

Graduated Reentry Participation Eligibility

2022 Report to the Legislature

As required by <u>RCW 9.94A.733</u> (Engrossed Substitute Senate Bill 5121, 2021).

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

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Graduated Reentry Overview

2022 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 2021, the Washington State Legislature passed <u>RCW 9.94A.733</u> (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 individuals onto electronic monitoring at an approved address through two different tracks. The tracks allow individuals to serve a portion of their sentence in partial confinement alternatives.

Since the passage of <u>*RCW 9.94A.733*</u> (ESSB 5121[2021]), the department has focused on enhancing the existing infrastructure that included developing policies, updating screening criteria and tools, establishing new staff positions, and 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 that 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 returning to prison thus negatively impacting public safety.

Implementation of GRE Expansion

To navigate this implementation, the Department used project management framework to define, prioritize, and complete the required changes needed to meet the expectations in this legislation. The implementation team leaders and core project members continue to work diligently to update policy, improve processes, develop training, and increase communication for all staff, incarcerated, and external interested parties regarding the impacts of this expansion. Implementation of <u>RCW 9.94A.733</u> (ESSB 5121[2021]) was planned in two phases. The phased approach is consistent with the 2021-23 biennial budget assumptions and allowed for continual process improvement, to help ensure the safety of our communities, and in meeting the needs of those individuals who return home or to their communities.

The goal of the first phase was to transfer 599 individuals to approved residences, utilizing electronic home monitoring (EHM), by the end of February 2022. Due to cohorting during COVID outbreaks and resentencing impacts, 440 individuals were transferred during this phase.

The second phase began in March 2022, with the goal of reaching at least 1200 participants by June 30, 2022. During the second phase we planned to integrate screening level one and two sex offenders to be included in the movements onto GRE. Approximately 400 of the individuals currently eligible for GRE have committed sex crimes and may require court-ordered sex offense treatment. Given the limited staffing resources in the Sex Offender Treatment Program (SOTAP), we are unable to provide treatment resources to this population and increase the opportunity for those with sexual offenses to be considered for GRE without the unfunded increase of staffing. As a result, the Average Daily Population (ADP) was reduced to 1040. We will not preclude an individual with a sex offense from applying and transitioning to GRE as long as they have secured treatment in the community as part of their transition plan.

As we continue to build the infrastructure for movements of 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 Reentry Division but all DOC divisions and partnering with other state agencies.

DOC Policy 390.590 - Graduated Reentry

A policy workgroup was established and met virtually on five separate occasions, over a twelve-month timeframe to review and provide feedback on the proposal of the new policy. The workgroup consisted of over 23 internal and external stakeholders, including family members and community partners. After each meeting, updates were made based on feedback and discussion from the group. The policy workgroup concluded its meetings in October 2021.

To promote accessibility and transparency for policies, and encourage collaboration during policy review processes, the GRE policy was made available for public comment. All feedback received was reviewed and considered. The policy was approved on May 23, 2022, and was published on June 16, 2022. The new policy included updating terminology and alignment with the updated statute and was made available on the department's <u>website</u> along with other GRE forms and processes.

Staffing

The agency received funding for Correction Specialists (CS3), Correction Supervisors, a GRE Administrator, Administrative Assistant 4, Administrative Assistant 2, Electronic Home Monitoring Manager, and a Community Contracts Manager. The department prioritized an internal recruitment to expedite the onboarding and training of staff to the reentry model focusing on a strengths approach, trauma- informed practices, and relational practices.

In total, 84 full-time employees (FTE) were hired for the implementation of GRE. Except for a few FTEs, all the employees hired for these positions were internal. After the initial hire and evaluation of resources, the remainder of positions were posted out for an open and competitive hiring process. With the Legislature not

funding the needed FTE dedicated to GRE transports in the FY 2022 Supplemental budget, a freeze was placed on hiring additional FTEs. To pay for the transportation positions, we are holding eight CS3 positions vacant.

As the GRE population grows, the department will continue to recruit, hire, and train Correction Specialists to maintain the desired ADP. The GRE program the caseload ratio is 20:1, which allows for staff to "shoulder" with an incarcerated person on their reentry pathway to understand their goals and what is important to them so that we can work together for a successful transition from incarceration to the community. Possessing the ability to see someone for who they are and/or working to be is a powerful tool for change. Only seeing someone for what they came into prison for limits growth, opportunity, and hope for change of a returning population to our communities.

Training

The Reentry Division worked with the Research & Data Analytics program to create a short survey in order to gauge the level of knowledge and to help identify any barriers prison staff may face when submitting transfer order referrals for GRE. The data was used to improve training, communication, and the establishment of further processes. During the month of June, staff from the GRE implementation team conducted 20 Q&A training sessions with prison staff across the state which covered the new policy changes, GRE screening process and criteria, and partial confinement options.

The department continues to build and enhance the GRE training course that provides an overview of programmatic elements, treatment, EHM equipment installation and monitoring, and staff resiliency work. We will continue to prioritize training opportunities in areas that enhance our ability to understand challenges faced by our returning population.

Stakeholder Engagement

An integrated reentry approach focuses resources that help prepare, transition, and stabilize individuals. DOC alone cannot solve the issues of reentry and recidivism. Collaborating with other agencies and communitybased organizations, we help 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 bi-weekly implementation planning meetings, GRE Project Status Reports, and annual Legislative reports. In addition, the Statewide Family Council, other family stakeholders, as well as incarcerated individuals continue to be updated on a regular basis. The docreentryexpansion@doc1.wa.gov mailbox has been utilized for the purpose of communicating with loved ones, staff, and other community members regarding GRE policy, processes, and general inquiries. On November 30, 2022, the department closed the designated docreentryexpansion@doc1.wa.gov. All correspondence related to GRE expansion is now routed to doccorrespondenceunit@doc1.wa.gov and directly managed by the Correspondence unit to assist with the increasing demand for responses from external resources. On November 5, 2021, we published a public-facing webpage, https://doc.wa.gov/corrections/incarceration/graduated-reentry.htm, that includes frequently asked questions, resources, and information regarding GRE. This public-facing page also contains 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 treats patients who require medically assisted detox from alcohol and amphetamines. Individuals with addiction histories are assessed by the Substance Abuse Recover Unit to determine the level of need for treatment. The DOC began discussions with ABHS early in the expansion of GRE as it has previously been utilized with our Community Parenting Alternative Population. We began piloting the opportunity for individuals to transition directly from prison to ABHS inpatient treatment, while on EHM, and then transfer to the approved residence. We continue to have success with this model and have begun to utilize ABHS as an intervention for education, continuity of care, and relapse behaviors. ABHS have allowed us to place an individual back in treatment rather than prison, 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.

Reentry Navigators

A team of reentry navigators work with individuals transitioning from total confinement to partial confinement by working together towards a successful outcome. 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. The services provided help transition incarcerated individuals through numerous supportive services and by addressing protentional barriers to transition. We strive to hire those persons with lived experience, and are proud to say, we continue to be successful. This is an invaluable view in understanding and embracing reentry strategies and it also shows our efforts in providing opportunities and building trust with our returning people.

Participant Data

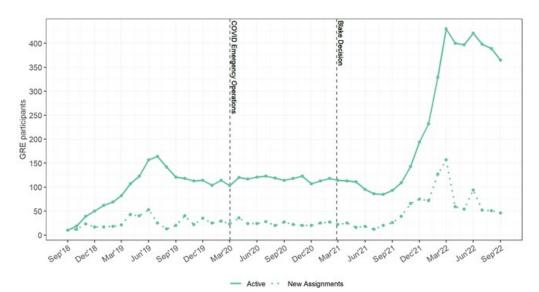
The 2021-2023 legislative fiscal note estimated that 2,656 individuals would be participating in GRE by June 30, 2022, which was based on prison population data as of February 28, 2021. Subsequent changes to the overall prison population have directly impacted those estimates. Since the passage of legislation, the estimated GRE participant numbers have been revised to 1,040 by June 30, 2022. The adjustment is in part due to the Covid-19 pandemic's impact on admissions, cohorting, resentencing impacts, and the lack of SOTAP resources to effectively transition those convicted of sexual offenses and address their needs. From July 1, 2021, and August 30, 2022, 906 individuals were transferred onto GRE. On August 30, 2022 the GRE ADP was 399.

As required by <u>RCW 9.94A.733</u> (ESSB 5121[2021]), the number of incarcerated individuals who were transferred during each month to home detention as part of the graduated reentry program is posted on the <u>department website</u> and updated monthly.



Month	GRE Transfers	
July 2021	13	
August 2021	20	
September 2021	27	
October 2021	39	
November 2021	66	
December 2021	77	
January 2022	71	
February 2022	127	
March 2022	156	
April 2022	59	
May 2022	54	
June 2022	94	
July 2022	52	
August 2022	51	
Total	906	

Active population and new assignments to EHM by month, September 2018 to September 2022.



Washington State Department of Corrections 2022 Report on Graduated Reentry Program

Resentencing Impacts

The department was significantly impacted by court rulings and statutory changes passed by the legislature and signed into law. These changes often have retroactive impacts and result in an unprecedented number of court-ordered resentencing and immediate changes to release dates. In 2020 and 2021, several State Supreme Court decisions and statutory changes regarding post-conviction resentencing had significant effects on Washington's criminal justice system. The impacts have included and will continue to include immediate releases from full or partial custody; sentence reductions; reduction and refunds of Legal Financial Obligations.

COVID-19 Impacts

The DOC operations have changed since the beginning of the COVID-19 pandemic. We are taking preventive measures to ensure the health and safety of our staff and the individuals supervised in our facilities. There has been a tremendous amount of effort created in following our testing, mapping, and other COVID-19 protocols to limit the spread of COVID-19. The department has implemented a cohort approach to limit the interaction between individuals in facilities however cohorting has restricted movement in and out of the facilities, therefore, limiting eligible participants.

Violations/Terminations

The top reasons for program termination include possession of and/or positive drug/alcohol test, unauthorized time, or location in the community. From November 1, 2021, to August 30, 2022, 110 participants were terminated from GRE, 50 of these terminations were for one of the reasons stated above. Nearly half of the terminations occurred within 70 days of starting EHM. We understand that 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. Since the program's start in September 2018, nearly 3 of every 4 people exiting GRE successfully completed the program without WAC violations as of July 2022.

Drug Overdoses

Studies done in Washington State show that formerly incarcerated individuals are at the greatest risk for overdose-related death with an overdose death rate 129 times higher than that of the general population in the first two weeks following release from prison. From November 21, 2021, to August 22, 2022, a total of eight deaths to date have occurred in the GRE program. The department has since implemented fentanyl testing with all urine drugs screens as an opportunity for early intervention and an increase in safety for incarcerated individuals.

Additionally, the agency participates in a collaborative review committee to include the Department of Corrections, the Office of Correctional Ombuds, and the Department of Health to review unexpected deaths of people incarcerated. The unexpected fatality reviews (UFR) are led by Health Services and pulls together department staff to identify systemic concerns that may reduce unexpected deaths, collaborate in 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 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 public safety of our communities. This expansion has offered a unique opportunity for the agency to better support and transition incarcerated individuals for successful reentry into our communities. Working collaboratively across the agency, 76% of the individuals exiting EHM successfully completed graduated reentry. The pie chart below shows the total number of exits from EHM from November 1, 2021, to August 30, 2022. This also contributes to improved community/public safety.



Division Transition

On September 1, 2022, Graduated Reentry moved from the Reentry Division to Community Corrections Division (CCD). This movement provides a significant benefit to incarcerated people returning to the community and are closely aligned with the work CCD will accomplish with Individualized Community Oriented Accountability Collaborative Help (iCOACH), scheduled to begin implementation in early 2023. The shift of the program back to CCD will pave the way for future success of the program as DOC works toward enhancing and evolving community-based programs.

Participant Letter

From Samuel Vankooten, who entered prison in 2020 and released from GRE in March of 2022.

"I want to start off by thanking you, the GRE program, and everyone that is involved in it. This program has meant the world to me. This program has done so many positive things for anyone that takes it seriously and wants to change. Some of the positive things it has brought in my life.

- 1. A very positive attitude for change
- 2. The stability to maintain employment for the longest ever in my life
- 3. A very positive attitude towards staying clean.
- 4. To move up in the company I work for and become graveyard supervisor
- 5. It has taught me to live life on life's terms not mine
- 6. It has helped me strive to achieve my driver's license for the first time ever in my life and being all legal with my own car.
- 7. It has brought the stability I've always needed where I'm not walking out of prison with nothing and wondering where I'm going in life.

Those are the positive and awesome blessings that CCO Essex Speckhals has helped me achieve by being very understanding of what I'm trying to accomplish and working with me through her hard work and dedication. I thank her so much for believing in me and just being the awesome Corrections Specialist, someone can have in the program to work with.

Thank you for taking the time to read my testimony and what this program has helped me achieve through hard work."

Attachments

- Sponsor Support Guide
- ABHS Flow Chart
- GRE Screening Process

GRADUATED REENTRY SPONSOR SUPPORT GUIDE





300-GU002 (R. 10/2021)

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INTRODUCTION

Thank you for sponsoring someone transitioning from prison to home on Electronic home monitoring (EHM). In 2021, The Washington State Legislature passed ESSB 5121, which is an expansion to the Graduated Reentry Legislation (House Bill 2638) passed in 2018.

This expansion now allows Washington State Department of Corrections (DOC) to transfer individuals onto electronic monitoring at an approved address through two different tracks.

Track 1:

- Individuals who serve a minimum of 6 months in total confinement in a state correctional facility may transfer to a work release facility 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 work release 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.

The focus of this legislation is to provide an opportunity for incarcerated individuals 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. While someone completes their prison sentence in the community, the department must:

Require placement onto electronic monitoring,

Require an approved address,

Require participation in programming and treatment based on one's assessed needs, and development of an Individualized Reentry Plan.

Assign a Corrections Specialist to monitor compliance with partial confinement conditions, Assign a reentry navigator to assist participants with transitional needs.

Mission Statement

Through cross divisional collaboration, the intent of GRE is to improve public safety by targeting interventions and programs for successful transition into the community. Successful reentry takes place when incarcerated individuals, corrections staff, community members and families team up to develop an individualized graduated plan from incarceration to the community.

Goals

- To increase the successful reentry of incarcerated individuals into our communities.
- To break the cycle of incarceration of those involved in the GRE program.

- To work with participants and their families to provide structure, support, and collaboration of services for the greatest impact.
- To work with other agencies and organizations in reducing duplicative services and programs.
- To intervene at the lowest level, as is appropriate, when violations occur so that participants can correct their behavior to the benefit of their families and communities. The sanction reflects the seriousness of the infraction.

1.1 Electronic Home Monitoring

As a sponsor, you will not be financially responsible for the electronic home monitoring (EHM) costs. The Department will cover the cost of EHM, however there must be an independent phone line in the residence. If an independent line cannot be installed, the Department will work with the sponsor for an accommodation, if feasible. It is important to understand that alternate options (cell units) don't always work in all geographical locations.

You are hosting a participant who is transferring from an institution to your home. It is important that you understand the participant **is not on supervision** but is still an **active inmate** within DOC. All of the participant's activities must be pre-approved by the supervising Corrections Specialist (CS) and cannot be changed without prior approval. The participant must remain in the residence at all times unless previously approved to attend school, family activities, treatment, programs and/or employment. Expect the participant to have a curfew while he/she is participating in the program. The Washington Administrative Code (WAC) and Revised Code of Washington (RCW) are specific as to what is allowed in partial confinement programs. The participant is accountable for all of their time in the community and must communicate that to the CS. Failure to account for all of their time may result in termination from the program and the participant being sent back to the institution to complete their sentence.

It is often very difficult for participants to live "half in and half out" so understanding restrictions and accepting the limitations are necessary for the participant's successful reentry. You can assist by providing open, honest communication, and support with the participant in operating within the rules and boundaries to assist their transition into the community.

1.2 Blackout Period

Each participant will have a 48-hour blackout period from the time of arrival to their home. During this time, the participant will not be allowed to leave the residence. Due to this restriction, we ask that the sponsor assist the participant with their initial needs (food, linens, clothing, hygiene etc.) during the blackout period. The assigned Reentry Navigator can also assist with locating resources if the sponsor is unable to address these essential needs.

1.3 Search Waiver and Background Check

In order for a home to be approved for GRE EHM, every adult residing in the home will sign and agree to a Search Waiver form. In addition, each adult will also undergo a national background check. It is important to remember that the participant is an active inmate, so they cannot use or possess drugs or alcohol, including marijuana, or possess firearms. While the participant is on EHM, the home must be free of drugs, alcohol, marijuana, and firearms. If the sponsor has a prescription for narcotic medication or marijuana, they must keep it secured so the participant does not have access to the substances. Please review the information provided in the GRE Handbook. It is important that you become familiar with the Standard Rules and the Conditions of GRE, so you are aware of what the participant living with you can and cannot do.

1.4 Visitors

As a sponsor to a participant on EHM, who and when visitors come to the home could be impacted. All visitors 18 and older will sign-in on a visitor's log, and a background check will be run on all visitors. In addition, overnight visits will not be permitted unless approved by the CS (i.e. family visiting for the weekend from out of town). The participant must communicate with their CS and receive prior permission to have visitors with criminal history and/or visitors under DOC jurisdiction.

2.1 Roles

Roles within your household will change when the participant returns home whether or not children are present. The participant may have been the sole provider for their family prior to incarceration, yet there are employment restrictions that can limit their financial role. You will need to negotiate roles surrounding employment, parenting (if applicable), daily activities, household chores and rules, etc. If you have been parenting by yourself and your spouse or other parent is returning home, it may be difficult to share parenting decision making. If you have been parenting a grandchild/niece/nephew, you may find that the child/children continue to come to you in instances where the parent should be making the decisions. Talk with the participant while they are still incarcerated so that some expectations are set up in advance.



- Recognize that things take time to work out and that nothing is going to be perfect.
- Establish your own boundaries and limits and communicate them these to the participant.
 Have clear expectations of what you are willing and unwilling to do such as childcare, finances, transportation, etc.
- Communicate with the participant about their social influences and set boundaries for visitors.
 GRE rules will impact visitors to the residence.
- Take time to talk with the participant alone and establish an open line of communication. It is

important for all adults to be consistent with household rules and consequences of behavior.

- Spend time with the participant discussing how things are going and helping him/her to problem solve. Help the participant figure out what to do but don't do it for him/her.
- If you are asked to participate in any of the participant's programming, we hope you feel comfortable in doing so.

If the participant is a parent:

- Identify successful parenting strategies you have been using and share those with the participant, so they can build upon those. Help the participant set up expectations for the children and then help everyone follow them. Don't allow the children to "divide and conquer" the adults in their lives.
- Consider having a weekly family meeting that everyone attends to foster promote open, honest communication and discuss what is working and what isn't. Talk, don't yell, and take a break if things get heated. Consider writing an agreement of expectations for everybody in the household and refer back to it if there are questions/problems.
- Encourage Support the participant to attend and participate in all required classes, treatment programs, employment, etc. Encourage the participant's active involvement in the child/children's education, reading to the child/children, spending time with the child/children, and at family dinner time without distractions of TV or other electronic devices.

3.1 Expectations

An integral part of the success of the GRE program is the relationship you establish with the supervising Corrections Specialist (CS). The CS will investigate the transfer plan to your residence, and closely monitor the participant while he/she is participating in the program.

You can expect to see the CS at your residence multiple times a month, and the two of you may also have regular telephone communication. The following are some examples of what and when to communicate with the CS:

S₁ U₁ P₃ P₃ O₁ R₁ T₇

Do:

- Ask the CS for assistance if you have questions or concerns about the rules and expectations of GRE.
- Call the CS if you identify a potential problem requiring mediation with the participant.
- Immediately notify the CS if you become aware of or suspect infraction behavior. This will help to provide transparency and minimize potential manipulative behavior; the sooner the CS is made aware of an issue, the sooner they can intervene with the participant, and resolve the problem. There are alternative sanctions that do not result in a return to confinement. The sanction equals the severity of the infraction.
- Inform the CS if the participant is not going to the approved location and you are aware that

they are not being honest with the CS.

- Inform the CS if the participant consumes alcohol and/or drugs and you know the participant has not been honest with the CS regarding the use.
- Know that the participant, and only the participant, is responsible for what he/she does or does not do.
- Remember we are a team and want the participant to successfully transition into the community.

Don't:

- Bring items or people into the residence that violate the participant's GRE rules/conditions and/or put them at risk of violating those rules/conditions.
- Allow visitors into your home who may compromise the participant's ability to remain in the program.
- Expect unnecessary schedule changes and home visits

3.2 Reentry Navigator

Each participant will be assigned a Reentry Navigator (RN) to help with individual transition throughout the progressing phases of Graduated Reentry Program. The assigned Reentry Navigator is available to assist participants in developing an Individual Reentry Plan (IRP), which includes a 72-hour plan for transition. The assigned Reentry Navigator will assist with resource navigation in order for participants to gain access to resources that will assist with identified needs to accomplish stability in the community.

The RN will engage participants in a manner that promotes and encourages a safe space for transparent communication and open dialogue that follows all GRE expectations and values. Each participant will engage in a Reentry Team Meeting (RTM) with the assigned Reentry Navigator and CS in person or by phone before transfer to EHM.

3.3 Money/Finances

You are not financially responsible for the participant and all of their needs for the duration of the time they are on the GRE program. It is acceptable to assist the participant with primary needs such as housing, a phone line, food, and transportation for a short time, but this should not go on indefinitely. As the participant spends time in the program, they will collaborate with



the supervising CS in an ongoing plan which may include employment, schooling and/or training. The participant may also be eligible for financial assistance through DSHS. Resources may be available in the community to assist the participant in working on budgeting issues. Keep in mind that the participant cannot enter into any contracts without prior approval from the CS, and the CS may view banking accounts, receipts, etc. to ensure funds are properly spent. The CS will also review the participant's budget plan to verify if the participant is on track with their spending and savings plan. If you have any concerns with how the participant is managing their finances, to include unnecessary

purchases and/or failure to pay financial obligations, please communicate this information to the CS as soon as possible. Once the participant has a job, they will be expected to pay 10% of their earnings towards their legal financial obligations.

3.4 Access to the Community

The participant will be expected to email their weekly outing schedule (access to the community) to their CS each week for approval. This will require access to internet through a computer, cell phone, I pad etc. If you are not able to provide internet access in your home, work with the participant and assigned CS to utilize Wi-Fi and/or computer access in the community (i.e. local library) to complete their schedule each week. It is also important for the participant to access computer/internet for job searching, resume building and locating resources.

3.5 Transportation

You are not required to provide transportation for the participant. Prior to the participant's transfer to your residence, begin a discussion regarding how they will get to and from necessary appointments, programming requirements, and activities, etc. Travel is approved from point to point; any additional stops must have prior approval. Please be honest about what you can and cannot provide so the CS can assist the participant with finding appropriate transportation. Any individual that provides transportation for a participant must be approved by the assigned CS and will undergo a background check.

Participants may be allowed to drive while on the program, if they provide necessary documentation and receive prior authorization from the CS and Program Administrator. If you have questions about this, please discuss them with the CS.

4.1 Medical, Dental and Mental Health

While participating in the GRE Program, the participant will have access to medical, dental, and mental health services in the community, and they are responsible for payment of all costs associated with this care. The participant may be eligible for a medical coupon through DSHS, but this is not guaranteed. The participant is also eligible for healthcare through Washington State Medicaid (Apple Health Care). If you have concerns about physical and/or mental health issues or medications for the participant, please discuss these with the CS. The CS may have insight into available resources in the community. Any/all trips to a medical provider needs to be documented by the participant on their daily itinerary log and verified with documentation.

5.1 Emergencies

For the purpose of Graduated Reentry, an emergency is defined as: <u>a sudden, urgent, usually</u> <u>unexpected occurrence or occasion requiring immediate action.</u>

Graduated Reentry participants are required to return to his/her approved residence at the designated time. In an emergency, a telephone call must be made to a GRE Supervisor assigned as the Duty Officer (DO) for the week. The participant must inform the DO that they are late, state the reason for the time extension, and provide details surrounding the emergency. The assigned DO will

research the emergency to ensure that the participant did not violate any conditions as it relates to Graduated Reentry. The participant must also contact their assigned CS to inform them of the emergency as well.

Again, the participant must provide verification of their whereabouts to their assigned CS for all times out in the community. Being late returning home because they did not plan time well is not considered an emergency.

An example of an emergency and verification would be:

The participant or their child had an accident and were transported to the emergency room. The verification could be the discharge papers from the hospital's emergency room doctor, listing the doctor's name and a contact number for the CS to verify the emergency.

Please remember that lack of planning does not constitute an emergency on our part.

6.1 Employment Services

Part of the participant's daily schedule may be to participate in an employment orientation or job search. During the first 30 days of this program, they will have employment restriction that will be discussed with them by their CS.

During their daily job search, participants will be required to complete the Job Search Log and to include names of employers contacted, when the employer was contacted, and the results of the contact. Once a job is offered, the participant must immediately relay this information to the CS. The information must include:

- Supervisor's name
- Work site address
- Hours of work
- Contact information
- Type of employment



The CS will verify the information prior to the participant beginning any employment. The employer must comply with all state and federal laws, provide insurance coverage through Labor and Industries or a private company, and comply with Employment Security rules and all Federal Tax Requirements. Once approved by the CS, schedule change requests must be submitted to modify the electronic home monitoring hours as needed. The CS will verify with the employer that the participant has informed the employer of their GRE status, and employment prohibitions and must be agreeable to the CS contacting and appearing at the work site.

Job Restrictions

Employment may be a part of the participant's programming while on the GRE Program, but it will not be allowed to replace other programming requirements that are important to the participant's transition to the community. There are some restrictions to employment which are listed in the GRE handbook. In addition, the participant finding employment may necessitate changes in childcare needs (if applicable), daily routines in the family, etc. This requires ongoing conversations between you and the participant to discuss these changes. The CS can assist the family in planning for and negotiating these changes.

7.1 Disciplinary

Disciplinary procedures for the GRE Program are similar to those used in work release, DOC policy 460.135. The GRE handbook outlines behavioral expectations for inmates in the community and consequences for infractions, which range from verbal warnings up to and including termination and possible loss of good conduct time.

Escape

As previously mentioned, the participant must get prior approval from the CS before leaving the residence and must return at the approved time. Failure to return at the designated time will be considered an escape, and the CS will issue an escape warrant. It is the participant's responsibility to be aware of their own schedule, when they need to return to the residence, and to communicate that to family and friends. Should you notice the participant has not returned to the residence at the designated time, please contact the CS immediately.

8.1 Resolution Requests

A Resolution Request is a written, formalized complaint. The Resolution Program provides the participant with a way to have complaints heard and resolved in a formal manner. Before filing a Resolution Request, the participant should try to resolve their issues at the lowest level possible. Resolution Requests are handled consistent with Department of Corrections Policy 550.100 Resolution Program. A Resolution Request form can be obtained from the CS or the local DOC Field Office.

Complete the Resolution Request form and mail it to:

Department of Corrections Resolution Program Manager PO Box 41129 Olympia, WA 98504

9.1 FAQs

Q: If I want to sponsor a GRE participant at my house, what is the expectation from me?

A: It is primarily the participant's responsibility to be compliant with GRE conditions. You can h help the participant with their successful reentry by assisting with their schedules, providing transportation to appointments, communicating with the participant's case manager and/or just being a supportive person in the individual's life. The Department strives to build a partnership with sponsors, individuals, and their support network so that we can work together to achieve the same outcome; that individuals successfully release so they can remain with their loved ones in the community. We ask for open communication, support, and collaboration.

Q: If a participant lives at my house while on EHM, what is and is not allowed in the home?

A: In order for a home to be approved, the following conditions apply:

- Firearms are prohibited in the residence. This includes those stored in a locked safe.
- Alcohol and drugs are prohibited inside the residence. Prescription narcotic medications are expected be secured and not accessible to the participant.
- There may be additional restrictions based on an individual's risk of harm and/or their conditions of sentence.

Q: I have a criminal record. Does that mean I can't sponsor a GRE participant at my home?

A: A criminal record in and of itself does not exclude anyone from sponsoring individuals. There are several factors that may influence the decision, such as active warrants or pending prosecution, protection orders, crime partners, and length of time from last criminal behavior. The Specialist is responsible to weigh the benefits and risk associated with each situation. All cases recommending denial will be staffed with a supervisor.

Q: I have medical marijuana in the home, does that mean a GRE participant can't live with me?

A. Any prescription marijuana and/or prescription narcotic medications must be secured away (i.e. locked box/safe) where the participant does not have access to it. Remember that the participant is an active inmate, so any prohibited items in the home that are accessible to the participant could put them in jeopardy of an infraction.

Q: Home much does Electronic Home Monitoring Cost?

A: There is no cost to an individual or their family to participate in EHM, however, in order to be monitored at the residence, an independent operable phone line that must be maintained. If you are unable to have a phone line installed, the Department will attempt to accommodate with a cellular unit when feasible. Please note that cellular units do not work in all geographical locations.

Q. If my address is approved, when will the participant transfer home?

A. The soonest a participant can transfer to EHM is 5 months prior to their release (Track 1), or 18 months prior to their release (Track 2). In addition, transfer dates are based on caseload capacity, as well as any notifications that are required for the participant transferring to the community. Please encourage the participant to be patience and remain infraction free. As soon as a transfer date is scheduled, the assigned CS will contact you.

Electronic Home Monitoring and American Behavioral Health Systems (ABHS) Process

Transitional Housing If I/I needs TH, a house and bed date does not need to be secured prior to transfer. I/I will work on housing with the assigned counselor/GRE CS3/RN while at ABHS.

Community to ABHS

Intervention for Violation

- CS3 will complete Stipulated Agreement w/ I/I for inpatient tx.
- CS3 will complete ABHS Screen and ROI forms and send to James Burton for bed date and transportation.
- Include GRE/CPA designee in email for tracking.
- CS3 will send bed date/address of ABHS to docgrerecords@DOC1.WA.GOV with subject line: CPA or GRE ADDRESS UPDATE. The email must also include docvictimservices@doc1.wa.gov if ABHS is in different county than the residence
- The days (15/35) is not required for movement from residence to ABHS.
- Email to victim services is not needed if ABHS is in the same county as the residence.
- Assigned CS3 completes condition of placement for compliance with treatment requirements while at ABHS with I/I prior to transport to ABHS.

Prison to ABHS

Corrections Specialist 4/Program Manager Coordination

CS4/CPA Screening Committee screens individual (I/I). If eligible and has substance abuse hx/DOSA sentence and has not started tx, contact Substance Abuse Recovery Unit (SARU) staff. SARU staff determines eligibility for inpatient tx. James Burton works with CS4/ PM to get forms signed and schedule bed date.

CS4/PM Coordination with CCS/CS3

While coordinating with James Burton, the CS4/PM will assign the case to the section CCS/CS3/Reentry Navigator (Rnav) who will get the case upon ABHS completion and the CCS/ABHS liaison CS3/RNav who will be assigned the case while at ABHS (see contacts on page 2). Bed date will be coordinated with CCS/CS3 ABHS Liaison.

Final Transfer Order

CS4/PM requests final TO with ABHS contacts/CS3 Liaison info. Provides future address too if known. If transitional housing, indicates TH to county of future residence (for notification purposes). RTM with GRE CS3 ABHS Liaison, Rnav ABHS Liaison and participant prior to transfer

Home Investigation

If I/I has a private residence, CS4 assigns HI to section where I/I will transition upon completion of ABHS. This will be completed prior to transfer to ABHS. GRE CS3 completes HI, chronos, and notifies CS4.. GRE Sup submits DOC 11-036 Graduated Reentry Out of County of Origin Request to Section FA if participant is requesting out of county.

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- EHM Placement Set up receiver at ABHS.
- Call WASPC and verify equipment is properly working prior to leaving ABHS facility.
- Update address with Washington Association of Sheriffs & Police Chiefs (WASPC)
- Chrono EHM placement.

Transfer to ABHS Case transferred to CS3 ABHS Liaison's name in OMNI. Assigned CS3 sends file to Liaison within 1 business day of transfer to ABHS.

Prison to ABHS Intake

- Complete intake/orientation.
- Complete Conditions of Placement for while at ABHS.
- Scan forms to <u>docgrerecords@doc1.wa.gov.</u>
- Complete initial Oral Swab & Breathalyzer.
- Chrono intake and Oral Swab/ BA.

Housing

- CS3 ABHS Liaison will communicate and work with ABHS staff to identify a Tx completion date.
- Once Tx completion date is identified Liaison will work with GRE participants to identify housing after Tx completion if needed. RNav can assist with resource navigation as needed.
- Once Liaison identifies where the participant would like to live ABHS CS3 Liaison will help the GRE participant establish housing.
- CS3 ABHS Liaison will coordinate with housing specialist to establish housing vouchers if needed.
- Once housing is identified, Liaison will notify GRE/CPA designee and CCS for the designated area, for assignment.
 Assigned CS3 receiving case will send completion date/address of residence to docgrerecords@DOC1.WA.GOV with subject line: CPA or GRE ADDRESS UPDATE. The email must also include docvictimservices@doc1.wa.gov if ABHS is in different county than the residence

Release of Information signed for CS3 ABHS Liaison/Assigned CS3 and RNav:

Liaison is Point of Contact for 1 CDP Counselor and GRE CS3 (later assigned to when tx is complete)

- All calls/collaterals/emergencies/arrest/ escapes will be filtered through ABHS Liaison.
- ABHS Liaison will relay information to assigned CS3 and RNav.

Contact Standards

CS3 ABHS Liaison will:

- Complete face-to-face contacts as needed.
- Complete weekly phone calls with the participant for the duration of Inpatient Tx at ABHS.
- Complete weekly phone calls/emails with ABHS staff to discuss progress and reentry planning.

Infractions/Arrest While at ABHS

- All arrest/infractions will be completed by CS3 ABHS Liaison.
- Liaison will schedule hearings, complete hearing paperwork, and be present for hearings either in person or via telephone.
- Liaison will update OMNI with hearings results (earned time, points, etc.).
- Contact GRE/CPA designee if I/I is returned to prison.
- Request TO for returns to prison and

- Waiting the days (15/35) is not required for movement from ABHS to residence (unless it is a release from GRE/CPA).
- Email to victim services is not needed if ABHS is in the same county as the residence.



Updated 6/22/2022

- Monitor BI report daily and enter results into OMNI.
- Address all BI alerts noted on the report immediately.

Liaison will chrono all contacts, collaterals, intakes, paperwork, etc. (funneled through more efficiently/consistently)

- indicate if the individual is a DOSA.
- If an I/I is arrested and is going to be transferred to a jail, the CS3 will email docgrerecords@DOC1.WA.GOV of the status change

ABHS Completion & Transfer to Residence

- RNav Liaison/Assigned RNav/CS3 Liaison/assigned CS3 will complete RTM with I/I within 30 days of ABHS completion.
- If I/I is still on EHM and transferring to a residence, the assigned CS3 will coordinate with ABHS to pick-up or have ABHS transfer I/I to a DOC office. CS3 contacts ABHS transport approx. 2 weeks prior to completion requesting the DOC office location.
- CS3 or approved sponsor will transport I/I to the residence. I/I will take their EHM box and plug-in when they arrive to their residence.
- I/I will be on 48 hr blackout upon move to the residence. CS3 will chrono movement to residence
- CS3 will update address with WASPC and verify equipment is properly working.
- Liaison will send file to assigned CS3 w/in 1 business day of transfer

Contacts

DOC SARU Staff:

CS4 Richard Fall Cell: (360) 701-4676 Email: rjfall@DOC1.WA.GOV CS4 Heidi Moran Cell: 360-742-7230 Email: hlmoran@DOC1.WA.GOV Community Contracts Manager: James Burton Cell 360-789-7627 Email: james.burton@doc1.wa.gov

ABHS Admission Coordinator: Sheila Norris 509-701-2145

<u>Spokane</u>

Mission Address: 12715 East Mission Ave Spokane, WA 99216 Main Line: (509)232-5766 CDP: Mr. Carter (J. Cater) jcarter@abhsinc.net (for Mission site only) Clinical Supervisor: Holly Brown (509)232-5766 ex. 1039 hbrown@abhsinc.net Program Manager: Bobbi Brennan Office: (509)232-5766 ex. 1105 Cell: (509)842-0492 bbrennan@abhsinc.net Mission Administrator: Mr. Tyler Prutsman tprutsman@abhsinc.net Mission Transport: Doug Norris (509) 232-5766 extension 1047 Cell: 509-701-2145

Cozza

Address: 44 East Cozza Drive Spokane, WA 99208 Main Line: (509) 325-6800 Cozza Administrator: Marc Malmer Cell 360-918-1506 Clinical Supervisor: Michelle Mines 509-325-6800 ext. 1217 They do not have a specific SUDP counselor assigned to GRE clients yet Cozza Transport: Doug Norris (509) 232-5766 extension 1047 Cell: 509-701-2145

Chehalis Address: 500 SE Washington Ave Chehalis, WA 98532 Main Line: 360-748-4776 Chehalis Administrator: Tony Prentice (Acting) Cell: (360)287-8627 Clinical Supervisors: Jim Cozadd, Cell: 360-751-4951 Office: 360-740-2535 ext 2535 or for Craig Zahn extension 2524 Chehalis Transport: Heath Wemmer (360) 748-4776 extension 2543 They do not have a specific SUDP counselor assigned to GRE clients yet

GRE/CPA CS3/Reentry Navigator ABHS Liaisons

<u>Spokane:</u> Mission- GRE CS3 Tonya Wick Phone: (509) 370-1737 Email: tnwick@DOC1.WA.GOV

Cozza- CPA CS3 Sheri Overholser (ABHS Liaison for CPAs only) Phone: (509) 385-3906 Email: ssoverholser@DOC1.WA.GOV

GRE Section 1 Supervisor: Christine O'Bleness Phone: (509) 344-9305 Email: cmobleness@DOC1.WA.GOV

Reentry Navigator Anita Joens Phone: (509) 496-1984 Email: acjoens@DOC1.WA.GOV

Reentry Navigator Supervisor Susan Piccinini (East Side of the state)

Phone: (509) 818-2588 Email: sepiccinini@DOC1.WA.GOV

Chehalis: GRE CS3 Tami Bull

Phone: (360) 798-5726 Email: tmbull@DOC1.WA.GOV

GRE Section 3 Supervisor: Michael DiGuilio

Phone: (206) 327-1779 Email: mjdiguilio@DOC1.WA.GOV

Reentry Navigator Alina Willis

Phone: 360-701-3457 Email: alwillis@DOC1.WA.GOV

Reentry Navigator Supervisor Misty Patterson (West Side of the state)

Phone: 206-681-5218 Email: mapatterson@DOC1.WA.GOV

Graduated Reentry Screening Process



GRE Supervisor. CCO will be notified to work with individual to locate other housing option

Address Approved CS3 chronos approval and requests final transfer order from GRE CS4

Transfer Order Classification finalizes Transfer Order for WR to EHM



300-DG001 Updated 2/14/2022 Transfer Day Up to 5 months to ERD, participant will be transferred from WR to EHM to the approved address. notified to work with individual to locate other housing option transfer order

the individual's electronic file

Transfer Order Classification finalizes TO for GRE to EHM. CC assigns MIR custody once TO is final. CS3 will confirm transport plan

Transfer Day Up to 5 months (Track 1) OR up to 18 months (Track 2) to ERD, participant will be transferred to GRE EHM to the approved address.

See DOC 390.590 Graduated Reentry Policy for more information