

SENATE BILL REPORT

SB 5588

As Reported by Senate Committee On:
Human Services, Reentry & Rehabilitation, January 20, 2022

Title: An act relating to reentry and discharge planning for incarcerated individuals at the department of corrections.

Brief Description: Concerning reentry and discharge planning for incarcerated individuals at the department of corrections.

Sponsors: Senators Wilson, C., Dhingra, Das, Hasegawa, Nguyen, Randall, Saldaña and Stanford.

Brief History:

Committee Activity: Human Services, Reentry & Rehabilitation: 1/14/22, 1/20/22 [DPS-WM].

Brief Summary of First Substitute Bill

- Requires the Department of Corrections to develop an individual discharge plan and provide specified reentry linkage case management services within certain time periods prior to the discharge of any incarcerated individual.

SENATE COMMITTEE ON HUMAN SERVICES, REENTRY & REHABILITATION

Majority Report: That Substitute Senate Bill No. 5588 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Wilson, C., Chair; Nguyen, Vice Chair; Gildon, Ranking Member; Dozier, McCune, Saldaña and Trudeau.

Staff: Kelsey-anne Fung (786-7479)

Background: Individual Reentry Plan. The Washington State Department of Corrections

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.

(DOC) must develop an individual reentry plan for every incarcerated individual under DOC jurisdiction, except for individuals sentenced to life without the possibility of release, sentenced to death, or subject to deportation. When developing the reentry plan, DOC must assess the person and use standardized and comprehensive tools to identify any criminogenic risks, programmatic needs, and educational and vocational skill levels. The plan must be developed within certain timelines, and must be periodically reviewed and updated as appropriate.

The individual reentry plan must include, at a minimum:

- a plan to maintain contact with the person's family if appropriate;
- a portfolio of the person's education achievements, work experience and skills, and training received prior to and during incarceration; and
- a plan to facilitate reentry into the community that addresses education, employment, substance abuse treatment, mental health treatment, family reunification, and other needs.

Prior to discharge, DOC must evaluate the person's needs and connect the person with existing services and resources that meet those needs. DOC must also connect the person with a community justice center or community transition coordination network in the release area if one exists.

Community Justice Centers. DOC has six community justice centers throughout the state to provide comprehensive services and monitoring for incarcerated individuals who are reentering the community. A community justice center is a nonresidential facility staffed primarily by DOC in which recently released individuals may access services necessary to improve their successful reentry into the community. Program availability varies by location. Such services may include, but are not limited to, those listed in the individual reentry plan, mental health, chemical dependency, sex offender treatment, anger management, parenting education, financial literacy, housing assistance, and employment assistance.

Transportation and Gate Money. DOC has policies for providing prepaid phone calls, funds for personal living expenses known as gate money, and transportation expenses to individuals releasing to the community. A case manager will submit a request for gate money, transportation funds, or prepaid phone calls at least 30 days before the person's earned release date. Generally, individuals releasing from prison receive \$40 in gate money and 300 minutes in prepaid phone calls. Transportation funds may be provided by the least expensive method of public transportation, not to exceed \$100, to provide transportation pursuant to the individual's release plan.

Identification. Per DOC policy, to facilitate transition to the community, DOC assists individuals in obtaining a Washington State identification card from the Department of Licensing and a replacement social security card from the Social Security Administration, or both. A case manager initiates applications for individuals who need state identification

up to one year before the earliest transfer date to partial confinement, the release date, or any known court date for individuals impacted by sentence reform. An individual may request a replacement social security card within 180 days to the earliest transfer date to partial confinement, the release date, or any known court date for individuals impacted by sentence reform.

Medications. Per DOC policy, patients releasing will be provided up to a 90-day supply of medication at the discretion of the DOC practitioner. A combination of at least a 30-day supply of DOC provided medication and written prescriptions may be used to meet the 90-day requirement. If necessary, an additional prescription for no more than a 90-day supply of medication may be telephoned to a community pharmacy within 90 days after transfer. Patients are escorted on the day of release to obtain medication and written prescriptions, medical supplies, transfer summaries, and other health services release related items.

Medical Assistance Coverage. Legislation passed during the 2021 session requires medical assistance coverage to be fully reinstated at the moment of a person's release if the person was enrolled in medical assistance prior to confinement or the person enrolled in suspense status during confinement. The Health Care Authority (HCA) may reinstate medical assistance coverage prior to the person's release as long as no federal funds are expended for any purpose not authorized by the state's agreement with the federal government. HCA is required to apply for a waiver from the federal government to allow the state to provide Medicaid services to persons who are confined in a state correctional institution, state hospital, or other treatment facility up to 30 days prior to the person's release or discharge to the community.

King County Diversion and Reentry Services. The Jail Release Planning Program at King County provides clinical continuity of care between incarceration and return to the community by connecting incarcerated individuals with various community-based services. Once a release date is established, the release planner and inmate-patient collaborate on a plan for successful discharge. This can include setting up benefits, medical appointments, nursing care, crisis respite, coordinating mental health and substance use treatment, and referring the individual to other social services. The ultimate goal is to facilitate the transition directly from jail into services.

Reentry Case Management Services, known as REACH Reentry, is another King County program that provides comprehensive transitional reentry care coordination services to adults transitioning out of suburban jails in South and East King County and supporting reentry from the Maleng Regional Justice Center. Reentry services assist an individual through identified goals for up to 180 days and focus on providing individualized services to adults who are experiencing behavioral health challenges, need an intensive level of community-based support, and may be experiencing homelessness.

Summary of Bill (First Substitute): Prior to discharge of an incarcerated individual, DOC must develop an individual discharge plan and provide reentry linkage case management

services as follows:

- no later than one year before release, or as early as practicable during the person's sentence if a person's term of confinement is less than one year, DOC must:
 - evaluate the incarcerated individual's behavioral health and physical health needs;
 - provide life skills classes and use of technology training to prepare the individual for release; and
 - assist the incarcerated individual with obtaining identification upon release.
- no later than 30 days before release, or as early as practicable during the person's sentence if a person's term of confinement is less than 30 days, DOC must:
 - submit applications for applicable state and federal government assistance and benefits programs on behalf of the incarcerated person;
 - create a transition plan that connects the incarcerated individual with relevant physical and behavioral health services, treatment programs, medication-assisted treatment, tribal and urban health clinics and behavioral health services, and other resources in the release area based on the person's evaluated needs;
 - Prepare a 90-day supply of any necessary prescribed medications to be provided upon release, through a combination of a 30-day supply of in-hand medications and 60-day supply of prescriptions, to ensure continuity of care and that medications are readily available for the incarcerated person upon release;
 - connect the incarcerated individual with available housing, employment, and educational and job training opportunities in the release area;
 - provide for short-term basic needs such as clothing, food, and hygiene supplies; and
 - prepare and coordinate transportation services as needed.

EFFECT OF CHANGES MADE BY HUMAN SERVICES, REENTRY & REHABILITATION COMMITTEE (First Substitute):

- Clarifies circumstances when a person's term of confinement is less than one year or less than 30 days.
- Moves the requirement to develop a transition plan that connects the person to community services from no later than one year before release to no later than 30 days before release.
- Requires DOC to submit government assistance applications on a person's behalf rather than enroll.
- Requires DOC to prepare a 90-day supply of any necessary prescribed medications to be provided upon release, through a combination of a 30-day supply of in-hand medications and a 60-day supply of prescriptions, rather than transfer prescriptions to pharmacies in applicable release areas.
- Specifies persons must be connected with housing, employment, and educational and job opportunities that are available in the release area.

- Includes the option for tribal and urban health clinics and behavioral health services in the transition plan.

Appropriation: None.

Fiscal Note: Requested on January 2, 2022.

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 Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This bill provides greater specificity around guidelines, time frames, and actions that need to be taken prior to a person's discharge to the community. This is the most humane approach to improving public safety in communities. For someone to be successful, basic needs like food, clothing, and shelter must be met. Just like with housing, it is hard to find providers for mental health and substance use disorders if you have a criminal record. Without help and support from someone familiar with the system, the chances of successful reentry are less likely.

It is important to ensure people receive treatment supports upon release so individuals can stay stable. Adding a supply of prescriptions to the list of items a person receives upon release will decrease the likelihood the individual will decompensate because they cannot access a pharmacy right away. Interrupting prescription regimens can have severe negative results, so it is important to ensure continuity of care when persons are leaving DOC.

OTHER: DOC is supportive and appreciates the improvement to reentry services. Much of the work in the bill is already being done by DOC, however there are some technical concerns. It would be challenging to transfer prescriptions and medications to the applicable pharmacy in the release area 30 days before release because currently assignment of the person's managed care organization does not happen until after release. Prescriptions typically take five to ten days to be activated upon release. Transportation to the pharmacy in the release area could also be a barrier for some individuals.

Persons Testifying: PRO: Senator Claire Wilson, Prime Sponsor; Melanie Smith, NAMI Washington.

OTHER: Angela Sauer, Department of Corrections.

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