



# Unexpected Fatality Review DOC Corrective Action Plan

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## Unexpected Fatality UFR-22-036 Report to the Legislature

As required by RCW 72.09.770

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DOC Corrective Action, Publication Number 600-PL001

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## DOC Corrective Action Plan

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DOC Corrective Action Publication Number 600-PL001

### **Legislative Directive**

Engrossed Substitute Senate Bill [5119](#) (2021)

### **Unexpected Fatality Review Governance**

[RCW 72.09.770](#) requires the Department of Corrections (DOC) to convene an Unexpected Fatality Review (UFR) committee and meeting in any case “in which the death of an incarcerated individual is unexpected, or any case identified by the Office of the Corrections Ombuds.” The department is also required to issue a report on the results of the review within 120 days of the fatality and, within 10 days of completion of the review, develop an associated corrective action plan to implement any recommendations made by the review team. The statute took effect July 25, 2021.

The “primary purpose of the unexpected fatality review shall be 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 prisoners in the custody of the department.”

“‘Unexpected fatality review’ means a review of any death that was not the result of a diagnosed or documented terminal illness or other debilitating or deteriorating illness or condition where the death was anticipated and includes the death of any person under the jurisdiction of the department, regardless of where the death actually occurred. A review must include an analysis of the root cause or causes of the unexpected fatality, and an associated corrective action plan for the department to address identified root causes and recommendations made by the unexpected fatality review team under this section.”

## Unexpected Fatality Review Committee Report

The department issued the UFR committee report 22-036 on April 24, 2023 (DOC publication 600-SR001). This document includes the required corrective action plan. The department is required to implement the corrective actions within 120 days of the publication of the committee report.

### Corrective Action Plan

<b>CAP ID Number:</b>	UFR-22-036-1
<b>Finding:</b>	The current DOC Graduated Reentry (GRE) program screening process does not include verification of a diagnosis of substance use disorder or the treatment level needed for incarcerated individuals transferring from a prison facility into the GRE program.
<b>Root Cause:</b>	The current screening process does not include confirmation of substance abuse treatment level needs.
<b>Recommendation:</b>	DOC should develop a process as part of the reentry partial confinement program eligibility screening with the Substance Abuse Recovery Unit (SARU) to verify the incarcerated individual's substance use disorder assessment and treatment needs prior to approval for transfer.
<b>Corrective Action:</b>	DOC will explore options and develop a process as part of the GRE eligibility screening with SARU staff to verify the incarcerated individual's substance use disorder assessment and treatment status/need prior to transfer, similar to the Reentry Center screening process.
<b>Expected Outcome:</b>	Improved ability to support an incarcerated individual's successful community reentry.