

Reentry Services Resource List

Reentry Services Billing Guide May 2026

<https://www.hca.wa.gov/assets/billers-and-providers/reentry-services-bg-20260501.pdf>

Reentry Initiative Policy and Operations Guide

<https://www.hca.wa.gov/assets/program/reentry-initiative-policy-and-operations-guide.pdf>

Community Health Partnership Services

Reentry Third Party Administrator (TPA)

<https://chpswa.org/reentry-tpa/>

Technical Assistance HUB

Claims Processing and Billing Support

Reentry Case Management

Fair Hearings Coordination

Southwest Washington Region

CHOICE – Community Health Organization Improving Care and Equity

<https://www.crhweb.org/>

Contact Us:

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Client Name: _____ Date: _____
Booking #: _____ WCHHS Client #: _____
Booking Date: _____ Actual Release Date: _____



Wahkiakum County Health and Human Services
42 Elochoman Valley Rd.
Cathlamet WA 98612
360-795-8630 fax: 360-795-6224

rTCM Care Plan

Identified Health Conditions

Physical Health:

Current conditions or diagnoses, including treatment provider info, if any:

Past conditions or diagnoses, including treatment provider info, if any:

Self-reported current or future physical health needs or concerns:

Behavioral Health:

Current conditions or diagnoses, including treatment provider info, if any:

Past conditions or diagnoses, including treatment provider info, if any:

Self-reported current or future behavioral health needs or concerns:

Client Name: _____ Date: _____
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Social, educational, or other underlying needs such as vocational services or employment:

Potential Barriers to Successful Reentry

Check all that apply:

- Food insecurity
- Unsafe living conditions / housing instability
- Unemployment
- Lack of reliable transportation
- Lack of GED or High School Diploma
- Other – describe:

Supports and Resources

Identified supports that will participate in client's re-entry plan

Natural or community supports: *i.e. family, friend, spouse, neighbor, coach, etc. How will they be contacted?*

- 1.
- 2.
- 3.

Client Name: _____ Date: _____
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Formal supports / other systems involved: *i.e. probation officer, SUD / MH services, PCP, housing specialist, etc. How will they be contacted?*

- 1.
- 2.
- 3.

Re-entry Goals and Action Plan

Including client's own words, create goals that meet the needs listed above

Client Release Date: _____ **Plan Review Date:** _____

Goal 1:

Action Step:

Person responsible for help with this step and their role :

Prerelease Post release

Date this step will be completed: _____

Goal 2:

Action Step:

Person responsible for help with this step and their role :

Prerelease Post release

Date this step will be completed: _____

Client Name: _____ Date: _____
Booking #: _____ WCHHS Client #: _____
Booking Date: _____ Actual Release Date: _____

Goal 3:

Action Step:

Person responsible for help with this step and their role:

Prerelease Post release

Date this step will be completed: _____

Referrals submitted / pending to address potential barriers / unmet needs, i.e. community outreach, outpatient behavioral health services, primary care referral:

- 1.
- 2.
- 3.

Plan Data Sources

Information Collected / Assessments Used to Create Care Plan

Check all that apply:

- rTCM Reentry Health Screen
- Initial WASPIC Screener
- Court / Police reports
- Mental Health Assessment / treatment records
- Substance Use Disorder Assessment / treatment records
- Self-report
- Medical Records
- Collateral reports from natural / community / formal supports
- Other, specify:

Client Name: _____ Date: _____
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Plan Signatures

Inmate Signature

Date

Inmate offered copy of Care Plan? Accepted Refused

rTCM Case Manager

Date

rTCM Supervising Clinician

Date