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Evaluating DOC’s Validated Treatment Provider List for Reentry Navigators: *Preliminary Report*

In Washington, reentry navigators work with individuals after they leave prison and enter a period of community custody. These navigators refer individuals to supportive services, rehabilitation programs, and potential employers. With funding from the Department of Justice, the Washington State Department of Corrections (DOC) is exploring the impact of equipping community reentry navigators with lists of verified service providers. The intent of the verified provider list (VPL) is to improve upon historical practices by creating a provider directory that is more comprehensive, accurate, and up to date. The VPL was implemented in four reentry centers in two counties; three reentry centers serving three additional counties serve as comparison locations.

The role of the Washington State Institute for Public Policy (WSIPP) is to evaluate the impact of the VPL. This will include (1) assessing the effectiveness of the VPL in improving engagement with services; (2) assessing the effectiveness of the VPL in reducing recidivism as defined by arrests, convictions, and incarcerations; (3) examining differences in effectiveness across demographic characteristics, such as race and sex; and (4) providing recommendations for additional research and analysis that may be needed.

This interim report describes program activity from January 1, 2023, through May 15, 2024, and provides a preliminary look at (1) above.

Summary

The Washington State Department of Corrections is exploring the impact of equipping community reentry navigators with lists of verified service providers.

The verified provider list (VPL) improves upon historical practices by creating a provider directory that is more comprehensive, accurate, and up to date. The VPL has been implemented in four reentry centers in two counties; three reentry centers serving three additional counties serve as comparison locations.

As of May 2024, the VPL contains 262 unique service providers offering 286 services.

There is evidence that the VPL is working as intended. Reentry navigators in areas with access to the VPL provided more referrals and provided those referrals more quickly. On average, the first referral was over 30 days faster in treatment reentry centers (21 days) versus comparison reentry centers (51 days).

However, data suggests that treatment and comparison areas may not be producing equivalent groups. More people are being assigned to treatment areas, and people assigned to comparison areas are more likely to be White and less likely to be Hispanic.

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I. Background

Most people who are incarcerated will eventually be released back into communities. In Washington, about 5,000 people are released from DOC custody each year.¹ People reentering communities after a period of confinement face numerous challenges. They frequently have trouble finding stable employment that provides a living wage,² are 13 times more likely to experience homelessness than the general population,³ and typically have limited access to mental health services⁴ or treatment services for substance use disorders.⁵

These challenges contribute to persistently high rates of recidivism. About 30% of adults will have recidivated within three years of release from prison, but that number gradually declined between 1995 and 2014.⁶

Supportive services can play a critical role in addressing the challenges faced by people reentering communities.

Social service providers can facilitate stable employment and housing and provide or connect people with treatment for mental health and substance use disorders.⁷ Unfortunately, these services are limited in capacity and are often dispersed among numerous organizations, so even if services are available, people may not be aware of them or know how to enroll in services.

To address the fragmented nature of supportive services, jurisdictions have created programs to assist people reentering the community in identifying and enrolling in services. Reentry navigators have been one strategy to address the fragmented nature of service providers.

Reentry programs can vary considerably in structure, format, and implementation based on local needs and resources. For example, programs may rely on navigators with lived experiences similar to those they would be assisting.⁸ Navigator programs can focus on specific issues, such as connecting people to medical care, mental health treatment,⁹ or employment,¹⁰ or provide referrals to multiple services based on needs.¹¹

¹ Washington State Department of Corrections. (2023). *Prison admissions and Releases by county of admission*.

² Couloute, L., & Kopf, D. (2018, July). *Out of Prison & Out of Work*.

³ Couloute, L. (2018, August). *Nowhere to Go: Homelessness among formerly incarcerated people*.

⁴ Mongelli, F., Georgakopoulos, P., & Pato, M.T. (2020). Challenges and opportunities to meet the mental health needs of underserved and disenfranchised populations in the United States. *FOCUS*, 18(1), 16–24.

⁵ Wang, P.S., Demler, O., & Kessler, R.C. (2002). Adequacy of treatment for serious mental illness in the United States. *American Journal of Public Health*, 92(1), 92–98.

⁶ Knoth, L., Wanner, P., & He, L. (2019). *Washington State adult and juvenile recidivism trends: FY 1995 - FY 2014 (Doc. No. 19-03-1901)*. Washington State Institute for Public Policy.

⁷ Lattimore, P.K., & Visher, C.A. (2013). The impact of prison reentry services on short-term outcomes: Evidence from a multisite evaluation. *Evaluation Review*, 37(3–4), 274–313.

⁸ Matthews, E. (2021). Peer-focused prison reentry programs: Which peer characteristics matter most? *Incarceration*, 2(2).

⁹ Hailemariam, M., Weinstock, L.M., & Johnson, J.E. (2020). Peer navigation for individuals with serious mental illness leaving jail: a pilot randomized trial study protocol. *Pilot and Feasibility Studies*, 6(1), 114.

¹⁰ Jaegers, L.A., Skinner, E., Conners, B., Hayes, C., West-Bruce, S., Vaughn, M.G., Smith, D.L., & Barney, K.F. (2020). Evaluation of the Jail-Based Occupational Therapy Transition and Integration Services Program for community reentry. *The American Journal of Occupational Therapy*, 74(3).

¹¹ Tillson, M., Fallin-Bennett, A., & Staton, M. (2022). Providing peer navigation services to women with a history of opioid misuse pre- and post-release from jail: A program

Outcome evaluations of reentry navigator programs have typically demonstrated positive findings. In a recent review of the literature, the Substance Abuse and Mental Health Services Administration (SAMHSA) identified seven relevant, high-quality studies and concluded that comprehensive case management was associated with lower rates of arrest, conviction, and reincarceration, increased engagement in mental health treatment and substance use treatment programs, and greater use of employment and education services.¹² Other evaluations have found that combining reentry services with peer mentoring was associated with lower levels of recidivism.¹³

Unfortunately, not all studies have found such positive results, with some finding no impacts¹⁴ or finding benefits for secondary outcomes (e.g., earnings) but not for recidivism.¹⁵ A large-scale multi-site study, the Reintegration of Ex-Offenders (RExO) initiative, found no impact on recidivism or labor market outcomes.¹⁶ The three studies that have found limited impacts have relied on higher-quality randomized designs.

Some researchers have argued that reentry navigator programs fail because individual program components (e.g., skills training, substance use treatment) are ineffective or comprehensive case management has not been well implemented.¹⁷ Studies on reentry services generally have been hampered by challenging research conditions and weak implementation.¹⁸

Current Study

This preliminary report addresses the following research questions:

- 1) What is the composition of providers on the VPL?
- 2) What are the demographic characteristics of people assigned to treatment and comparison facilities?
- 3) Does the VPL improve engagement with services, measured through:
 - a) the number of treatment provider referrals,
 - b) the length of time for the referral and engagement to occur, and
 - c) the reasons for ending the referral?

description. *Journal of Clinical and Translational Science*, 6(1), e106.

¹² Substance Abuse and Mental Health Services Administration. (2023). *Best practices for successful reentry from criminal justice settings for people living with mental health conditions and/or substance use disorders* (Publication No. PEP23-06-06-001). Substance Abuse and Mental Health Services Administration.

¹³ Sells, D., Curtis, A., Abdur-Raheem, J., Klimczak, M., Barber, C., Meaden, C., Hasson, J., Fallon, P., & Emigh-Guy, M. (2020). Peer-mentored community reentry reduces recidivism. *Criminal Justice and Behavior*, 47(4), 437–456.

¹⁴ Grommon, E., Davidson II, W.S., & Bynum, T.S. (2013). A randomized trial of a multimodal community-based prisoner reentry program emphasizing substance abuse

treatment. *Journal of Offender Rehabilitation*, 52(4), 287–309.

¹⁵ Cook, P.J., Kang, S., Braga, A.A., Ludwig, J., & O'Brien, M.E. (2015). An experimental evaluation of a comprehensive employment-oriented prisoner re-entry program. *Journal of Quantitative Criminology*, 31(3), 355–382.

¹⁶ Wiegand, A., & Sussell, J. (2016). *Evaluation of the Re-Integration of Ex-Offenders (RExO) Program: Final impact report*. Social Policy Research Associates.

¹⁷ Doleac, J.L. (2019). Wrap-around services don't improve prisoner reentry outcomes. *Journal of Policy Analysis and Management*, 38(2), 508–514.

¹⁸ Eberth, S.D., Diaconu, M., & Koob, C. (2022). A cautionary tale of a prisoner re-entry initiative: Lessons learned. *The International Journal of Interdisciplinary Social and Community Studies*, 17(2), 167–177.

Program Participants

People sentenced to a period of incarceration are eligible to transfer to partial confinement reentry centers consistent with DOC Policy 300.500. Eligibility for placement in a reentry center requires that a person be eligible for least restrictive custody within 18 months of their earned release date. Individuals who refuse to complete mandatory programming while incarcerated, do not intend to participate in programming while at the reentry center, have been previously terminated from reentry center placement, or are flagged as having victim safety concerns would not be eligible for transfer. Conviction of some offense types (e.g., serious violent crimes) imposes additional transfer eligibility restrictions.

Program Implementation

The DOC currently operates 12 reentry centers.¹⁹ The goal of reentry centers is to “create a smoother transition from prison confinement.”²⁰ While at reentry centers, people are expected to be employed or seeking employment, attend education or vocational training, reestablish relationships with family, and develop life skills.

In Washington, reentry centers are partial confinement facilities; people are allowed to leave the facility for approved reasons, such as going to work or attending substance use treatment. Except for preapproved leave, people are expected to be in the facility. DOC generally places people in the reentry center located in the county they are from.

The VPL is being evaluated in seven reentry facilities serving five counties. Reentry navigators working at reentry centers in King and Yakima Counties were assigned to the treatment condition with access to the VPL. King County has three reentry centers (Reynolds, Bishop Lewis, and Helen B. Ratcliffe), and Yakima County has one (Ahtanum View). Benton/Franklin County (Tri-Cities Reentry Center) and Spokane County (Eleanor Chase and Brownstone Reentry Centers) were assigned to a business-as-usual comparison condition.

Upon transfer to a reentry center, contact details and risk and needs assessment²¹ information are sent to the reentry navigator. The reentry navigator is expected to contact the participant within 72 hours. During the first meeting, the reentry navigator clarifies participant needs and develops referrals to service providers on the VPL (in treatment areas). There was a general goal for the reentry navigator and program participant to meet monthly to review goals and needs for additional resources.

Reentry navigators in comparison facilities followed the same general approach but relied on informal lists and personal knowledge of service providers that had not gone through the verification process.

¹⁹ The number of reentry centers operated by DOC has varied over time. Bishop Lewis Reentry Center was temporarily closed in August 2023. The Pierce County facility was closed in June 2024. A new facility in Chelan County was opened in September 2023.

²⁰ DOC. [About reentry centers.](#)

²¹ The Release/Transfer Needs Survey is administered at the time of transfer to a reentry center.

Verified Provider List

The goal of the VPL was to make the referral process quicker, more efficient, and to allow reentry navigators to be more responsive to participant needs. To create the VPL, program staff developed an application form and conducted outreach to known local service providers. Information submitted by providers was reviewed by program staff for the following characteristics:

- Is the provider properly licensed?
- Are individuals employed by the provider properly licensed?
- Does the treatment provider programming incorporate best practices?
- Does the payment model used by the program have no or low-cost services for qualified individuals?

Treatment providers that passed screening were entered into an online database, which was accessible to reentry navigators in the treatment centers. The VPL was updated throughout the implementation period as new information about providers, or updates to existing providers, were identified. An administrative assistant was hired to take over primary responsibility for creating and maintaining the integrity of the VPL.

Reentry Navigators

Four reentry navigators provided services in the treatment and comparison reentry centers between January 2023 and December 2023. A fifth reentry navigator, focused on King County, was hired in December 2023. In addition to providing reentry service referrals, reentry navigators were responsible for collecting and entering data in the Offender Management Network Information (OMNI) database. The reentry navigators worked closely with service providers to collect information about program participation and completion.

II. Data and Methods

Data

Information for the analysis was primarily derived from the VPL and the program referral database.²² DOC provided some additional demographic data to describe program participants better.

Verified Provider List

Development of the VPL began in the fall of 2023. The VPL was continually updated to ensure that data on providers were current. The VPL contained information on provider names, services provided, and dates when verification was started, completed, and ended.

Program Referrals

Program activity was tracked through an Excel-based data collection form. Reentry navigators recorded information about program referral, attendance, and completion date. Data fields captured for each referral included service provider, referral date, engagement date, end date, and end reason. Data were tracked at the person level; a person may have had multiple concurrent referrals and multiple referrals to the same type of service.

Data Cleaning

Data cleaning was performed to standardize text-based variables. Additional cleaning was performed to deduplicate person records. In a few cases, people had multiple stays at the reentry center during the analysis period. When this occurred, the most recent record was retained.

To ensure that program participants had sufficient time in a reentry facility for referrals, we restricted the analysis to participants who entered reentry facilities in 2023, with referrals occurring between January 1, 2023, and May 15, 2024. To maintain an adequate sample size, we did not eliminate referrals just because they were missing dates.²³

Analytic Approach

We assessed mean differences between treatment and comparison group participants on the following characteristics: number of provider engagements, length of time till first provider engagement, and reason(s) for ending provider engagement.

²² We retrieved a copy of the VPL and program engagement dataset on May 15, 2024, with additional demographic data appended in June 2024.

²³ About 3% of referrals were missing referral date; about 30% were missing engagement date.

III. Results

Verified Provider List Characteristics

At the time of retrieval, the VPL contained 262 unique service providers offering 286 services (Exhibit 1).²⁴ The most prevalent type of service (N= 62; 22%) on the VPL was associated with addressing the challenges associated with social and peer influences during the reentry process.²⁵

About 10% of providers were associated with two or more service types (e.g., provided services to address housing and

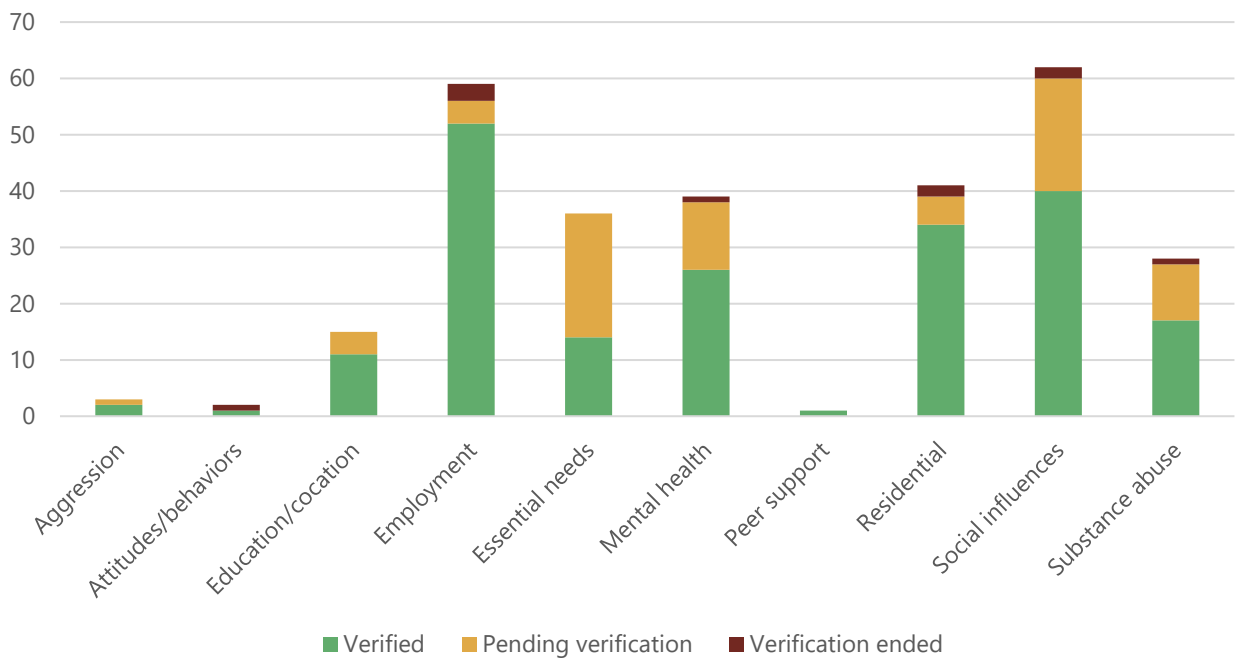
employment) or provided the same service at two or more locations within the same county.

Verification of treatment providers on the VPL was an ongoing process. At the time of the analysis, about 30% of providers on the VPL were pending verification.

Verification did not have a fixed end date but could be ended if reentry navigators obtained new information. This was not frequent and only occurred with ten providers in King County.

Exhibit 1

Number of Services on VPL, by Type



Note:

Will not sum to the count of unique providers because providers can offer multiple services.

²⁴ There were ambiguities in how treatment providers were recorded that made it difficult to count the unique number of providers. For example, some providers operate multiple locations or operate across multiple counties, and it was not always clear if these should be treated as independent providers. We manually reviewed treatment providers and

collapsed records where possible. We always counted organizations in different counties as independent providers. Despite these efforts duplicate provider records may still exist.

²⁵ See Appendix I for additional information on services included on the VPL.

Participant Characteristics

There were 491 people transferred to reentry centers during the analysis period. 306 (62%) people were transferred to reentry centers in the treatment area, and 185 (38%) people were transferred to reentry centers in the comparison area (Exhibit 2). Reynolds Reentry Facility, located in Seattle, had the greatest number of participants (in the treatment condition and overall) while the Brownstone Reentry Facility had the greatest number of participants among comparison facilities. Participant allocation between treatment and control conditions was unbalanced, with more people assigned to reentry facilities in treatment areas.

Most participants were White (70%) or Black (15%; Exhibit 3). Female participants were less common in reentry centers and represented less than 15% of program participants. Both treatment and comparison groups had one women-only reentry facility. The average age of program participants was about 38.

The Washington Offender Needs Evaluation (Washington ONE) is used by DOC to assess the risk of reoffending and to determine needs to guide treatment and program planning.²⁶ We compared values on the four component scores (i.e., violence, drug, property, and overall felony risk) across treatment and comparison participants. Overall, there were some differences in mean values between the two groups.

Exhibit 2
Participation by Facility

Assignment	County	Facility	N of participants
Treatment	King	Reynolds	123
		Bishop Lewis	37
		Helen B. Ratcliffe	40
	Yakima	Ahtanum View	106
	Total		306
Comparison	Benton	Tri-Cities	50
	Franklin		
	Spokane	Eleanor Chase	26
		Brownstone	109
	Total		185
Total			491

Note:

People entering the reentry centers in 2023. Participants were unique; duplicates were collapsed to a single record for analysis purposes. Helen B. Ratcliffe and Eleanor Chase Reentry Centers are women-only facilities. Bishop Lewis Reentry Center was closed in August 2023 for maintenance; people were transferred to other King County facilities.

People assigned to reentry facilities in the control area tended to have higher property, drug, and felony risk scores.

There were some additional differences in the participant characteristics between treatment and comparison facilities. The composition of people in the comparison areas was more likely to be White (78% vs 66%) and less likely to be Hispanic (11% vs 22%).

People in comparison reentry centers tended to have longer expected stays at reentry centers (277 vs 245 days). The percentage of people who were returned to a full-confinement facility (20.6%) was about the same between treatment and comparison areas.

²⁶ Bagdon-Cox, C., & Adams, G. (2023). *Overview of the Washington ONE Risk Assessment Tool*. Washington State Department of Corrections, Research & Data Analytics.

Exhibit 3
Participant Characteristics

Characteristic	Category	Treatment	Comparison	Overall
		N (%)	N (%)	N (%)
Gender	Male	260 (85.0)	156 (84.3)	416 (84.7)
Race	Asian/Pacific Islander	22 (7.2)	3 (1.6)	25 (5.1)
	Black	54 (17.7)	17 (9.2)	71 (14.5)
	North American Indian	20 (6.5)	16 (8.7)	36 (7.3)
	Other	8 (2.6)	3 (1.6)	11 (2.2)
	Unknown	1 (0.3)	2 (1.1)	3 (0.6)
	White	201 (65.7)	144 (77.8)	345 (70.3)
Ethnicity	Hispanic or Latino	66 (21.6)	21 (11.4)	87 (17.7)
Returned to full confinement		64 (20.9)	37 (20.0)	101 (20.6)
		Mean (SD)	Mean (SD)	Mean (SD)
Age (years)		37.8 (10.3)	36.9 (9.5)	37.5 (10.0)
Washington ONE risk score ^a	Violent crime risk	236.4 (102.7)	241.9 (91.0)	238.4 (99.4)
	Property crime risk	313.6 (134.4)	346.1 (136.8)	325.7 (136.1)
	Drug crime risk	256.4 (108.4)	291.5 (118.0)	269.4 (113.2)
	Felony crime risk	271.8 (104.8)	294.7 (106.8)	280.3 (106.0)
Expected duration in reentry center (days) ^b		245 (139)	277 (200)	257 (165)

Notes:

Program participants entering reentry centers in 2023.

^a Washington ONE Risk Score is calculated multiple times while a person is in DOC custody. Reported value was assessed at the time closest to transfer to the reentry center.

^b The expected duration in the reentry center (in days) at the time of transfer into the reentry center. Actual time spent in the reentry center may differ.

Program Referrals and Engagement

Not everyone who spent time in a reentry center received a referral during their stay. About one-third of participants had no referrals recorded during the analysis period. There were fewer people in the treatment facilities who had no referrals compared to people in the comparison facilities.

Number of Referrals

People in treatment reentry facilities tended to have more referrals compared to people in comparison reentry facilities ([Exhibit 4](#)).²⁷ People in a reentry center in the treatment areas were less likely to have no referrals (27%) compared to people in reentry centers in the comparison areas (52%).

Additionally, the maximum number of referrals was higher for people in treatment facilities. No person in a comparison reentry facility received more than three referrals, while the maximum for participants in treatment facilities was six.

Time to First Referral

The mean time to first referral for all participants was 29.4 days after transfer to a reentry center. Referrals tended to be faster in the treatment area reentry facilities using the VPL. On average, the first referral was 30 days faster for people in treatment reentry centers (21 days) compared to comparison reentry centers (51 days, see [Exhibit 5](#)²⁸).

²⁷ See [Appendix II](#) for additional information on the percent of people that received referrals.

²⁸ A small number of cases had negative days between transfer to the reentry center and first referral (N=7) or first engagement (N=5). These were excluded from the analysis.

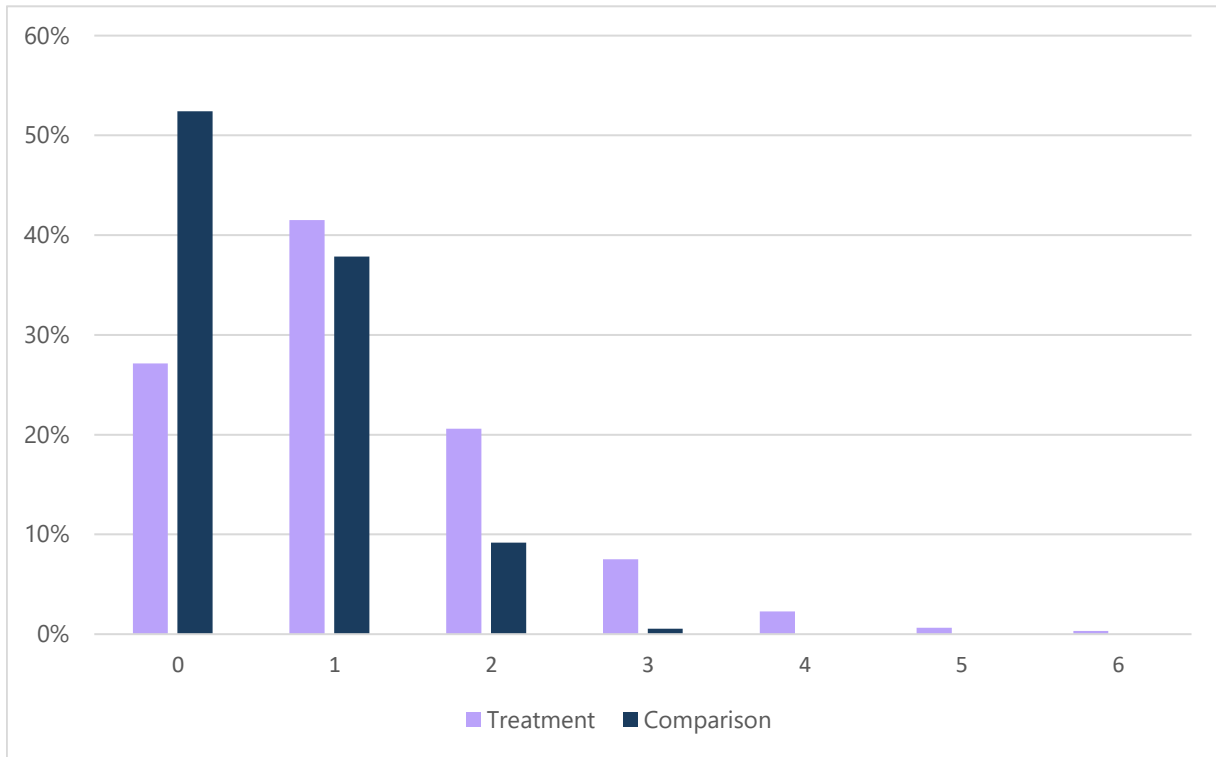
Time to First Engagement

Reentry navigators collected information on when a person engaged with the referred service provider. Engagement was recorded when the person reached out to the provider to use or enroll in services.²⁹ On average, for the people who received at least one referral, the first engagement occurred within 33 days of transfer to a reentry center. The first engagement for people in treatment facilities was approximately 30 days faster (26 days versus 56 days) compared to the people in comparison facilities ([Exhibit 6](#)).

²⁹ The referral with the first engagement may be different than the first referral provided.

Exhibit 4

Percentage of People Receiving Referrals, by Assignment



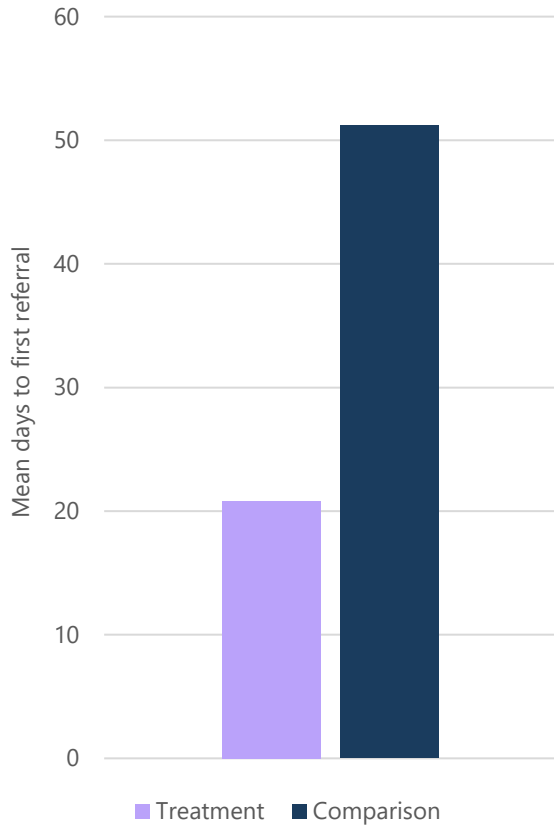
Note:

Restricted to people who were transferred to a reentry center in 2023 with referrals occurring between January 1, 2023, and May 15, 2024.

Participants could receive multiple types of referrals and multiple referrals to the same type of program.

Exhibit 5

Mean Days to First Referral, by Assignment

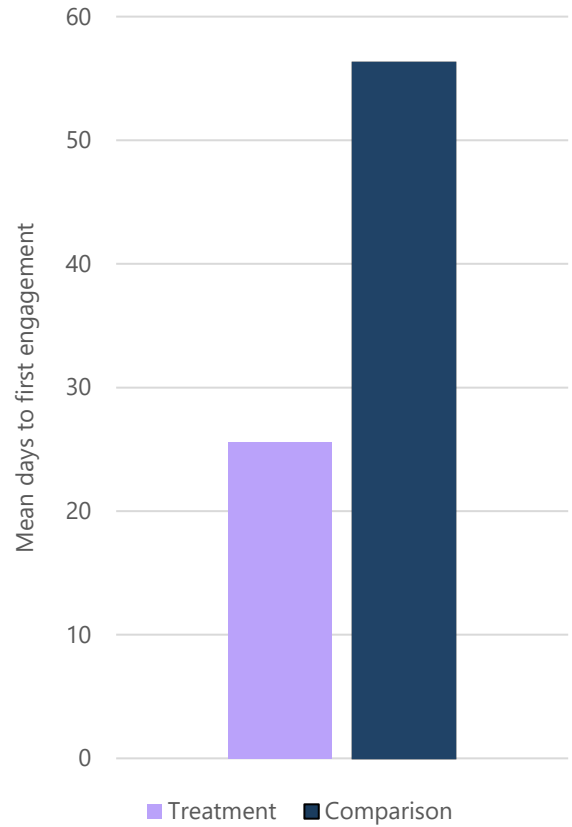


Note:

Restricted to people who were transferred to a reentry center in 2023 with referrals occurring between January 1, 2023, and May 15, 2024. Participants could receive multiple types of referrals and multiple referrals to the same type of program.

Exhibit 6

Mean Days to First Engagement, by Assignment



Note:

Restricted to people who were transferred to a reentry center in 2023 with referrals occurring between January 1, 2023, and May 15, 2024. Participants could receive multiple types of referrals and multiple referrals to the same type of program. Engagement is the date that the participant contacted, enrolled, or began treatment with the provider. Referral with first engagement may not be the same as first referral.

Referral Types

There were 473 referrals recorded across all participants in the treatment and comparison reentry facilities ([Exhibit 7](#)).³⁰ The most common referral type across all participants was related to assisting people with securing employment. Over 30% of people received a referral for employment.

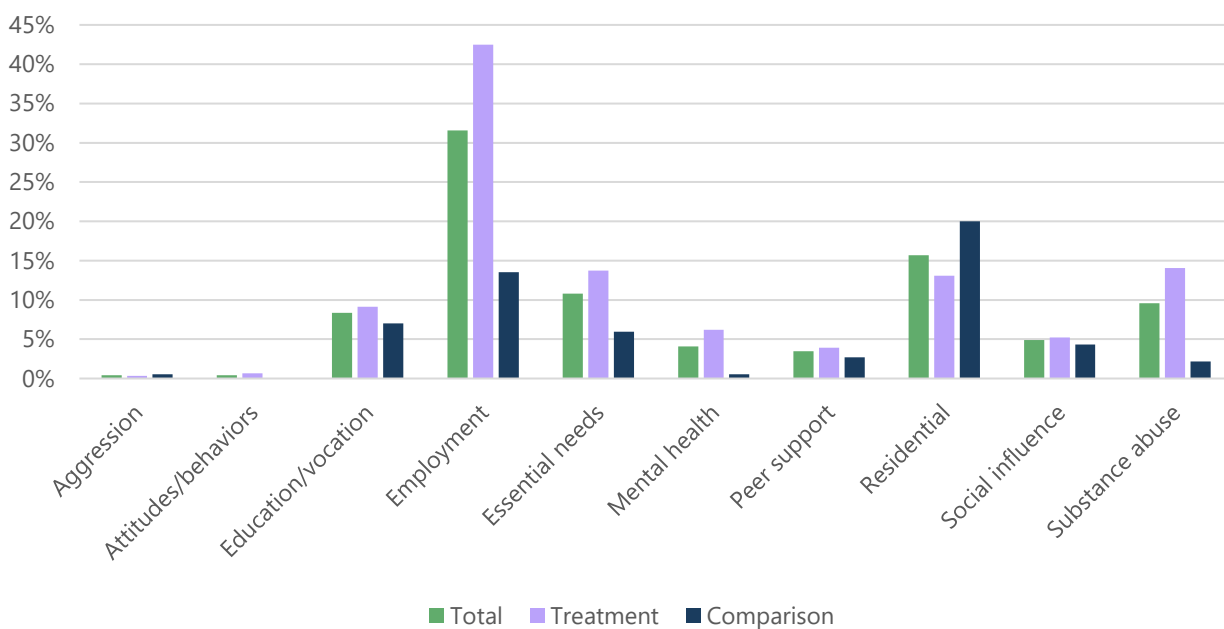
There were some differences in referral activity between the treatment and comparison areas. The most prevalent type of referral in the comparison reentry centers was associated with securing residential housing (the “Residential” category in [Exhibit 7](#)).

Referral for essential needs was the third most common referral type overall. Services offered under this category were wide-ranging and included such things as tattoo removal, cell phone access, and help accessing social security benefits.

There was some mismatch between the composition of the VPL and the actual types of referrals being made. Social influence service providers were the most common type of provider included on the VPL, but there were few referrals for those services. Social influence service providers help to connect people returning to the community with positive social support networks. This may include peer support or mentorship.

Exhibit 7

Percentage of People Receiving Referrals by Type and Assignment



Note:

Analysis restricted to people who were transferred to a reentry center in 2023 and referrals occurring between January 1, 2023, and May 15, 2024. Will not sum to 100 because participants could receive multiple types of referrals.

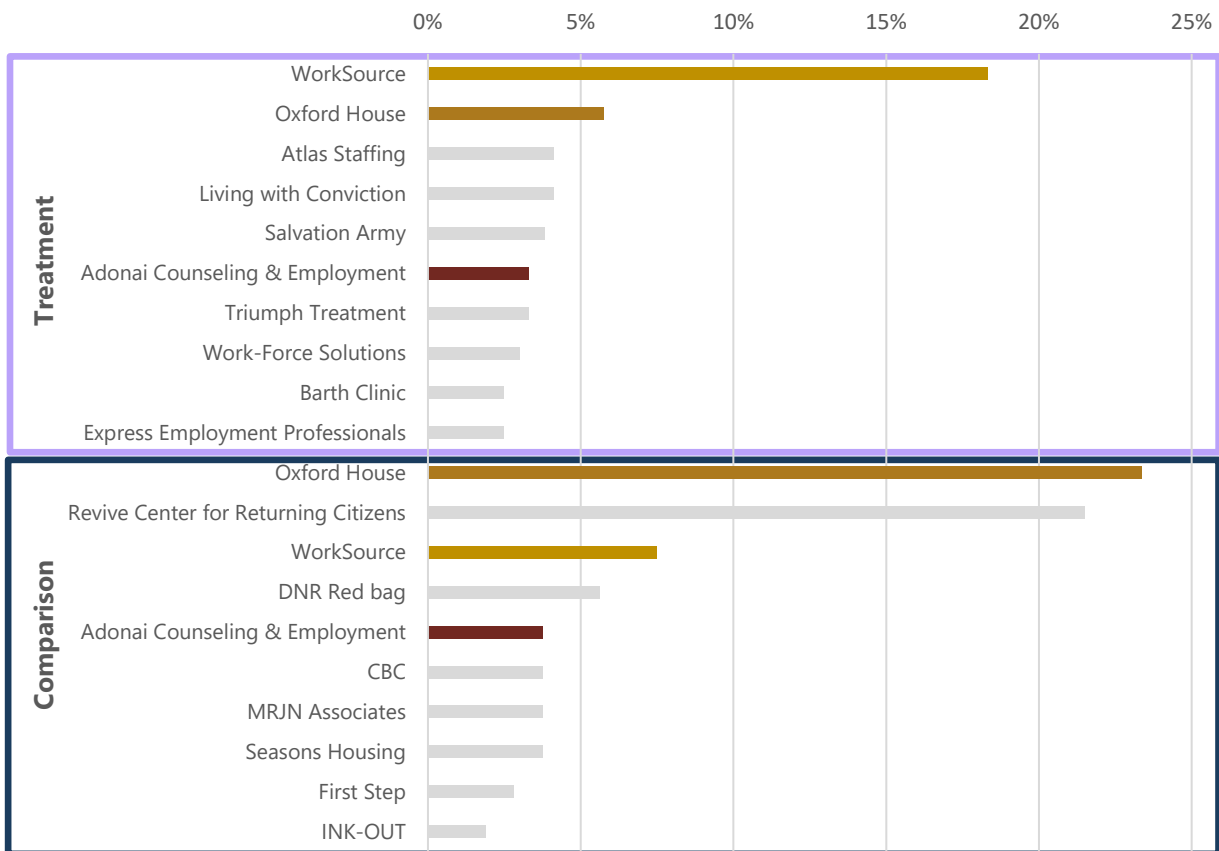
³⁰ [Exhibit 7](#) describes the percent of people with each type of referral. More detail can be found in [Appendix III](#). An alternative strategy for describing referral volume can be

found in [Appendix IV](#). Because most people received only one referral these two measures are closely related.

Referrals tended to be concentrated among a few providers. Overall, the top ten providers received nearly 50% of all referrals. Referrals were similarly concentrated when disaggregated by treatment and comparison areas (Exhibit 8).³¹

Three providers, WorkSource (employment assistance), Oxford House (housing provider), and Adonai Counseling & Employment (multi-service coordinator), operated in both treatment and comparison counties and were in the top ten referred providers for each group.

Exhibit 8
Most Referred Service Providers



Note:

Analysis restricted to people who were transferred to a reentry center in 2023 and referrals occurring between January 1, 2023, and May 15, 2024. Participants could receive multiple types of referrals and multiple referrals to the same type of program. Restricted to top ten providers, by referral volume. Providers at the top (highlighted in purple) operate in the treatment areas. Providers highlighted below (in blue) operated in the comparison areas. Providers operating in both treatment and comparison areas are displayed with colored bars.

³¹ Adonai Counseling & Employment and MRJN Associates are multi-type service providers. Both programs help

address housing, employment and community engagement issues.

Reasons Program Participation Ended

Information on why program participation ended was recorded by reentry navigators using information from program participants and service providers (Exhibit 9).³²

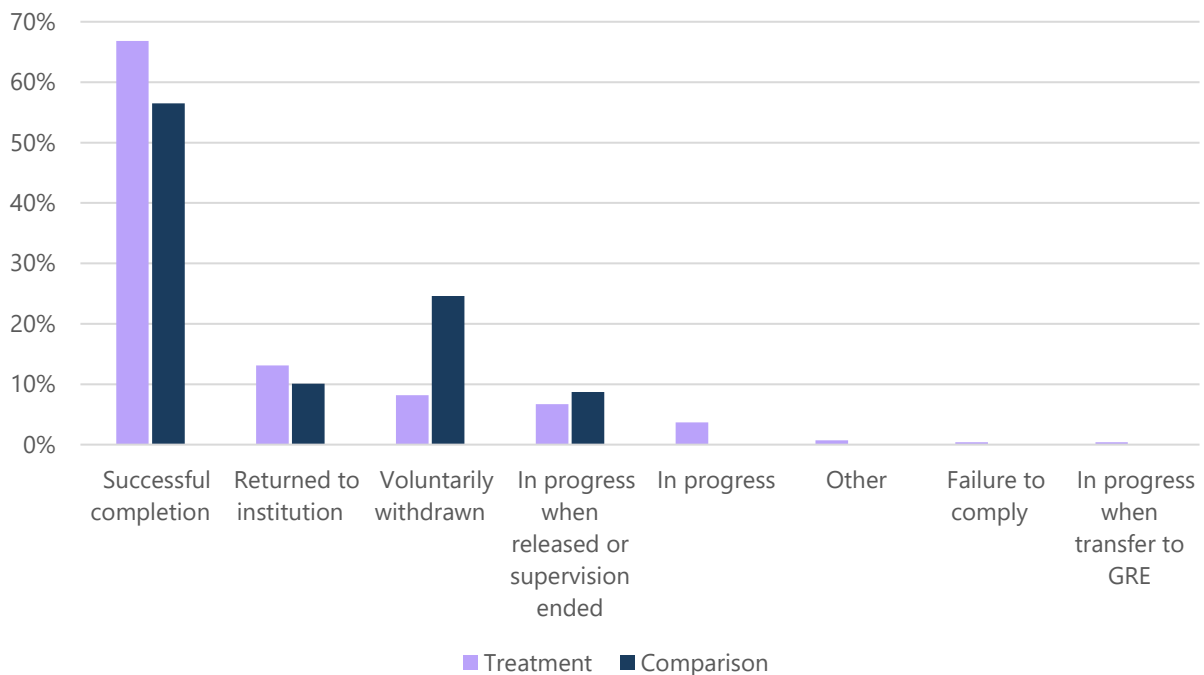
The most prevalent reason for ending program participation was successfully completing program requirements. Referrals from treatment facilities were somewhat more likely to end in success (67%) compared to those from comparison facilities (57%). The next most common reason (overall) for ending program participation was due to being returned to

a full custody institution. The second most common reason for people in the comparison area was voluntary withdrawal.

Interpreting patterns in the reasons for ending a program should be done with caution. There was a considerable amount of missing data (approximately 30% overall), with higher levels of missingness in comparison facilities (36%) versus treatment facilities (27%). Missing data could mean that the participant was still engaged in the program but did not have updated status information. Unfortunately, the information in the referral tracking database was insufficient to determine why information was missing.

Exhibit 9

Reasons Program Participation Ended



Note:

Analysis restricted to people who were transferred to a reentry in 2023 and referrals occurring between January 1, 2023, and May 15, 2024. Participants could receive multiple types of referrals and multiple referrals to the same type of program. About 30% of referrals were missing data on reason participation ended.

³² See Appendix V for additional information on reasons program participation ended.

IV. Summary and Limitations

Reentry navigators work with individuals after they leave prison and enter a transitional period while reentering the community. Their main role is to connect individuals to supportive services, rehabilitation programs, and potential employers. The goal of connecting people to these services is to ease the transition back into the community with the longer-term goal of facilitating desistance from crime.

The goal of this report was to conduct a preliminary assessment of a new strategy to better connect people with services during their stay in reentry centers. The VPL improves upon historical practices by creating a directory of service providers that is comprehensive, accurate, and up to date. Data reported here describe participants assigned to reentry centers in treatment and comparison areas in 2023 and program referral activity from January 1, 2023, through May 15, 2024.

Findings

What is the Composition of Providers on the VPL?

There were 262 unique providers offering 286 services. The greatest number of services on the VPL were associated with addressing social and peer influences. Providers offering employment opportunities were a close second.

What are the Characteristics of People Assigned to Treatment and Comparison Facilities?

Across all reentry centers, participants were most likely to be male, White, and not of Hispanic or Latino origin. The average age of people in the reentry facilities was about 38.

Does the VPL Improve Engagement With Services?

Preliminary evidence suggests that the VPL is having positive impacts. People assigned to treatment reentry centers tended to have more referrals, received those referrals more quickly, and engaged with service providers faster. Program engagements in treatment facilities were more likely to end successfully compared to referrals in the comparison facilities.

Most referrals were associated with locating employment or securing housing. At the same time, these types of service providers are not the most common on the VPL.

Limitations

Despite indications that VPL may be improving engagement with services, results suggest that allocation to treatment and comparison groups is imbalanced. More people are being assigned to treatment areas, and the people in treatment areas were more likely to be White and less likely to be Hispanic. This raises questions about the equivalency between treatment and control conditions.

Reentry navigators were responsible for manually recording much of the data used in this analysis. It is possible that referrals, or details about referrals, were not recorded. Missing data may be more prevalent in the comparison areas because reentry navigators there do not need to interact with the VPL. If true, this would overemphasize the difference in referral activity between treatment and comparison areas. There is some evidence of this occurring. For example, missing data on program participation outcomes were higher in comparison areas than in treatment areas.

We did not link program referral information contained in the participant data to the VPL. We omitted this crosswalk because reentry navigators were not restricted to making referrals only to providers on the VPL.

[Future Research](#)

In the final report, WSIPP will fully explore differences in the effectiveness of the VPL in improving engagement with service providers and assess differences in recidivism measures (i.e., arrests, convictions, and incarceration) between people in treatment and comparison groups. The results of this assessment will be used to develop recommendations for additional analyses and research.

Appendices

Evaluating DOC's Validated Treatment Provider List for Community Navigators: *Preliminary Report*

Appendices

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I. Services Providers by Type, County, and Verification Status

The VPL is maintained for each county. Service providers can offer multiple service types. Verification is an ongoing process and may change over time as new information about providers becomes available. A detailed description of the VPL can be found in [Exhibit A1](#).

Exhibit A1

Number of Services Providers by Type, County, and Verification Status

Service type	Status									Total
	All	Verified		Pending verification			Verification ended			
		King	Yakima	All	King	Yakima	All	King	Yakima	
Aggression	2	2	0	1	1	0	0	0	0	3
Attitudes/ behaviors	1	1	0	0	0	0	1	1	0	2
Education/ vocation	11	9	2	4	4	0	0	0	0	15
Employment	52	46	6	4	4	0	3	3	0	59
Essential needs	14	5	9	22	13	9	0	0	0	36
Mental health	26	19	7	12	9	3	1	1	0	39
Peer support	1	0	1	0	0	0	0	0	0	1
Residential	34	29	5	5	4	1	2	2	0	41
Social influences	40	35	5	20	14	6	2	2	0	62
Substance abuse	17	13	4	10	5	5	1	1	0	28
Total	198	159	39	78	54	24	10	10	0	286

Note:

Count will not sum to the number of unique providers because providers can offer multiple services.

II. Number of Referrals Received by Assignment

The number of referrals received per person, by assignment can be found in [Exhibit A2](#).

Exhibit A2

Number of Referrals Received, by Assignment

Number of referrals received	Treatment N (%)	Comparison N (%)	Total N (%)
0	83 (27.1%)	97 (52.4%)	180 (36.7%)
1	127 (41.5%)	70 (37.8%)	197 (40.1%)
2	63 (20.6%)	17 (9.2%)	80 (16.3%)
3	23 (7.5%)	1 (0.5%)	24 (4.9%)
4	7 (2.3%)	0 (0.0%)	7 (1.4%)
5	2 (0.7%)	0 (0.0%)	2 (0.4%)
6	1 (0.3%)	0 (0.0%)	1 (0.2%)
Total	306 (100%)	185 (100%)	491 (100%)

Note:

Analysis restricted to people who were transferred to a reentry center in 2023 and referrals occurring between January 1, 2023, and May 15, 2024.

III. People with Referral by Type and Assignment

The number of people who received each type of referral can be found in [Exhibit A3](#). People can receive referrals to multiple types of services; count will not sum to the total number of participants.

Exhibit A3

Number and Percentage of People Receiving Referrals by Type and Assignment

Referral service type	Treatment N (%)	Comparison N (%)	Total N (%)
Aggression	1 (0.3%)	1 (0.5%)	2 (0.4%)
Attitudes or behaviors	2 (0.7%)	0 (0.0%)	2 (0.4%)
Education or vocation	28 (9.2%)	13 (7.0%)	41 (8.4%)
Employment	130 (42.5%)	25 (13.5%)	155 (31.6%)
Essential needs	42 (13.7%)	11 (5.9%)	53 (10.8%)
Mental health	19 (6.2%)	1 (0.5%)	20 (4.1%)
Peer support	12 (3.9%)	5 (2.7%)	17 (3.5%)
Residential	40 (13.1%)	37 (20.0%)	77 (15.7%)
Social influence	16 (5.2%)	8 (4.3%)	24 (4.9%)
Substance abuse	43 (14.1%)	4 (2.2%)	47 (9.6%)

Note:

Analysis restricted to people who were transferred to a reentry center in 2023 and referrals occurring between January 1, 2023, and May 15, 2024. The total will not sum to 100 because participants could receive multiple types of referrals.

IV. Program Referral Type by Assignment

Participants could be referred to multiple service providers and multiple service types. [Exhibit A4](#) describes the volume of referrals by type and assignment. Percentages are reported as a function of the total number of referrals.

Exhibit A4

Number and Percent of Program Referral Types by Assignment

Referral service type	Treatment N (%)	Comparison N (%)	Total N (%)
Aggression	1 (0.3%)	0 (0.0%)	1 (0.2%)
Attitudes or behaviors	2 (0.5%)	0 (0.0%)	2 (0.4%)
Education or vocation	29 (7.9%)	12 (11.2%)	41 (8.7%)
Employment	153 (41.8%)	27 (25.2%)	180 (38.1%)
Essential needs	46 (12.6%)	11 (10.3%)	57 (12.1%)
Mental health	18 (4.9%)	1 (0.9%)	19 (4.0%)
Peer support	12 (3.3%)	5 (4.7%)	17 (3.6%)
Residential	43 (11.7%)	39 (36.4%)	82 (17.3%)
Social influence	18 (4.9%)	8 (7.5%)	26 (5.5%)
Substance abuse	44 (12.0%)	4 (3.7%)	48 (10.1%)
Total referrals	366	107	473

Note:

Analysis restricted to people who were transferred to a reentry center in 2023 and referrals occurring between January 1, 2023, and May 15, 2024. Participants could receive multiple types of referrals and multiple referrals to the same type of program.

V. Reason Program Participation Ended by Assignment

Reentry navigators recorded information about why program participation ended. There were some differences in the prevalence of reasons that program participation ended between treatment and comparison assignment (Exhibit A5). Referrals for people in the treatment condition were somewhat more likely to end successfully. The considerable amount of missing data suggests that this table should be interpreted with caution.

Exhibit A5

Reasons Program Participation Ended

Reason program participation ended	Treatment N (%)	Comparison N (%)	Total N (%)
Successful completion	179 (66.8%)	39 (56.5%)	218 (64.7%)
Returned to institution	35 (13.1%)	7 (10.1%)	42 (12.5%)
Voluntarily withdrawn	22 (8.2%)	17 (24.6%)	39 (11.6%)
In progress when released or supervision ended	18 (6.7%)	6 (8.7%)	24 (7.1%)
In progress	10 (3.7%)	0 (0.0%)	10 (3.0%)
Other	2 (0.7%)	0 (0.0%)	2 (0.6%)
Failure to comply	1 (0.4%)	0 (0.0%)	1 (0.3%)
In progress when transfer to GRE	1 (0.4%)	0 (0.0%)	1 (0.3%)
Total valid	268	69	337
<i>Missing</i>	98	38	136

Note:

Analysis restricted to people who were transferred to a reentry in 2023 and referrals occurring between January 1, 2023, and May 15, 2024. Participants could receive multiple types of referrals and multiple referrals to the same type of program.

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