previous evaluations of the reentry community services program under RCW 72.09.370 and 71.24.470, and broaden its cost-benefit analysis to include impacts on the use of public services, and other factors. The institute shall collaborate with the work group established under section 9 of this act to determine research parameters and help the work group answer additional research questions including, but not limited to, the potential cost, benefit, and risks involved in expanding or replicating the reentry community services program; and what modifications to the program are most likely to prove advantageous based on the current state of knowledge about evidence-based, research-based, and promising programs. The department of corrections, health care authority, administrative office of the courts, King county, and department of social and health services must cooperate with the institute to facilitate access to data or other resources necessary to complete this work. The institute must provide a preliminary report by
December 1, 2021, and a final report by November 1, 2022, to the governor and relevant committees of the legislature.

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

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

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

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

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

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

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

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

(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 person's children and family;

(b) An individualized portfolio for each person that includes the 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.

(6)(a) Prior to discharge of any ((offender)) person, the 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
   (ii) Connect the ((offender)) person with a community justice 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.

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

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

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

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

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

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

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

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