

SENATE BILL REPORT

ESSB 5219

As Passed Senate, February 19, 2025

Title: An act relating to partial confinement eligibility and alignment.

Brief Description: Concerning partial confinement eligibility and alignment.

Sponsors: Senate Committee on Human Services (originally sponsored by Senators Wilson, C., Frame, Lovick, Nobles and Wellman; by request of Office of the Governor).

Brief History:

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

Floor Activity: Passed Senate: 2/19/25, 29-19.

Brief Summary of Engrossed First Substitute Bill

- Aligns several partial confinement programs at the Department of Corrections to allow a person to participate up to the final 18 months of their term of confinement.
- Expands eligibility and modifies requirements related to partial confinement programs.

SENATE COMMITTEE ON HUMAN SERVICES

Majority Report: That Substitute Senate Bill No. 5219 be substituted therefor, and the substitute bill do pass.

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

Minority Report: Do not pass.

Signed by Senator Christian, Ranking Member.

Minority Report: That it be referred without recommendation.

Signed by Senator Warnick.

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.

Staff: Kelsey-anne Fung (786-7479)

Background: Partial Confinement. A person sentenced to Department of Corrections (DOC) custody may not leave the correctional facility or be released prior to the expiration of the sentence unless a statutory exception applies. Partial confinement is one such exception for qualifying incarcerated individuals, and refers to work release, home detention, work crew, electronic home monitoring, or a combination of these programs for up to one year. Certain incarcerated individuals may not qualify for transfer to partial confinement, such as individuals serving sentences for offenses with mandatory minimums.

Work Release. The work release program is a partial confinement program where eligible incarcerated individuals may serve up to the last 12 months of their term of confinement in a work release facility, known as a reentry center. Work release may be authorized to allow the individual to participate in full-time or part-time employment at specialized programs; participate in a vocational training program, including attendance at an accredited college; to secure services to support transition back to the community; or as a sanction for violating community supervision conditions. Only incarcerated individuals with minimum security status may be transferred to work release.

Graduated Reentry. The Graduated Reentry Program (GRE) is a partial confinement program that allows incarcerated individuals to serve part of their sentence on home detention in the community. There are two tracks with different eligibility requirements, minimum total confinement times, and maximum lengths of participation.

For track one, individuals who are not subject to a deportation order, civil commitment, or interstate compact for adult offender supervision must serve at least six months in total confinement in a state correctional facility to be eligible to serve up to the final five months of the person's term of confinement in GRE.

For track two, individuals who are not currently serving a sentence for a sex, violent, or crime against a person offense, and who are not subject to a deportation order or the jurisdiction of the Indeterminate Sentence Review Board, must serve at least four months in total confinement at a state correctional facility to be eligible to serve up to the final 18 months of the person's term of confinement in GRE.

GRE must be an appropriate placement for the individual. The individual must have an approved residence and living arrangement prior to transfer to home detention, and may be eligible to receive a rental voucher for up to six months. GRE participants must be placed on electronic home monitoring, participate in programming and treatment, and be monitored by a community corrections officer.

Before DOC can transfer a person to GRE, DOC must conduct a comprehensive assessment for substance use disorder (SUD). If the person is assessed to have a SUD, DOC must assist the person in enrolling in SUD treatment services at the level deemed appropriate by the

assessment. A person transferred to GRE must begin receiving SUD treatment services as soon as practicable after transfer to avoid any treatment delays. SUD treatment services include, as deemed necessary by the assessment, access to medication-assisted treatment and counseling programs.

Community Parenting Alternative. The Community Parenting Alternative (CPA) is a partial confinement program where eligible incarcerated individuals may serve up to the last 12 months of their term of confinement on home detention in the community. Individuals in the residential parenting program, a correctional nursery program administered by DOC, may participate in CPA for up to the final 18 months of their term of confinement.

The CPA must be an appropriate placement for the incarcerated individual and the individual must:

- not have a current conviction for a felony classified as a sex offense or serious violent offense;
- not have a current conviction for a violent offense, or if the person has a current conviction for a violent offense, not have been determined to be a high risk to reoffend;
- be a parent with guardianship or legal custody of a minor child; an expectant parent; or a biological parent, adoptive parent, custodian, or stepparent with a proven, established, ongoing, and substantial relationship with a minor child that existed at the time of the offense;
- be subject to a sentence range with a high end of greater than one year;
- sign a release of information waiver regarding current or prior child welfare involvement; and
- be determined by DOC that the person's participation in the parenting program is in the best interests of the child.

The individual must have an approved residence and living arrangement prior to transfer to home detention, and participants must be placed on electronic home monitoring, participate in programming and treatment, and be monitored by a community corrections officer. DOC must seek input and recommendations on placement and services from the Department of Children, Youth, and Families or a tribal jurisdiction if the person is involved in any open child welfare case or prior substantiated referrals of abuse or neglect.

Summary of Engrossed First Substitute Bill: Partial Confinement. The maximum amount of time a person can participate in a partial confinement program is the final 18 months of their term of confinement.

Community Parenting Alternative. Eligibility and participation requirements for CPA are modified. A person can participate in CPA for up to the final 18 months of their term of confinement, instead of the final 12 months. The provision allowing participants in the residential parenting program to be in CPA for the final 18 months of a person's term of confinement is removed.

Eligibility for CPA is expanded by:

- adding caregivers, in addition to a biological parent, adoptive parent, custodian, or stepparent, who must have a proven, established, ongoing, and substantial relationship with a minor child that existed at the time of the offense; and
- adding individuals expected to take over the duties of a parent or caregiver and be responsible for exercising the day-to-day care and control of a minor child, and who are not prohibited from contact with a minor child by any law, court order, or any other restriction.

If the individual's earned release date changes after placement in CPA, DOC may extend the duration of participation in CPA by up to six months or up to the earned release date, whichever comes first.

DOC may not transfer an individual to CPA until DOC has a clinically appropriate evaluation for SUD. If the person is diagnosed with a SUD, DOC must assist the person in enrolling in SUD treatment services at the level deemed clinically appropriate. Individuals transferred to participate in CPA and diagnosed with a SUD must begin receiving SUD treatment services as soon as practicable after transfer to avoid any delays in treatment. SUD treatment services include, as deemed necessary by the evaluation, access to medication-assisted treatment and counseling programs.

Graduated Reentry Program. Eligibility and participation requirements for GRE are modified. For track one, where an incarcerated individual must serve at least six months in total confinement, the maximum participation time allowed is increased from five months to nine months. For track two, where a qualifying individual may participate for up to the last 18 months of their term of confinement, the minimum required total confinement time is reduced from four months to three months.

Instead of requiring DOC to conduct a comprehensive SUD assessment before an individual may transfer to GRE, DOC may not transfer an individual to GRE until DOC has a clinically appropriate evaluation for SUD. If the person is diagnosed with a SUD, DOC must assist the person in enrolling in SUD treatment services at the level deemed clinically appropriate. Individuals transferred to participate in GRE and diagnosed with a SUD must begin receiving SUD treatment services as soon as practicable after transfer to avoid any delays in treatment. SUD treatment services include, as deemed necessary by the evaluation, access to medication-assisted treatment and counseling programs.

Work Release. A person can participate in work release for up to the final 18 months of their term of confinement, instead of the final 12 months.

DOC may not transfer an individual to work release until DOC has a clinically appropriate evaluation for SUD. If the person is diagnosed with a SUD, DOC must assist the person in enrolling in SUD treatment services at the level deemed clinically appropriate. Individuals

transferred to participate in work release and diagnosed with a SUD must begin receiving SUD treatment services as soon as practicable after transfer to avoid any delays in treatment. SUD treatment services include, as deemed necessary by the evaluation, access to medication-assisted treatment and counseling programs.

General. References to offender are replaced with incarcerated individual or individual where appropriate. Changes related to CPA, GRE, work release, and partial confinement programs apply prospectively and retroactively to persons currently serving a sentence in any facility or institution operated by the state or utilized under contract.

Appropriation: None.

Fiscal Note: Available.

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

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: The time someone can participate in a partial confinement program varies from program to program. This creates difficulties for DOC and the incarcerated individuals who are weighing their partial release options. Incarcerated individuals may select the partial confinement program that starts earlier in their sentence rather than the option that best fits their circumstances and matches their needs. Alignment will increase efficiency for DOC and encourage individuals to pick the program that best suits them by removing the incentive to pick the program that starts earlier.

These partial confinement programs offer targeted pathways that encourage individuals to be active in their reentry, maintain employment, pursue education, and connect with their families while serving out the final months of their sentence in the community. These programs offer a progressive approach proven to be effective in reducing recidivism and enhancing public safety.

The updated definition for CPA better accounts for individuals who fulfill the duties of a parent and who are responsible for a child's day-to-day care but may not be the biological parent. The bill amends substance use disorder assessment requirements to align DOC process and resources with clinical best practices and allows DOC to better use limited resources and transfer individuals to partial confinement more effectively.

CON: There are concerns about changes to CPA and the requirement that a parent have a connection with a child prior to the commission of the crime. It important that the connection with the child existed before the crime so there is already a connection that is being restored rather than building one that didn't exist before. There are also concerns

about track one of GRE and the reduction of total confinement time. This seems to be a revolving door where a person receives a sentence but is so quickly back into the community.

This bill waters down accountability too much and aligning maximum confinement time for serious felonies with simple misdemeanors. There are also concerns with changing the SUD assessment before someone can transfer to GRE and watering down access to treatment services.

OTHER: There are concerns with the implementation of this bill. The bill does not grant DOC the authority to create policy. There should be careful consideration of the language in the bill as policies are written for employees from the bill.

Persons Testifying: PRO: Senator Claire Wilson, Prime Sponsor; Danielle Armbruster, Department of Corrections; Cindy Arends, Washington Defender Assn, WA Assn Criminal Defense Attorneys.

CON: Russell Brown, WA Association of Prosecuting Attorneys; James McMahan, WA Assoc Sheriffs & Police Chiefs.

OTHER: Kehaulani Walker.

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