

**Information-Sharing  
and Medicaid  
Reinstatement for  
Individuals Released  
from Confinement  
Report 10-5**

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## REPORT SUMMARY

In the 2009-11 Operating Budget, the Legislature directed the Joint Legislative Audit and Review Committee (JLARC) to review the status of implementation of four specific bills related to two topics:

1. Legislation to increase information-sharing between the criminal justice and behavioral health systems (E2SSB 6358 (2004) and E2SSB 5763 (2005)); and
2. Legislation to reinstate Medicaid coverage for adults with a mental illness, and juveniles, upon their release from correctional or therapeutic confinement (E2SHB 1290 (2005) and 2SHB 1088 (2007)).

For each of these topics, this JLARC study identifies the relevant provisions from these laws, reports on the status of their implementation, and offers recommendations to facilitate their further implementation and to examine the outcomes of these efforts.

### Part 1. Information-Sharing

**The Concern:** Legislators expressed concerns that gaps in information-sharing between the criminal justice and behavioral health (i.e., mental health and chemical dependency treatment) systems could allow offenders with mental illnesses to fall through the cracks, which **could allow the systems to miss opportunities to prevent future crimes**. By way of context, in 2006, 22 percent of individuals released from state correctional facilities had mental health diagnoses.

**The Legislative Response:** The legislation passed in 2004 and 2005 contained 39 provisions to increase information-sharing between the two systems. The Legislature gave specific directives to a disparate range of entities and individuals, including state agencies, local jails, individual treatment providers, and offenders.

**Status of Implementation: Largely Unknown, but Many Positive Efforts.** Of the 39 provisions, seven have been implemented, while two have not been fully implemented. For the remaining 30 provisions, the status is "Unknown," although there is evidence that a state rule, policy, training materials, compliance review tools, or forms have been established in accordance with 27 of these 30. The Legislature did not include requirements for entities or individuals to report on their implementation of the 39 provisions. The Legislature also did not include any future assessments on the outcomes from establishing the information-sharing provisions.

**Recommendations:**

- Two recommendations are addressed to the Legislature if it is interested in: a) further documentation on implementation of these provisions, and/or b) an assessment of the outcomes from establishing these provisions.
- One recommendation each is directed to the superior courts, the Department of Social and Health Services, and the Supreme Court-established Pattern Forms Committee related to implementation of specific provisions within the 39.

## **Part 2. Reinstating Medicaid Coverage**

**The Concern:** When leaving confinement, whether correctional or therapeutic, individuals with a mental illness may not receive essential mental health treatment. These individuals are not eligible for Medicaid benefits to pay for medical care while they are confined. However, once released, they may be eligible for Medicaid, which would provide these individuals with a **way to get mental health treatment**.

**The Legislative Response:** The legislation passed in 2005 and 2007 contained nine provisions aimed at reinstating Medicaid coverage for eligible adults with a mental illness, and juveniles, upon their release from confinement, thus providing them with a way to access mental health treatment. Of the nine provisions, seven are directed to the Department of Social and Health Services (DSHS), one to the various institutions where an individual may have been confined, and one to the local Regional Support Networks.

**Status of Implementation: Largely Implemented, Though a DSHS Analysis Questions Impacts**

Of the nine provisions, five have been implemented, one has not been fully implemented, and the status for three of the provisions is “Unknown.” DSHS conducted an analysis in 2006-07 to see whether adults with a mental illness released from Department of Corrections (DOC) facilities and six county jails were being referred for expedited review for DSHS medical coverage (including Medicaid), enrolled in coverage, and ultimately accessed mental health treatment. The study concluded that only one in five adults targeted by these provisions was referred for an expedited review upon release.

DSHS is currently developing a web-based tool to allow the criminal justice and Medicaid systems to share information relating to the Medicaid eligibility of individuals who are confined. The purpose of this tool is to facilitate the provision of Medicaid services to eligible individuals upon release.

**Recommendation:**

- One recommendation is directed to the Department of Social and Health Services to update and expand its 2006-07 analysis to determine the impact of these provisions related to Medicaid reinstatement for adults with a mental illness, and juveniles, who are released from confinement.