

# SENATE BILL REPORT

## SB 5134

---

---

As of January 19, 2023

**Title:** An act relating to reentry services and supports.

**Brief Description:** Concerning reentry services and supports.

**Sponsors:** Senators Wilson, C., Dhingra, Frame, Hasegawa, Kuderer, Nguyen, Nobles, Randall, Saldaña and Wellman.

**Brief History:**

**Committee Activity:** Human Services: 1/19/23.

**Brief Summary of Bill**

- Increases gate money provided by the Department of Corrections (DOC) to incarcerated individuals releasing to the community from \$40 to no less than \$300 as adjusted annually for inflation.
- Requires DOC to develop an individual discharge plan and provide specified reentry services within certain time periods prior to the discharge of any incarcerated individual.

---

### SENATE COMMITTEE ON HUMAN SERVICES

**Staff:** Kelsey-anne Fung (786-7479)

**Background:** Individual Reentry Plan. The Washington State Department of Corrections (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 use standardized and comprehensive tools to assess and identify any criminogenic risks, programmatic needs, and educational and vocational skill levels. The assessment tool should consider demographic biases, such as culture, age, and gender, as well as the needs

---

*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.*

of the incarcerated individual, including any learning disabilities, substance abuse or mental health issues, and social or behavior challenges. 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 incarcerated individual's children and family if appropriate;
- a portfolio of the incarcerated individual'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 incarcerated individual's needs and connect the individual with existing services and resources that meet those needs. DOC must also connect the incarcerated individual 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.

Gate Money. Generally, persons releasing or discharging from DOC custody must be supplied with suitable and presentable clothing, the sum of \$40 for subsistence, and transportation by the least expensive method of public transportation not to exceed \$100. The \$40 for subsistence is commonly referred to as gate money, and this amount was established in statute in 1971 and has remained unchanged.

Based on DOC policy, a case manager will submit a request for gate money, transportation funds, or 300 minutes in prepaid phone calls at least 30 days before the person's earned release date.

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 or 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. For a replacement social

security card, an individual may submit a request 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, health services have at least 14 days to prepare medications in advance of a patient release or transfer. DOC employees will provide release medication orders to the department pharmacy at least seven days before release or transfer.

Patients releasing or transferring to a reentry center will be provided up to a 90 day supply of medication, subject to the discretion of the department 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.

Medical Assistance Coverage. Per DOC policy, before transition, incarcerated individuals may receive assistance with applying for health insurance, veteran's benefits or community resources, and food and cash assistance through the Department of Social and Health Services. Legislation from 2021 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 must 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 in 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:** Gate Money. The amount of money provided for subsistence is increased from \$40 to no less than \$300 as adjusted annually for inflation based on changes during the past year in the consumer price index.

Prior to discharge, 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 incarcerated individual's sentence if the term of confinement is less than one year, DOC must:
  1. evaluate the incarcerated individual's behavioral health and physical health needs, and to the extent possible, connect the incarcerated individual with relevant services, treatment programs, medication-assisted treatment, tribal and urban health clinics, and behavioral health services, and other resources based on the individual's evaluated needs; and
  2. assist the incarcerated individual with obtaining identification upon release; and
- no later than 30 days before release, or as early as practicable during the incarcerated individual's sentence if the term of confinement is less than 30 days, DOC must:
  1. assist the incarcerated individual with submitting applications for state and federal government assistance and benefits programs on behalf of the individual; and
  2. 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, to ensure continuity of care and that medications are readily available for the incarcerated individual upon release.

**Appropriation:** None.

**Fiscal Note:** Requested on January 9, 2023.

**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:** PRO: People released from confinement must have access to supports, medical assistance, and other necessities as they reenter communities because it is common sense. If someone is incarcerated for ten years, and reenters society with only \$40 in hand, access to basic human needs, food, medication, clothing, shelter, and transportation, and other wraparound services is critical. The \$40 was set in statute decades ago and did not account for inflation. Everyone exiting confinement should have the tools and services they need and deserve for successful reentry, and DOC needs time to plan as soon as they can to create discharge plans, make connections to community resources, and find out what health services the person will need.

The reentry services under the bill are a lifeline for someone ready to come out of

confinement and reenter communities. Ensuring someone has identification, housing, and a career pathway are critical for public safety. It is also important to individualize each person's reentry path as not all have the same pathway. This will have a rippling effect on communities.

Educational needs should also be assessed as part of the discharge planning process to support a seamless transition to education and career opportunities upon release.

OTHER: This is a positive step but DOC is not funded or staffed to complete an individual reentry or release plan for every person releasing from DOC. The scope and prescriptive language will require additional resources for planning and case management, additional social workers, recovery care coordinators, and reentry navigations. While DOC works and contracts with community stakeholders to assist with providing wraparound services, there is still the need to help individuals prior to release and have plans in place, and additional resources are needed.

**Persons Testifying:** PRO: Senator Claire Wilson, Prime Sponsor; JD BARTON, ORION WATCH COMMUNITY OUTREACH PROGRAMS; Candis Hannah, ORION WATCH COMMUNITY OUTREACH PROGRAM; Durell Green, Re-entry State Council; Pat Seibert-Love, SBCTC; Hanan Al-Zubaidy, SBCTC.

OTHER: Danielle Armbruster, Department of Corrections.

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