

SENATE BILL REPORT

SB 5031

As Reported by Senate Committee On:
Human Services, February 5, 2025

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

Brief Description: Concerning health care coordination regarding confined individuals.

Sponsors: Senators Wilson, C., Hasegawa, Krishnadasan, Nobles, Saldaña, Trudeau and Wellman.

Brief History:

Committee Activity: Human Services: 1/21/25, 2/05/25 [DPS-WM, w/oRec].

Brief Summary of First Substitute Bill

- Creates a health care coordination council within the Department of Health, to improve communication and coordination between health care programs for those in confinement settings.

SENATE COMMITTEE ON HUMAN SERVICES

Majority Report: That Substitute Senate Bill No. 5031 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Wilson, C., Chair; Frame, Vice Chair; Orwall.

Minority Report: That it be referred without recommendation.

Signed by Senators Christian, Ranking Member; Warnick.

Staff: Will Trondsen (786-7552)

Background: County Juvenile Detention Facilities. Detention facilities are operated by individual counties or a consortium of counties. Detention facilities hold youth

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predisposition and post-adjudication who are facing charges in juvenile court. Often, sentences for youth held at a detention facility are 30 days or less.

Juvenile Rehabilitation Institutions. 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 Green Hill School in Chehalis serves older male juveniles. The Echo Glen Children's Center in Snoqualmie serves younger males as well as female 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 facilities serving males and two facilities serving females. As of October 2023, 13,554 individuals are incarcerated in DOC prisons.

Federally Recognized Tribes. Federally recognized tribes are 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 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 bill as referred to committee not considered.

Summary of Bill (First Substitute): The Council of Health Care Coordination (council) is created and includes the following voting members:

- a chair appointed by the secretary of the Department of Health;
- the secretary of DSHS or secretary's designee;
- the director of the Health Care Authority, or the director's designee;
- the secretary of DOC, or the secretary's designee;
- the secretary of DCYF, or the secretary's designee;
- one member representing the Washington Association of Sheriffs and Police Chiefs;
- one 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;
- one member representing county juvenile court administrators;
- one member with lived experience of using the health care system in an institution of total confinement; and
- two members representing behavioral health administrative services organizations.

The council may also include as nonvoting members other attendees as council members deem appropriate including, but not limited to, additional persons with lived experience or members of the public with knowledge of carceral health care.

The secretary of the Department of Health appoints an administrative assistant to support the work of the council subject to the amounts appropriated for this specific purpose. The secretary of the Department of Health shall designate either a physician or an epidemiologist to be the chair of the council, a voluntary position. Members of the council are reimbursed for travel expenses while attending meetings of the council or on official business authorized by the council. The Department of Health must provide stipends for councilmembers in accordance with statute.

The council must meet at least quarterly and must comply with the Open Public Meetings Act. Additional meetings are required to be called by the chair upon the written request of eight members. Council members are responsible for tracking activities within their respective agencies or jurisdictions that relate to the health of individuals housed in facilities of confinement.

The council duties include:

- reviewing 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 the council finds appropriate;
- making recommendations to improve and ensure information and data sharing among and within state agencies regarding the health of adults and juveniles in such facilities;
- improving coordination among state and local agencies to avoid duplication; and
- improving communication and information sharing between the state and federal partners to proactively address public health issues.

The council may appoint such advisory committees as may be necessary, and will be reviewed by the council on a biennial basis to determine whether to continue the advisory committee. A council member 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 in confinement settings.

By November 1, 2025, and annually moving forward, the council shall submit a report of the council's activities accomplished in the prior year to the Governor and the appropriate committees of the Legislature.

Defines confined or confinement to also include DCYF or a county juvenile detention facility.

EFFECT OF CHANGES MADE BY HUMAN SERVICES COMMITTEE (First Substitute):

- Requires the appointment of an administrative assistant to be subject to amounts appropriated.
- Designates that appointed physician or epidemiologist position on the council as voluntary.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

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 on Proposed Substitute: *The committee recommended a different version of the bill than what was heard.* PRO: The goal of a work group is to improve coordination and collaboration for those in confinement settings. There is a lot of attention and focus on improving the health of incarcerated youth and adults. Agencies are not always great at communicating with each other, and sometimes are not great at communicating within itself. There is a growing number of programs that need to break down silos to allow open communication among our agencies dealing with the health care of those in confinement. The Legislature has invested so much in correctional health care. It is our duty and right thing to do both for the human beings and our public safety to take care of those that are in our custody. There could be more representation on the committee for one county law enforcement representative and a city law enforcement representative. Appreciate that this bill lists stakeholders who are very invested in health care for our correctional institutions.

OTHER: Washington State Office of Equity community engagement toolkit and community compensation guidelines can help agencies fulfill their obligations with members of lived experience. The toolkit will help to recruit members from the community. Updated guidelines on compensation are available.

Persons Testifying: PRO: Senator Claire Wilson, Prime Sponsor; Marc Stern; James McMahan, WA Assoc Sheriffs & Police Chiefs; Brad Banks, Association of Counties & BHASOs.

OTHER: Patrick Stickney, WA State Office of Equity.

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