



# Graduated Reentry

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## 2023 Report to the Legislature

As required by [RCW 9.94A.733](#) (Engrossed Substitute Senate Bill 5121, 2021).

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This is the report to the Legislature as directed by [RCW 9.94A.733](#) (ESSB 5121[2021]) and contains information on the Department of Corrections Graduated Reentry Program.

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# Graduated Reentry Overview

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*2023 Report to the Legislature*

## Purpose

*“The department shall submit an annual report by December 1st to the appropriate committees of the legislature with the number of offenders who were transferred to home detention as part of the graduated reentry program during the prior year.”*

-Engrossed Substitute Senate Bill 5121, Section 1 (9), [2021]

## Executive Summary

In 2018 Graduated Reentry (GRE) was established through the passage of Substitute House Bill 2638. Through GRE, incarcerated individuals were eligible to return to their communities for up to the final six months of their sentence if they met certain criteria.

The initial staffing for GRE was based on a maximum average daily population (ADP) of 187 individuals, which included nine Correction Specialists 3, two Correction Specialists 4, one Community Correction Supervisor, and one Administrative Assistant 3. On average, GRE participation was at 80 percent capacity prior to the expansion in 2021.

In 2021, the Washington State Legislature passed [RCW 9.94A.733](#) (ESSB) 5121[2021]), significantly expanding eligibility for the Graduated Reentry program (GRE). This expansion was based largely on several factors such as prison capacity, success in return for a 1-year recidivism rate of under 1%, and societal change regarding the impacts and effects of incarceration within our communities. This expansion allows the Department of Corrections (DOC) to transfer more individuals onto electronic home monitoring (EHM) at an approved address through two different tracks.

Track 1 has two options:

Individuals who serve a minimum of 6 months in total confinement in a state correctional facility may transfer to a reentry center up to 12 months prior to release, and up to the final 5 months of their sentence served on electronic monitoring at an approved address.

Individuals who serve a minimum of 6 months in total confinement in a state correctional facility may transfer from a correctional facility to an approved address on electronic monitoring up to 5 months prior to release (no reentry center component).

## Track 2:

Individuals who serve a minimum of 4 months total confinement in a state correctional facility, may transfer to an approved address on electronic monitoring up to 18 months prior to release.

Individuals will not be eligible for this option if they are:

- Under ISRB jurisdiction
- Required to register or
- Serving a sentence for a sexual/violent crime or crime against another person.

The tracks allow individuals to serve a portion of their sentence in partial confinement alternatives and to build skills by attending treatment, programming, work, or other self-help programs as part of a graduated access to the community in order to support one's transition from incarceration.

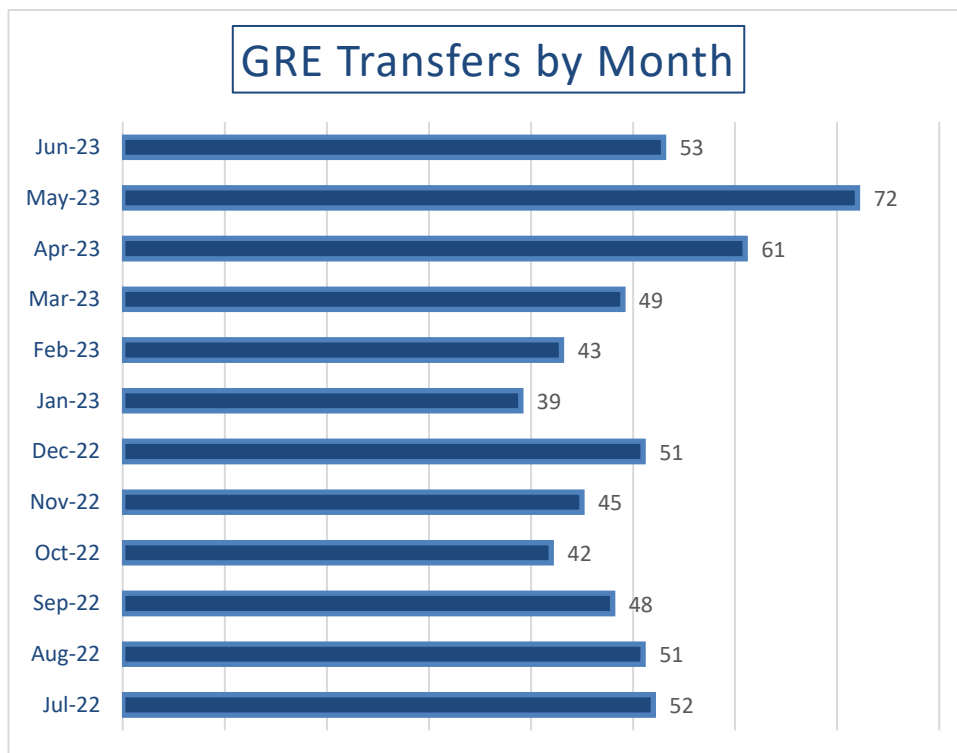
Since last year's report, the department has focused on enhancing the existing infrastructure that included developing and updating policies, updating screening criteria and tools, realigning sections, staff to better match the population numbers and geography, and improving processes to support the successful transfer of individuals into the community. The work included the engagement of outside stakeholders, including families of incarcerated individuals, ensuring a wide variety of perspectives were considered when developing reentry plans and meeting individuals' needs.

Successful reentry relies on positive support systems such as family, employment, education, and targeted treatment to reduce the likelihood of negative lifestyle choices, which could lead to a return to prison and negatively impact public safety in our communities.

## Participant Data

The 2021-2023 legislative fiscal note estimated 2,656 individuals would be participating in GRE by June 30, 2022, which was based on prison population data as of February 28, 2021. Subsequent changes to the overall prison population have directly impacted those estimates. Since the passage of legislation, the estimated GRE participant numbers have been revised to 1,040 individuals by June 30, 2023. This adjustment is due, in part, to the COVID-19 pandemic's impact on admissions and separating individuals into smaller groups within the facilities for isolation purposes to prevent further spread of the virus, as well as resentencing impacts and the lack of Sex Offender Treatment and Assessment Program (SOTAP) resources to effectively transition and address the needs of those convicted of sexual offenses. From July 1, 2022, to June 30, 2023, 606 individuals, approximately 50%, were transferred to GRE. On June 30, 2023 the GRE Average Daily Population was 312 individuals.

As required by [RCW 9.94A.733](#) (ESSB 5121[2021]), the number of incarcerated individuals transferred to home detention each month as part of the GRE program is posted on the [department website](#). [This data is](#) updated monthly.



*Active population and new assignments to EHM by month, July 1, 2022, to June 30, 2023.*

## GRE Expansion Progress

As we continue to build the infrastructure for transitioning this population from confinement to community, procedures and processes are continually being assessed to ensure operational sustainability and programmatic options are available to increase successful reentry. This involves not only the Community Corrections Division but all DOC divisions and partnering with other state agencies.

The screening for eligibility process was reassigned from the Classification Counselor to a team of six GRE staff members in January 2023. The GRE team screens a list of approximately 4,000 eligible individuals, which is provided monthly by the department's Research and Data Analytics staff. This updated screening process has resulted in a gradual increase in the number of individuals transferred to GRE., which has maintained more than 300 individuals statewide since June 2023.

The passage of SSSB 5502 earlier this year requires all individuals obtain a substance abuse disorder (SUD) assessment prior to transfer to GRE. This SUD assessment requirement, which became effective on July 23, has significantly impacted the number of GRE transfers. DOC's Substance Abuse and Recovery Unit (SARU) received funding to hire 10 FTEs, 7 assessors, 1 program manager and 2 clinical lead positions to assist with completing the substance abuse assessments. Currently 5 of the assessors and the program manager have been hired. The remaining 2 assessors and 2 clinical lead positions are in the recruitment process. However, there has not been sufficient time to hire the necessary staff in SARU for this purpose. As a result, a backlog was created in which GRE staff have screened individuals, determined them to be suitable for home detention, but now must wait for the SUD assessment to be completed. The department is working to resolve this issue by filling these staffing positions.

Upon entry into a DOC facility, individuals may become eligible for partial confinement programs and their names will be pulled for screening. The current screening process for Reentry Centers and GRE is separate and eligibility criteria is very similar thus both programs are competing for the same individuals. The two screening teams do not collaborate with one another and are screening the same individuals simultaneously. A DOC workgroup was created to develop a screening document and process that is inclusive of all partial confinement programs. The intent is to dedicate a single team to screen for all partial confinement options and determine the best pathway for the incarcerated individual. This process will prevent duplicative screening.

#### **Policy and related documents**

This year, GRE policy and related forms were updated with input from GRE staff, DOC staff from other divisions), and external stakeholders. Several workgroups were created to review and update intake documents, individual handbook, the manual for Corrections Specialist 3 employees who monitor GRE participants, and social outing timeframes for the participants to be outside of their residences engaging in pro-social activities that are not work or program related. As other policies come up for review, GRE language is being incorporated.

#### **Staffing**

Current staffing for the GRE program includes one (1) Administrator, one (1) Administrative Assistant 4, eight (8) Community Corrections Supervisors, six (6) Corrections Specialist 4 employees to complete screenings, seven (7) Office Assistants 3, and 54 Corrections Specialists 3 to monitor program participants after they transition to home detention.

These GRE staff members are deployed throughout the state in our established field offices. Some employees have large geographical areas to cover, travelling hundreds of miles in a day. Due to the decrease in Average Daily Population (ADP), eight (8) GRE positions were abolished in late fall 2022.

The department anticipates its new centralized screening process will increase the GRE population. As the GRE transfer numbers begin to rise, staffing will need to be adjusted, increasing the number of Corrections Specialist 3 positions to monitor these individuals in the community.

## **Stakeholder Engagement**

An integrated reentry approach focuses resources to better prepare, transition, and stabilize individuals upon transfer to the community. DOC alone cannot solve the issues of reentry and recidivism. Collaborating with other agencies and community-based organizations, the department helps individuals choose to break the cycle of incarceration thus improving public safety. Stakeholder engagement is an ongoing and important strategy, as we expand the ways in which individuals can transition from prison into the communities. The agency continues to communicate progress to stakeholders through updated posts on the external DOC website, working with the Office of the Corrections Ombuds to answer questions, and through the annual legislative report.

The external facing website and mailbox has been utilized for the purpose of communicating with family members, staff, and other community members regarding GRE policy, processes, and general inquiries. The external webpage, <https://doc.wa.gov/corrections/incarceration/graduated-reentry.htm>, includes frequently asked questions, contact information, resources, and information regarding GRE. The site also provides the number of individuals that move monthly from total confinement to home detention.

## **American Behavioral Health Systems**

American Behavioral Health Systems (ABHS) provides a full continuum of care for persons in need of behavioral health intervention. Specializing in Opioid treatment, ABHS serves patients who require medically assisted detox from alcohol and amphetamines and provides inpatient treatment services for up to 90 days. Individuals with addiction histories are assessed by the Substance Abuse Recovery Unit to determine the level of care for treatment. GRE has continued to transition individuals to ABHS prior to transferring to EHM. The collaboration is successful in treating the individual and providing the level of care required before transferring to the community. The department continues to experience success with this model and have utilized ABHS as an intervention for education, continuity of care, and relapse behaviors. ABHS allows us to place an individual back in treatment before reentry into the community as an intervention to drug use. The DOC and ABHS regularly collaborate in meeting the needs of this population and in reducing risk of continued use upon release or transition to the community. Of note, since 4/19/23 through 12/28/23 GRE has had 106 successful ABHS completions and 19 unsuccessful completions, for a completion rate of 84.8%.

## **Reentry Navigators**

A team of Reentry Navigators work with individuals to successfully transition from total confinement to partial confinement. Through reentry planning, resource navigation, and community engagement, Navigators assist those transitioning to partial confinement options by identifying individual needs, leveraging connections to state, local, and community-based resources, and serving as mentors to assist with transition into the community. Beyond numerous supportive services, Navigators help incarcerated individuals by addressing potential barriers to transition. The department is proud of its ability to hire persons with lived experience to serve as Reentry Navigators. This provides an invaluable view in understanding and embracing reentry strategies, and it also demonstrates our efforts in providing opportunities and building trust with our returning people.

## Violations/Terminations

Between July 1, 2022, and June 30, 2023, 144 participants were terminated from GRE and returned to incarceration. The top three (3) reasons for program termination include possession of a non-prescribed drug or alcohol or a positive drug/alcohol test, unauthorized time spent outside the individual's residence, and refusal to participate in programming. An administrative termination can be a result of one violation or multiple depending on the seriousness of the violation and the individual's compliance. Administrative terminations accounted for nine (9), and 135 were for Disciplinary Terminations via a DOC hearing process. The department understands that a transition from total to partial confinement can present challenges for those reentering their communities. Therefore, when a GRE participant violates the program agreement, we make every effort to work with the individual in identifying variables impacting their success. Although GRE termination is a disciplinary sanction, being found guilty of a WAC violation does not necessarily lead to termination. For instance, being found guilty of a positive drug test does not automatically result in termination from the program. Staff have the option of sending an individual to in-patient substance use treatment rather than request termination.

## Escapes

Escape is defined as an individual failing to return to their designated residence or leaving their designated residence without authorization for any period of time, or any time staff are unable to verify the individual's location. There were 34 escapes from July 1, 2022, to June 30, 2023. Of those 34, four (4) remain on warrant status and have not been apprehended, nine (9) were on escape for more than 30 days, and 21 were on escape 30 days or less. Of the 34 escapes, 12 escaped within less than 30 days of their transfer to GRE and eight (8) were apprehended and returned to incarceration after picking up new felony charges.

## Drug Overdoses

Studies done in Washington state demonstrate that formerly incarcerated individuals are at the greatest risk for overdose-related death in the first two weeks following release from prison. Their overdose death rate is 129 times higher than that of the general population. From July 1, 2022, to June 30, 2023, there were two (2) overdose deaths among GRE participants. The previous legislative report documented eight (8) deaths. Several factors may contribute to this year's decline. One factor is that under SSSB 5502, individuals must now obtain a substance abuse assessment and obtain in-patient treatment, if necessary, prior to their transfer to GRE. The department continues to drug screen for fentanyl and intervene early, with treatment offered with the first positive result. Staff are also providing Narcan along with an Opioid Overdose brochure to individuals on the day they transfer from prison to GRE.

Additionally, the agency participates in a collaborative review committee concerning unexpected deaths of incarcerated individuals. The committee includes the DOC, the Office of Corrections Ombuds, and the Department of Health. Unexpected Fatality Reviews (UFR) bring together department staff to identify systemic concerns that may reduce unexpected deaths, collaborate on the development of recommendations to the department and legislature regarding changes in practices or policies to prevent fatalities, and strengthen safety and health protections for people in the care and custody of the department.



## Program Completions

The agency recognizes the importance of reentry as a critical tool in breaking the cycle of crime and improving the public health and safety of our communities. The GRE program expansion has offered a unique opportunity for the department to better support and transition incarcerated individuals for successful reentry into our communities. Working collaboratively across the agency, 531, or 88%, of the individuals exiting EHM successfully completed Graduated Reentry for the last fiscal year between July 1, 2022, and June 30, 2023. The program requirements are geared towards accountability and are highly structured, which speaks volumes to the perseverance and drive to change by the individuals successfully completing the program.