

SENATE BILL REPORT

SB 5388

As of January 28, 2025

Title: An act relating to department of corrections behavioral health certification.

Brief Description: Concerning department of corrections behavioral health certification.

Sponsors: Senators Dhingra, Nobles, Saldaña, Trudeau and Wilson, C..

Brief History:

Committee Activity: Human Services: 1/29/25.

Brief Summary of Bill

- Removes the requirement for substance use disorder treatment services at the Department of Corrections (DOC) to be licensed by the Department of Health.
- Requires DOC to seek accreditation through the National Commission of Correctional Health Care Standards by July 1, 2028, subject to appropriations.

SENATE COMMITTEE ON HUMAN SERVICES

Staff: Kelsey-anne Fung (786-7479)

Background: Behavioral Health Agencies. The Department of Health (DOH) licenses and regulates inpatient and outpatient behavioral health agencies that may be certified to provide mental health, substance use disorder (SUD), problem gambling or gambling disorder services, or any combination of these types of services. Licensure and certification is required if any agency intends to seek Medicaid reimbursement, provide court-ordered mental health or SUD services, or as otherwise specified by state law.

Substance Use Recovery Unit. According to the Department of Corrections (DOC), their

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.

Substance Abuse Recovery Unit (SARU) is one of the largest certified treatment agencies in the state, with services in 25 state-certified facilities located within prisons and reentry centers. SARU treatment services provide a specialized focus on correcting thinking errors, relapse prevention and management, and gender-specific trauma-based therapy. Individuals found to have a SUD are assessed and referred for treatment services in a certain priority, and treatment services are provided, within available resources, to individuals who meet eligibility criteria based on clinical need and sentencing requirements.

Treatment services include:

- therapeutic community—the most intensive form of treatment within DOC facilities and community settings with a highly structured environment and separate living area;
- intensive inpatient—a highly structured residential treatment that is delivered by a DOC contract provider specifically designed for incarcerated individuals in need of treatment;
- intensive day treatment—a highly structured residential treatment that is similar to intensive inpatient, but designed to deliver treatment to individuals with needs greater than intensive outpatient;
- intensive outpatient—similar to intensive day treatment, but intended for individuals who will benefit from the least intensive primary level of care; and
- outpatient—individuals completing prison-based treatment and entering a reentry center are transitioned to an outpatient program.

Prison-Based Special Drug Offender Sentencing Alternative. During incarceration in a state correctional facility, individuals sentenced under the prison-based drug offender sentencing alternative must undergo a comprehensive SUD assessment and receive, within available resources, treatment services appropriate for the person. The SUD treatment services shall be licensed by DOH. DOC policies require these individuals to receive the highest priority for prison SUD programs.

DOC has internal policies and guidelines for the clinical management of individuals with a SUD. Individuals arriving at a reception diagnostic center may be administered an authorized SUD screening instrument, within available resources, to determine the need for an assessment. Individuals with initial screening results indicating the probability of a SUD may be assessed using the SUD assessment. An assessment indicating a SUD is required for admission into DOH-certified SUD treatment provided by DOC.

National Commission on Correctional Health Care. The mission of the National Commission on Correctional Health Care (NCCHC) is to improve the quality of health care in jails, prisons, and juvenile confinement facilities. Since the 1970s, NCCHC establishes standards for health services in correctional facilities, operates a voluntary accreditation program for institutions that meet those standards, offers certification for correctional health professionals, conducts educational conferences and webinars, and produces industry-specific publications and resources.

Accreditation. NCCHC's accreditation program uses external peer review by a team of correctional health care experts to determine whether the carceral facility being surveyed meets the relevant standards. According to NCCHC, they are the only accrediting body authorized by the Substance Abuse and Mental Health Services Administration that focuses on corrections. NCCHC has an accreditation program for health services, mental health services, and opioid treatment programs. When seeking accreditation, a NCCHC survey team of correctional health experts will review health records, policies, and procedures, interview health staff, correctional officers, and incarcerated individuals, and tour the facility. Once accredited, the facility must submit an annual maintenance report with updates on relevant information. Additional on-site visits occur every three years.

Summary of Bill: Instead of requiring SUD treatment services to be licensed by DOH, the SUD treatment services must be provided by individuals licensed by the state of Washington. Subject to appropriations, DOC must seek accreditation through the National Commission on Correctional Health Care Standards by July 1, 2028.

References to offender are replaced with individual.

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

Fiscal Note: Requested on January 23, 2025.

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

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