



FAMILY COUNCIL MEETING MINUTES

Location: Virtual - MS Teams Date: 11/18/2023 Time: 10am-3pm

Teleconference details: MS Teams - Meeting ID: 259 463 089 765

MEETING ATTENDEES

<u>Jeffrey A. Uttecht, Deputy Assistant Secretary</u>	<u>Loren Taylor</u>	<u>Sarah Leon</u>
Department/facility co-chair	Family co-chair	Vice-chair(SFC only)

<u>Ramona Cravens, Executive Assistant to J. Uttecht</u>	<u>Vacant</u>
Department/council secretary	Family secretary, if applicable

Members present: AHCC- Eileen Hargrove for absent Representative; CCCC-Diane Sifres for VACANT Representative; MCC-Danielle White; SCCC-Sarah Leon for Daphne Nolte, WCC-Felix D’Allesandro; WCCW-Greg Mansfield LFC Co-chair for VACANT Representative.

Not present: OCC, CBCC, CRCC, MCCCW, WSP

Non-council member attendees: Brooke Amyx (DOC), Charles Anderson (DOC), Danielle Armbruster (DOC), Jason Bennett (DOC), Gary Bohon (DOC), Todd Cunnington (DOC), Dr. MaryAnn Curl (DOC), Jeannie Darneille(DOC), Dianne Doonan (DOC), Todd Dowler (DOC), Scott Edwards (DOC), David Flynn (DOC), Chase Harvey (DOC), Ron Haynes (DOC), Eric Jackson (DOC), Rob Jackson (DOC), Susan Leavell (DOC), Aundrea Lund (DOC), Brandon Marshall (DOC), Ethan Meade (DOC), Kristen Morgan (DOC), Sean Murphy (DOC), Jefferey Perkins (DOC) Paige Perkinson (DOC), Dr. Karie Rainer (DOC), Caitlin Robertson (OCO), Kaycee Reiman (DOC), Nancy Simmons (DOC), Lorne Spooner (DOC), Dawn Taylor (DOC), and Lillian Wilbur (DOC).

Commonly Used Acronyms

SFC – Statewide Family Council **LFC** – Local Family Council **FC** – Family Council **DOC** – Department of Corrections **OCO** – Office of Correctional Ombuds

Prison Facilities:

AHCC – Airway Heights Corrections Center	MCC - Monroe Correctional Complex	WCCW - Washington Corrections Center for Women
CBCC - Clallam Bay Corrections Center	MCCCW - Mission Creek Corrections Center for Women	WCC - Washington Corrections Center
CCCC - Cedar Creek Corrections Center	OCC - Olympic Corrections Center	WSP - Washington State Penitentiary
CRCC - Coyote Ridge Corrections Center	SCCC - Stafford Creek Corrections Center	

AGENDA

Topic	Discussion/Key Points
Welcome	Welcome to the Family Councils, DOC staff, the OCO, and everyone who joined today.
Agenda Review, Action Item Review, Election Announcement <i>Ramona Cravens, DOC Co-Secretary</i>	<ul style="list-style-type: none"> Agenda reviewed (Attachment #1) No Action items 2024 SFC Election: Sarah Leon will move from the 2023 Vice Chair position to the Co-Chair position, and Greg Mansfield will be the Vice Chair. There were no nominees for Co-Secretary. 2024 Schedule has been posted on the public website (Attachment #2)
Deputy Secretary Time <i>Sean Murphy, Deputy Assistant Secretary</i>	<ul style="list-style-type: none"> 1115 Waiver program, now known as the Medicaid Transformation project. This program will help to obtain medical, mental health, and substance use disorder treatment 90 days prior to release and after release (previously, federal rules have not permitted this type of use). Lisa Flynn is managing this Project. Lorne Spooner will take over Lisa Flynn’s previous role in the Family Services Unit. Kate Johnston (here today) is on the project management team, assisting with the solitary confinement transformation project. Amend Project – continue to progress. Patient-Centered Medical Home. Re-imagine Washington Correction Center (admission center). The goal is to have people there for only 30 days.

	<ul style="list-style-type: none"> • Women’s Division – work continues • Reentry 2030 is a project to connect those who are releasing and to get them with other state agencies—hoping for a formal kick-off in January. • Getting more resources for substance use disorder at the reentry centers. <p>Loren Taylor, Family Co-Chair: What are the plans for training staff on the Amend Project? Sean Murphy (DOC): Still working on the plans. To have work done by a contractor (out for bid) on our CORE training – to be gender-responsive and trauma-responsive.</p> <p>Family Member: Can the phrase of the Family Councils be changed from an “advisory committee to the Secretary?” Sean Murphy (DOC): Everyone’s input is well-considered as we also work with the court-imposed rulings, with our labor partners, families, the incarcerated, etc.</p>
Facility Updates	<p>Loren Taylor, SFC Co-Chair:</p> <ul style="list-style-type: none"> • Securus update from last Securus meeting – T-Mobile spam issues are being resolved, and help tickets are increasing from one to ten. She also brought up the issues with the microphone and reception. • Families are still having issues with the Recreation policy. • For families on the West side – families who visit WSP/CRCC, she is working with hotels to see about reduced rates. <p>Danielle White, MCC Representative: Events and staffing changes are happening. Issues with Evergreen and would like to know if that is a statewide issue in their prices. Phones/Securus an issue.</p> <p>MCC family member: Would like the SFC meeting minutes on the tablets and would also like to have a Commissary app on the tablets. Ramona Cravens (DOC): Minutes are posted in line with the Family Council, DOC 530.155 states, where the attachments are available on the public website. Loren asked if families could create screenshots of the presentations and send them to their loved ones. Sean (DOC): Will need to look into. <i>Update: Families can print and mail the presentations to the facility via the US Postal Service. Screenshots are not allowed.</i></p> <p>Diane Sifres, CCCC Representative: Issues with contraband at the facility. Does not feel there is accountability for the incarcerated.</p> <p>Ellen Hargrove for AHCC Representative: Lack of interest for people joining the Family Councils. Would like to have information about LC on the AHCC page. Submitted it, but has not been posted, asking to have something posted on the public site. Console game for the incarcerated – not much information on them. Issues with TV channels, including the Spanish channel. Education issues for tutors – students getting GED. Sean (DOC): Will work on posting something for the family councils. Will look into mini-game consoles. Lorne Spooner is working on TV channels. The programming conflict is something that will need to be looked into.</p> <p><i>Update: Public Website request - Elected Family Council members are to submit their requests to rcravens@doc1.wa.gov, regarding what families would like to have posted to the public website for Family Councils. Those suggestions will be sent to the Communications department for consideration.</i></p> <p><i>Update: Game Console - the mini-game console is self-contained = no additional purchase requirement beyond the game console itself and the incarcerated having a TV. The power cord, cables to connect to the TV, and controllers are all included with the purchase of the mini-game console. The cord to connect to the TV is the color-coded standard RCA connector (Red and white). The game consoles are compatible with all three TV’s currently offered to the population. The game console itself is plug-and-play. Connect it to the TV with the color-coded cord, connect it to power, connect a controller, and change the input on the TV. From that point, the incarcerated can see a menu of all the games and select the game they’d like to play. There are no instructions included in the box; this is how they come from the vendor, which we have no control over.</i></p> <p>Felix D’Allesandro, WCC Representative: There has been an increase in the amount of interest in the Family Councils. Review of IIBF funding – some disappointment in the amount of funds returned to the IIBF account – a lot of money is sitting in the lodging and travel. Suggested the IIBF funds be better marketed/advertised. Looking at ways to overlap the IIBF meeting with visitation. IIBF funds are for children’s swings in the EFVs. Vending machines seem to be getting better.</p> <p>Sarah Leon for SCCC Representative: Amend is starting to make changes. Two large TVs have been installed in the gym. Some discussion with new EFV units. The Latino Development Organization (LDO) had its first meeting – educational services for mostly Spanish-speaking people. Visitation has improved. More family-friendly events, but there is a concern with the Chaplain leaving SCCC. Securus calls are dropping, headphones are difficult to hear with, and there are issues with video kiosks. SCCC is doing a food drive.</p> <p>Greg Mansfield for vacant WCCW Representative: Things are going well. The main issue is mental health and people not able to get in to see a provider.</p> <p>Family member: Questions about minutes on tablets. Would also like in-person SFC meetings. Sean (DOC): Will look into what can go onto the tablets. Staff volunteer their time on the weekends for these meetings. Meetings will continue being online.</p> <p>Danielle White, MCC Representative: What is the process for Evergreen to increase their vending machine prices, and how do we get them back to normal? Sean Murphy (DOC): During COVID-19, out in the community, prices for everything increased for everyone, which is reflected in the cost of vending</p>

	<p>machine items. <i>Update: We were informed that the vendor will attend the upcoming LFC meeting to discuss this concern. Please continue to work with the local facility regarding any vending concerns.</i></p> <p>Family Member: Does not feel that the incarcerated are put first before anything else. He is concerned about how long it takes for a return call from AHCC when he calls his son’s counselor, as there is no policy or guideline. Sean Murphy (DOC): Will have the AHCC superintendent reinforce calling families back.</p> <p>Sarah Leon, SFC Vice Chair: Would like to know why SFC meetings are not recorded or streamed on TVW. Sean Murphy (DOC): Recording requires an incredible amount of storage. DOC cannot maintain them for records retention.</p> <p>Family Member: Feels the Family Services unit should be reaching out to families. Also, would like to know when the Family Council policy is up for review. Sean Murphy (DOC): Will look into the policy review and have Family Services look into the concern for reaching out. Also, please send Sean an e-mail regarding the ability to contact the CPPCs at each facility. <i>Update: DOC 530.155, Family Councils, is up for review in 2025. Unless there is an urgent policy revision, the standard is once every three years. Please note: Ramona Cravens plans to update the FC Guidelines (which can be updated at any time) in early 2024. If current elected family council members would like to assist with this process, please e-mail her at rcravens@doc1.wa.gov.</i></p> <p>Family Member: Loves the virtual meetings as she can attend from anywhere. Also suggested a hybrid meeting. Sean Murphy (DOC): If the meetings were moved to weekdays, where staff did not have to volunteer their time on the weekend, in-person might be possible.</p> <p>Family Member: Art supplies – can families make direct orders from the approved vendor? Sean Murphy (DOC): Will need to look into this. <i>Update: Incarcerated individuals’ loved ones can purchase a limited amount of art supplies through one of the approved vendors, Union Supply. While there is currently a small inventory through that vendor, we continue to evaluate and add more items quarterly. This allowance is in place because the purchasing, shipping, and verifying purchases are easily monitored through our partnership with that vendor. Unfortunately, allowing community members to purchase art supplies directly from any of the other approved art vendors poses risks related to the introduction of contraband into the facilities through the mail system. At this time, a change in that practice will not be implemented.</i></p> <p>Family Member: At CRCC, when the dining room serves hamburgers, is there a reason they cannot have catsup? Sean Murphy (DOC): Will need to look into this. <i>Update: This has been corrected</i></p> <p>Family Member: Can EFVs be allowed to have a fiancé visit? Sean Murphy (DOC): For right now, the policy is for married couples.</p>
<p>Legislative Asks Sean Murphy, Deputy Secretary</p>	<p>We are currently asking for the following in the upcoming Legislative session:</p> <ul style="list-style-type: none"> • To continue the Amend initiative, we are asking for \$5.6 million. • Funding for Community Corrections Division field training officer program (to include Amend-like principals) • Additional staff in the community as we reduce the number of individuals in prison due to the Blake decision and the eight/nine sentencing alternatives that the legislature has approved over the last decade. • Money for vocational training for incarcerated to obtain a Commercial Driver’s License (CDL) for driving semi-trucks. • Money for fentanyl and contraband detection. • Money for the substance use disorder (SUD) support. • To increase our nursing staff due to the 3,000-nurse shortage throughout Washington State. • Support for post-secondary education to expand the education program. • Additional resources Reentry 2030 • Money for the solitary confinement transformation • Requests for the training enhancement for the Core academies
<p>Medical Protocols Dr. MaryAnn Curl, Chief Medical Officer</p>	<p><i>See Attachment #3</i> for the presentation.</p> <p>Family Member: Is (Care Review Committee) CRC still happening? Dr. Curl (DOC): Yes.</p> <p>Sarah Leon, SFC Vice Chair: Is the health care portal something all providers can communicate on? Dr. Curl (DOC): It is a health information exchange with folders of information that all the providers have access to.</p>
<p>Mental Health/Behavioral Health Programs Dr. Karie Rainer, Director of Mental Health</p>	<p><i>See Attachment #4</i> for the presentation regarding an overview, protocols, and trauma-focused care.</p> <p>Loren Taylor, SFC Family Co-Chair: What are the treatments available or the access to the treatments? Dr. Rainer (DOC): when people come to prison, they are assigned a level of care needed and are then assigned a primary care provider. This can change depending on their need.</p> <p>Loren Taylor, SFC Family Co-Chair: Are the incarcerated provided the ACES test when they mention an adverse childhood experience? Dr. Rainer (DOC): It is considered a questionnaire, not a test, which is covered during their entry into DOC.</p>

	<p>Family member: Do you oversee the MAP Program? Dr. Rainer (DOC): No, it is overseen by Dr. Smith.</p> <p>Family member provided additional comments about the program for those individuals who are released after being clean and sober for several years but are then made to participate in the program. David Flynn (DOC): The program is offered to those whose tolerance is much less and who are at risk of a fatal event by using an opioid or fentanyl. If the person feels it is something they don't need upon release, they have the right to refuse it.</p> <p>Loren Taylor, SFC Family Co-Chair: requested that the HSMs from each facility attend the LFC meetings. David Flynn (DOC) stated that he would ensure this happens.</p>
<p>How Families can Address Health Concerns <i>David Flynn, Health Services Assistant Secretary</i></p>	<p>Contact the Health Service Manager at the specific location with your concern:</p> <ul style="list-style-type: none"> • Contact Information for each Health Service Manager is found under the health services tab on the external website • Contact the Health Service Manager by e-mail or telephone. <p>Release of Information for the authorization for disclosure of health information:</p> <ul style="list-style-type: none"> • Authorization can be for a specific timeframe or a specific event. • The patient can revoke the authorization at any time. • The patient may review the information disclosed upon request. <p>Elevate Unaddressed Concerns to Headquarters:</p> <ul style="list-style-type: none"> • Ronna Cole, Deputy Assistant Secretary- ronna.cole@doc1.wa.gov • David Flynn, Assistant Secretary- david.flynn@doc1.wa.gov <p>Future Consideration:</p> <ul style="list-style-type: none"> • Work with members of the Statewide Family Council for improved service and communication.
<p>Opioid Use Disorder <i>David Flynn, Health Services Assistant Secretary And Brooke Amyx, Health Services Reentry Administrator</i></p>	<p><i>See Attachment #5</i> for the presentation.</p> <p>Loren Taylor, SFC Family Co-Chair: What can the incarcerated do so that addiction medication is not the only thing they do? Brooke Amyx (DOC): Concerns should be sent to the facility's health services manager.</p> <p>Family Member: provided comments about the treatment, that the incarcerated have problems with the MOUD treatment. Brooke Amyx (DOC): the first 72 hours post-release is a high-risk time for relapse, regardless of how long they have been sober in prison.</p> <p>Greg Mansfield, MCCCW LFC Co-Chair: Understands that it can be a dosing issue. Question – if someone comes in on an appropriate dose, they violate and then has to return to prison for another two years; why destabilize them, detox them, and then put it back into their lives? Why not carry them through the two years of custody until they go back to community custody and see their outside provider? Sean Murphy (DOC): We have limited resources and funded to use them as we do today. We understand there are concerns and are advocating for additional funds for it.</p> <p>Sarah Leon, SFC Vice Chair: Do you have data for those taking Suboxone with treatment and without? Brooke Amyx (DOC): can get the numbers. Sean Murphy (DOC): The DOC provides various services: therapeutic community, intensive in-patient, and outpatient. <i>Update: Unfortunately, we do not have the requested data.</i></p> <p>Family member: Has there been progress in the last 10-12 years regarding the way staff work with an incarcerated individual who has mental health needs so that staff are not handcuffing and disciplining them? Sean Murphy (DOC): Yes. We are responding with more awareness. We continue to see it more as a medical issue. Part is the education process, to be able to provide education and the finances needed to treat these diseases.</p>
<p>Institution Contraband <i>Chuck Anderson, Security & Emergency Management Director and Brandon Marshall, Facility Security Manager</i></p>	<p><u>Risks to Staff and the Incarcerated</u></p> <p>Dangerous contraband poses a risk to everyone in a correctional setting. The following items pose serious threats to the overall security of a prison.</p> <ul style="list-style-type: none"> • Weapons: Knives/ "Shanks": Serious trauma/injuries, Infections, Spread disease, Death • Communication Devices: Cellular phones allow unauthorized and unmonitored communication with the community and can be used for drug trafficking, gang activity, unauthorized contact with victims, and Aid in the escape of an individual. • Homemade Tools: <ul style="list-style-type: none"> ○ Tattoo Guns: Gang activity and disease ○ Screwdrivers/pliers - Aid in an escape attempt and cause serious injury ○ Ignition sources: Lighting/smoking drugs or tobacco • Drugs: Exposure, overdose, and death • Other unknown substances <ul style="list-style-type: none"> ○ Significant bodily harm: violent acts and serious exposure

- o Death: Violent acts and overdose

Drugs In The Community

State of Washington data regarding crimes involving drugs is available to the public through the University of Washington [Addictions, Drug & Alcohol Institute](#).

- Methamphetamine continues to account for a large number of crime lab cases, but in 2022, the share decreased to under 50% of drug seizure cases.
- Fentanyl has increased in prominence, from less than 9% of crime lab submissions in 2020 to over 50% in 2022,
 - o Over 13% of cases now test positive for at least one fentanyl analog.

According to the Washington State Department of Health’s [Opioid and Drug Overdose Data](#), between January 2020 and October 2023

- 33% of all injury deaths were for overdoses (6641)
 - o King County 40% (1975)
- 10% of all injury hospitalizations were for non-fatal overdoses (14,922)
- 6% of all EMS injury responses were for suspected opioid overdoses.

Contraband In Prisons

Security Management reviewed incident reports from 2020-2023 to gather data regarding contraband-related incidents. The incidents we reviewed focused on dangerous contraband, defined as *Any item capable of being used to endanger the safety or security of a correctional facility or any individual*. This includes the substantial probability that the item may be used in a manner that may cause death, cause serious injury, be used to facilitate an escape or cause other major threats. Examples of Dangerous Contraband include but are not limited to knives, tools, cell phones, razor blades, unauthorized drugs/narcotics, chemicals, lighters, guns/gun parts, or explosives.

The data collected was regarding how the contraband was discovered, where the contraband was discovered, and what type of contraband was discovered.

More than half (58%) of contraband discoveries are made after an introduction is made. Meaning an individual possessed contraband inside the secure perimeter of the facility.

Important note – not all contraband is brought into a prison. Many items are manufactured from common items or items taken from other areas inside the facility.

- 58% of contraband discoveries are made in the living units.
- 22% of contraband discoveries are made in the mail/property rooms.
- The remaining contraband discoveries are made in common area searches, searches of public access/visitation, and external perimeter searches.

Methods of Discovery and Mitigation

Some of the methods the Department uses to disrupt the introduction and transfer of contraband include:

- Regular searches at access/egress areas
 - o X-ray machines and metal detectors: Public access, Mail/property room, Warehouse, and Program/Recreation/Food Service areas
 - o Pat searches: Access/egress areas. Established areas within the facility, and Program/Recreation/Food Service areas.
 - o Body scanners at WCCW and WCC: Public Access scanners for staff, visitors, contractors, and volunteers, and Intake body scanners for individuals entering the facility, returning from work crews, external transports, and cause searches.
 - o Searches of mail and packages
 - o Regular room and area searches, all rooms every 60 days, and common areas monthly
 - o Security inspections: doors, locks, gates, perimeter fencing.
- Canine Searches (specific facilities)
- Mail/Property/Warehouse Searches of incoming items
- Future methods include: The new clean room at CCCC, portable x-ray machines, mass spectrometry and trace detection systems, and expansion of body scanner and canine programs are under consideration.

Mailrooms use several tools and technologies to prevent contraband introductions, including illumination techniques, mass spectrometry, and trace detection.

Types of Contraband found in WADOC Prisons

Between January 2020 and November 2023, over 2000 serious contraband-related incidents have occurred. Of those incidents:

- 3% involved communication devices (cell phones)

	<ul style="list-style-type: none"> • 9% involved weapons such as knives, shanks, and blunt objects. • 84% involved drugs/alcohol/tobacco. • The remaining 4% of the serious contraband incidents involved tools. <p>Loren Taylor, SFC Co-Chair: Have the body scanners made a difference? Chuck Anderson (DOC): yes.</p> <p>Greg Mansfield, LFC Co-Chair for WCCW: Will the incoming mail and greeting cards go through Securix? Sean Murphy (DOC): Training is provided to all mailrooms, and consistency is an issue. It is not intentional due to the new methods of introduction that happen every day. We understand the value of a personal/handwritten, but we are also exploring other options.</p> <p>Family member: What is the cost of implementing the most effective method at every facility? Sean Murphy (DOC): This year, we received a cross-divisional package, including x-ray machines and additional dogs to search. But this will always be an issue/concern. If we receive the resources, we will submit another “ask” to continue the work.</p> <p>Family member: How long does it take for someone to run through the body scanners? Brandon Marshall (DOC): approximately 45 seconds, including walking up to the conveyor. Everyone goes through them, including visitors; staff go through them randomly when they hit the randomizer button.</p>
<p>DOC 350.270 Extraordinary Medical Placement - Policy Revision <i>Brooke Amyx, Health Services Reentry Administrator and Gary Bohon, Classification & Case Management Administrator</i></p>	<p>The policy is being updated based on Legislative Bill 5101. <i>See Attachment 6</i> for presentation.</p> <p>Sean Murphy DOC: We did not expect the volume of EMP requests once the bill passed. We will ask for additional funding for additional staff to process the increase of requests.</p> <p>Sarah Leon, SFC Vice Chair: Are the two required physicians DOC physicians or an outside requirement? Brooke Amyx (DOC): The law is not specific. DOC will use one physician at the facility level and one at Headquarters.</p> <p>Sarah Leon, SFC Vice Chair: When will the policy be updated? Gary Bohon (DOC): it is in the process of being updated. However, they have been following the law since the law change.</p> <p>Family Member: With the 500% increase in referrals, are the requests from the individuals or from healthcare staff? Brooke Amyx (DOC): Can get this information. <i>Update: Information provided by Brooke: a) 41% are self-referral; b) 25% DOC Provider; c) 25% based on data screening (proactive approach based on certain medical characteristics to try to identify those most likely to qualify for the program); and d) 8% by Family/community members</i></p> <p>Family Member: Can people be referred before they have six months left to live? Brooke Amyx (DOC): yes.</p>

Roundtable open discussion

Topic	Discussion/Key Points
Family Member	Regarding the EMP – Families should understand that most of the pushback comes from outside organizations.
Family Member	With the 70 people that have applied this year, would like to know the number that have been released. Can the DCYF Ombuds come inside a facility to listen to incarcerated parents for those who are struggling with DCYF cases? This includes getting DCYF forms into the facility. Sean Murphy (DOC): Asked family member to send him the DCYF Ombuds info to him.
Family Member	Would like an update regarding the interface between DOC, the Dept. of Veteran Affairs, and the Operations Officer for the Federal VA in downtown Seattle. Regarding medical care and treatment for incarcerated veterans. David Flynn (DOC): Will look into. <i>Update: See Attachment 7 regarding the response provided by Health Services and Reentry.</i>
Dianne Sifres, CCCC Representative	We have regular meetings but need more people.
Family Member	How can families look at DOC with respect, laws pass, but policies are not implemented. Sean Murphy (DOC): Although a law has passed, and we have not had enough time to follow the process of finalizing a policy, it does not mean we do not follow the law. We do. Some laws that are passed have conflicting information that we need to resolve. Please do not assume we do not enact the new laws even before the policy has been completed.
Sarah Leon, SFC Vice Chair	When will there be an implementation to transfer funds electronically? Dianne Doonan (DOC): We are in the final stages of completing this. Hope to have confirmation before Thanksgiving.

Greg Mansfield, WCCW LFC Co-Chair for Representative	Is there a publication date for the EMP Policy? Gary Bohon (DOC): Anticipate being in the Policy Office for final review very soon. Would like to highlight the Community Compensation program as it does help with Family Council participation.
Family Member	Draft e-mails on Securus tablets were deleted. Gary Bohon (DOC): will need to follow up. <i>Update: Securus is unable to retrieve the lost drafts as draft e-messages were not intended to be backed up. Two stamps compensation was delivered to all incarcerated.</i> Can there be an app on the tablets for writing documents? Sean Murphy (DOC): Will find out. <i>Update: There is a word processing function available at no cost. DOC is re-reviewing the security concerns noted during contract negotiations leading to the decision at the time to not approve.</i>
Family Member	Asking Lorne Spooner about a new process for community organizations to come inside to assist with releasing individuals. Sean Murphy (DOC): Lorne is new to this position and asked that Lorne be given time to get up to date.
Family Member	Is there an update on the Recreational policy? Sean Murphy (DOC): No update yet.
Felix D'Allesandro, WCC Representative	Can the incarcerated have a keyboard to type? And an updated dictionary on the tablets? Loren Taylor, SFC Co-Chair: The Securus meeting – a keyboard will be available. The dictionary and a calendar app were also asked for. Sean Murphy (DOC): Will find out. <i>Update: the updated dictionary and calendar apps are not currently available but are on the list to be added.</i>

Next meeting location: Virtual – MS Teams Date: 01/20/2024 Time: 10 am – 3 pm

Comments: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Family council co-chairs

Statewide Family Council

Date: Saturday, November 18, 2023

Time: 10:00 am – 3:00 pm

Location: MS Teams Meeting

[Click here to join the meeting](#)

Meeting ID: 259 463 089 765

Passcode: gcbhgt

Or call in (audio only)[+1 253-372-2181](tel:+12533722181), [781896443#](tel:+1781896443)

Phone Conference ID: 781 896 443#

TIME	AGENDA ITEM	DISCUSSION LEADER(S)
10:00 am – 10:10 am	Welcome & Introductions	<i>Jeff Uttecht, DOC Co-Chair, Loren Taylor, Family Co-Chair, and Sarah León, Vice-Chair</i>
10:10 am – 10:20 am	Agenda Review, SFC 2024 Elections, Action Item Updates, and 2024 Scheduled Meetings	<i>Ramona Cravens, DOC Co-Secretary</i>
10:20 am – 10:45 am	Deputy Secretary Time	<i>Sean Murphy, Deputy Secretary</i>
10:45 am – 11:45 am	Facility Updates	<i>Loren Taylor, Family Co-Chair</i>
11:45 am – 12:05 pm	Medical Protocols	<i>Dr. Areig Awad, Deputy Chief Medical Officer</i>
12:05 pm – 12:30 pm	Mental Health/Behavioral Health Program	<i>Dr. Karie Rainer, Mental Health Director</i>
12:30 pm – 1:00 pm	BREAK	
1:00 pm – 1:15 pm	Process Development: How Families Can Address Health Concerns	<i>David Flynn, Health Services Assistant Secretary</i>
1:15 pm – 1:30 pm	Opioid Use Disorder	<i>David Flynn, Health Services Assistant Secretary and Brooke Amyx, Health Services Reentry Administrator</i>
1:30 pm – 1:45 pm	Institution Contraband	<i>Chuck Anderson, Security & Emergency Management Director and Brandon Marshall, Facility Security Manager</i>
1:45 pm – 2:00 pm	DOC Policy Revision: 350.270 Extraordinary Medical Placement	<i>Gary Bohon, Classification & Case Management Administrator and Brooke Amyx, Health Services Reentry Administrator</i>
2:00 pm – 2:45 pm	Open Public Forum	<i>Sarah León, Vice-Chair</i>
2:45 pm – 3:00 pm	Closing	<i>Jeff Uttecht, DOC Co-Chair, Loren Taylor, Family Co-Chair, and Sarah León, Vice-Chair</i>

*Agenda items are selected by SFC co-chairs per DOC 530.155 Family Councils as a combination of DOC and family-requested topics. DOC 530.155 Family Councils link: <https://doc.wa.gov/information/policies/showFile.aspx?name=530155>

Next Virtual Statewide Family Council Meeting:

January 20, 2024



Statewide Family Council Meeting Schedule 2024

Meeting Dates

January 20, 2024

March 16, 2024

May 18, 2024

July 20, 2024

September 21, 2024

November 16, 2024

Location and Time:

Microsoft Teams, 10:00 a.m. – 3:00 p.m.

The link to attend these meetings is available on the posted agenda,
[Family Council | Washington State Department of Corrections](#)



WHAT ARE PROTOCOLS AND WHY DO WE HAVE THEM?

*MaryAnn Curl, MD MS
DOC Chief Medical Officer*

*Presented To
Statewide Family Council*

11/18/2023

WE EMPLOY A WIDE VARIETY OF STAFF!

- Physicians
- Nurses
- Psychologists
- Nurse Practitioners
- Dentists
- Hygienists
- Physical Therapists
- Quality/Safety Staff
- Clinical Informatics and Data Staff





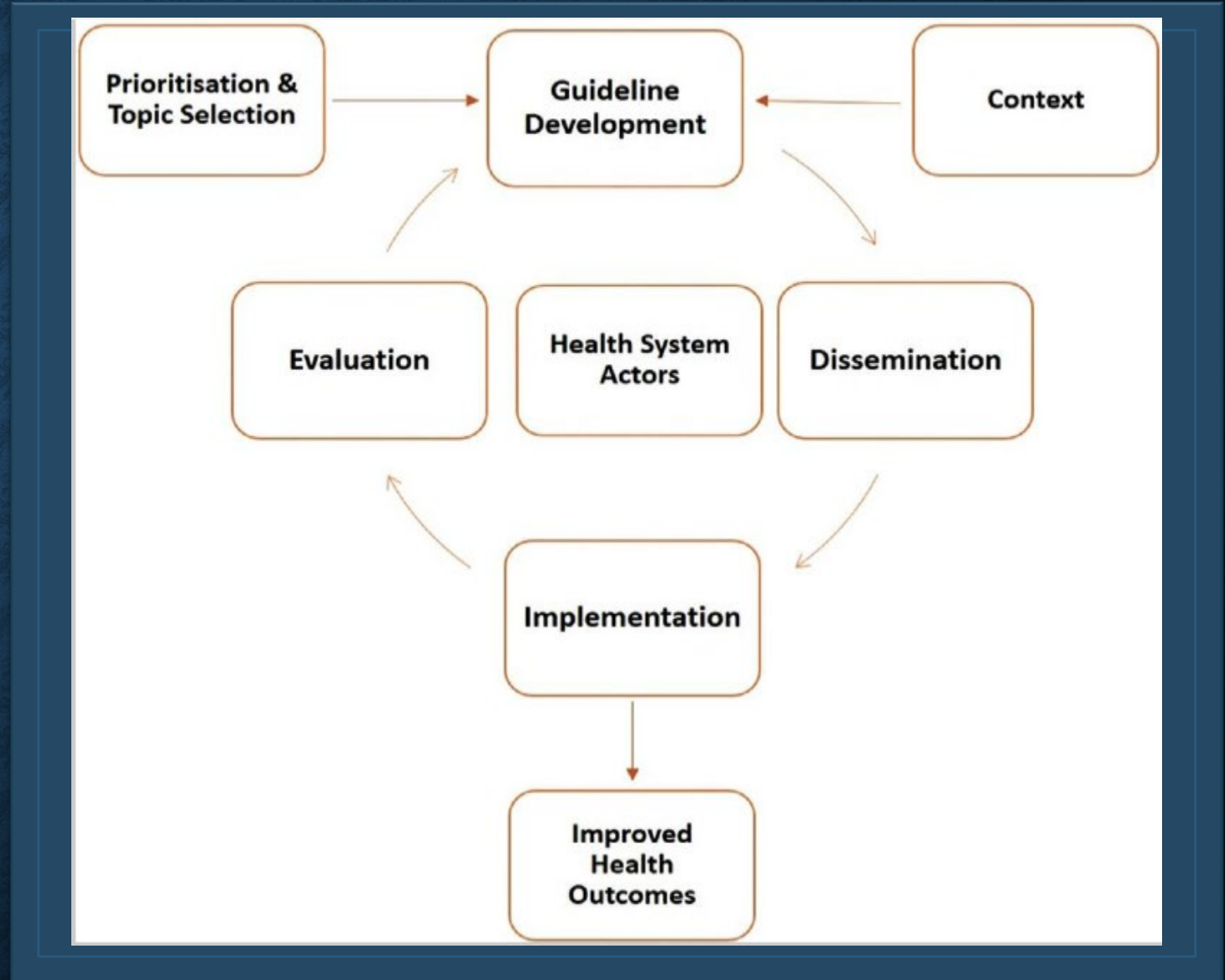
WE ARE CONDUCTORS OF A BEAUTIFUL 1,200 PERSON “SYMPHONIC ORCHESTRA”

With the needs of our patients in the center of everything we do, we are constantly “tuning” to coordinate the numerous staff caring for them.

Our every effort is to make the care like a smooth and lovely melody rather than being “out of tune”.

WE DEVELOP PROTOCOLS AND GUIDELINES BASED ON SCIENTIFIC EVIDENCE AND BEST PRACTICES

- Expert sources such as UW
- Resources such as UpToDate.com
- Workgroups of subject matter specialists



THE HEALTH SERVICES HUB

omni doc.wa.gov help ticket search

iDOC About Agency Employee Essentials News & Events Tools & References Workplace Services

Home > About Agency > Correctional Operations > Incarceration



About Agency





- Business Operations ▾
- Community Interactions ▾
- Correctional Operations ▾
- Home
- > Community Reentry ▾
- > Incarceration ▾
- > Operations ▾
- Enterprise Results ▾

Health Services

- [About](#)
- [Healthcare Providers Portal](#) 
- [Protocols & Guidelines](#)
- [SharePoint Sites](#)
- [Contacts](#)
- [Resources](#)

About

Per [RCW 72.10](#)  and [DOC Policy 600.000 Health Services Management](#) , inmates in the custody of the department will receive health services. Services are provided in accordance with all applicable department policies, the Health Services Division Standard Operations & Procedures Manual. The manual includes, but is not limited to:

- [Washington DOC Health Plan](#) 
- [Department Critical Protocols & Guidelines](#)
- [DOC-DOH Health, Environmental & Safety Standards](#) 
- [Pharmaceutical Management & Formulary Manual](#)  
- Medication Incident Reporting Procedure, and
- Coordinated Quality Improvement Program (CQIP) Plan

SOME OF THE PROTOCOLS WE HAVE

omni doc.wa.gov help ticket search

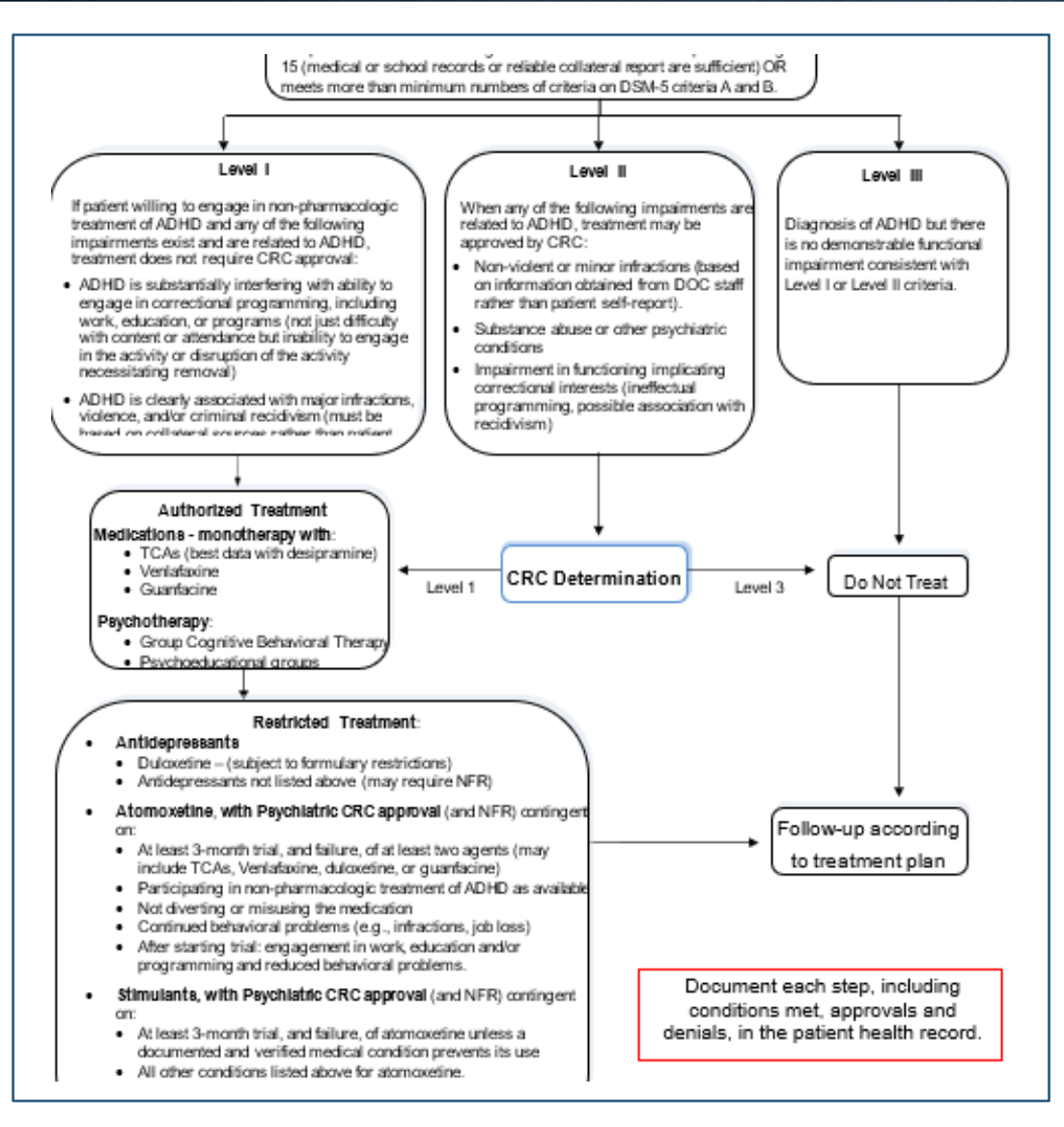
Free Essentials News & Events Tools & References Workplace Services

Protocols & Guidelines

Custody-related protocols and guidelines are noted with a star ☆.

Protocols

- [Accommodation Status Reports \(ASRs\)](#) 
- [Amphetamine Type Substance \(ATS\) Withdrawal](#) 
- [Anticoagulation](#) 
- [Camp Medical Criteria](#)  ☆
- Clean Intermittent Self Catheterization (CISC)
 - [CISC Female](#) 
 - [CISC Male](#) 
- [CQIP Mortality Review Committee](#) 
- [Diagnosis and Management of Sleep Apnea](#) 
- [Drug Overdose Management](#) 
- [Dry Cell Watch](#) 
- [EpiPen](#) 
- [Establishing a Surrogate Decision Maker](#) 
- [Evaluation and Management of Hormonal Treatment of Gender Dysphoria/Transgender Identification](#) 
- [Extended Observation Unit \(EOU\)](#) 
- [Eye Related](#) 
- [Gabapentinoid](#) 
- [Monitoring Terminal Room Cleaning of Inpatient Unit Cells](#) 
 - [Use of Fluorescent \(Attachment 1\)](#) 
 - [Terminal Cleaning Worksheet \(Attachment 2\)](#) 
- Nursing
 - [N100 CQIP Chronic Care Management \(Hypertension\)](#) 
 - [N305 Noting and Processing Orders 12112017](#) 
 - [N306 Medication Administration and Documentation](#) 
 - [N308 Use of Narcan](#) 
 - [N7002 Proper Use of Narcan \(Naloxone\) Nasal Spray](#) 
 - [N309 MAT Induction](#) 
 - [N310 Narcan for Release from Prison](#) 
 - [N401 Monitoring Negative Air Flow Rooms Nursing Procedure 011413](#) 
 - [N401A Negative Pressure Room Daily Testing Log 011413](#) 
 - [N405 Cleaning Patient Care Areas](#) 
 - [N406 Sterilization and Infection Control Procedure](#) 



HERE IS WHAT A TYPICAL PROTOCOL LOOKS LIKE.

THESE ARE INSTRUCTIONS TO STANDARDIZE PATIENT CARE



GLAD TO TAKE QUESTIONS AND THANK YOU



MaryAnn Curl, MD MS

WA DOC Chief Medical Officer

maryann.curl@doc1.wa.gov



Behavioral Health Services in DOC

**Karie Rainer, Director of Behavioral
Health**





Agenda

- Overview of Services
- Recent Updates to Protocols
- Trauma focused Care

Overview



- Assessments
- Mental Health
- Psychiatry
- Substance Use Disorder



Recent Updates

- Suicide Risk Assessment
- Gender Affirming Care
- Forensic Risk Assessment

Trauma Focused Care



- Identified as a central concern for most individuals
- Various modalities of treatment available
- Complex trauma is recognized as factor for many people
- Participation in treatment is voluntary



**Healing doesn't mean the damage never existed.
It means it no longer controls your life.**

Akshay Dubey

Questions?



Thank you

Medications for Opioid Use Disorder

BROOKE AMYX LICSW, HEALTH SERVICES REENTRY ADMINISTRATOR



WHAT IS MOUD?

MOUD = Medications for opioid use disorder

Three medications are currently FDA approved and have been proven effective in the treatment for OUD:

- **Buprenorphine**— a *partial* opioid medication; manages cravings and withdrawal by binding to opioid receptors and blocking effects of other opioids.
- **Naltrexone**— is *not* an opioid, but rather an opioid blocker, which prevents overdose and can manage cravings for some people.
- **Methadone**— a *full* opioid medication; manages cravings and withdrawal by binding to opioid receptors.

Buprenorphine and Naltrexone are offered inside of Washington State correctional facilities due to federal regulations restricting the use of methadone to certain settings.

Benefits of MOUD

- Prevents overdose and saves lives
- Supportive tool for addiction recovery
- Can reduce cravings, which is a major trigger for relapse/returning to use
- Helps to stabilize brain chemistry so that an individual can engage in recovery activities



Current MOUD at DOC

INTAKE:

- Medications continued at point of entry if individual has a sentence less than 6 months
- If sentence is longer than 6 months, a careful taper off medications is planned with symptomatic support with medications

PRE-RELEASE/REENTRY:

- Medications offered to start approximately 1-3 months prior to release
- Medication supply given at time of release
- Follow up appt with community provider scheduled
- Individualized approach

Currently Incarcerated Patients with OUD/ Treatment

Excludes Violators

Current OUD Population

- There are currently **3,512** incarcerated individuals in DOC prisons who meet the criteria of having OUD.

Currently “Eligible” for Treatment

- **Continuations/Tapers: 1078** (individuals with an OUD diagnosis within 6 months of admission--- only those who admit on opiates are continued)
- **Inductions: 706** (individuals with an OUD diagnosis within 6 months of ERD/PRD*)
- **Distinct Total: 1542** (242 fall in both buckets)

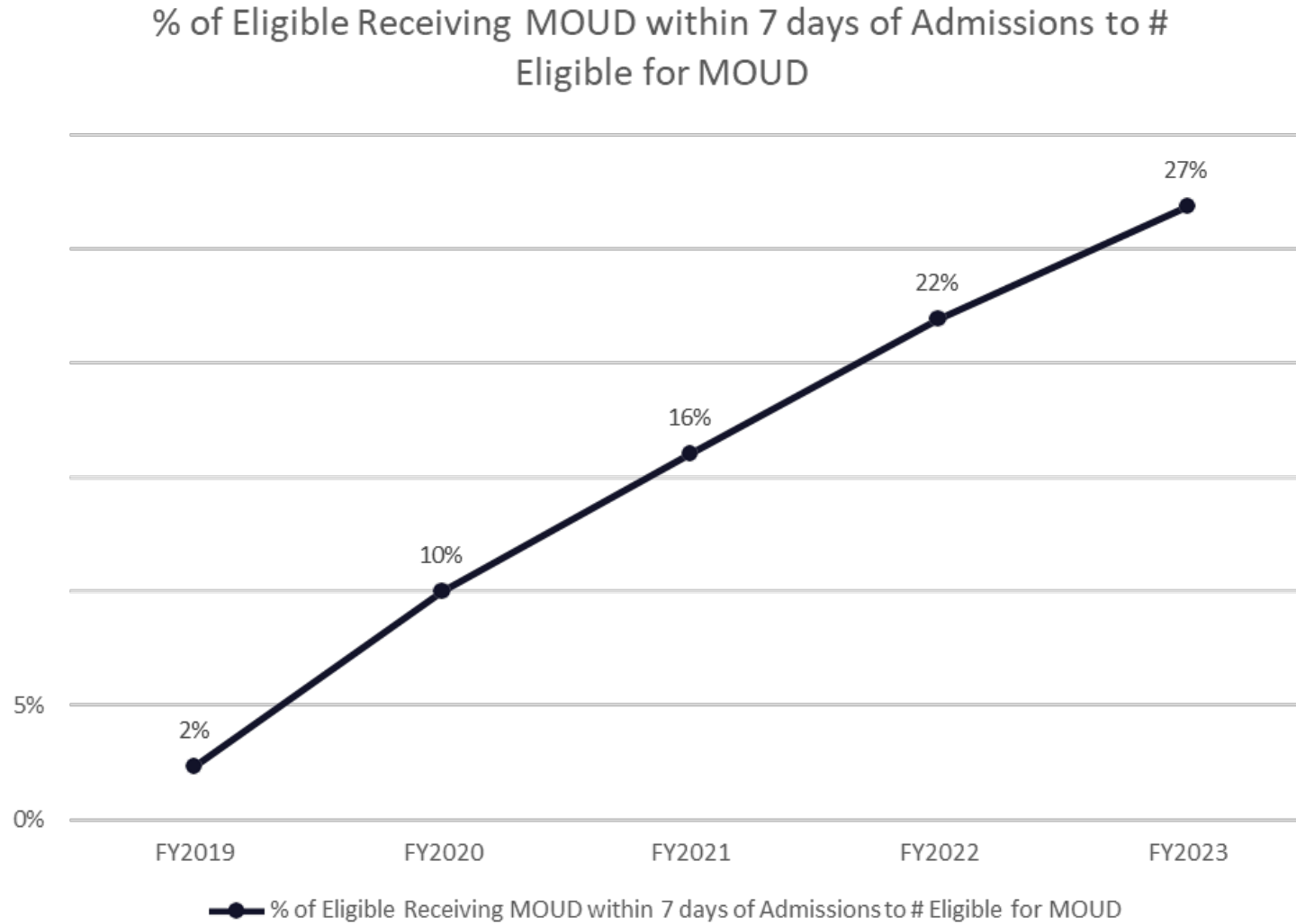
Current Population Receiving Treatment

- There are currently **257*** distinct patients receiving OUD Treatment (**17%** of the total eligible population)
 - Suboxone: 180
 - Sublocade: 65
 - Naltrexone: 15

**Some patients have an active prescription for more than one medication*

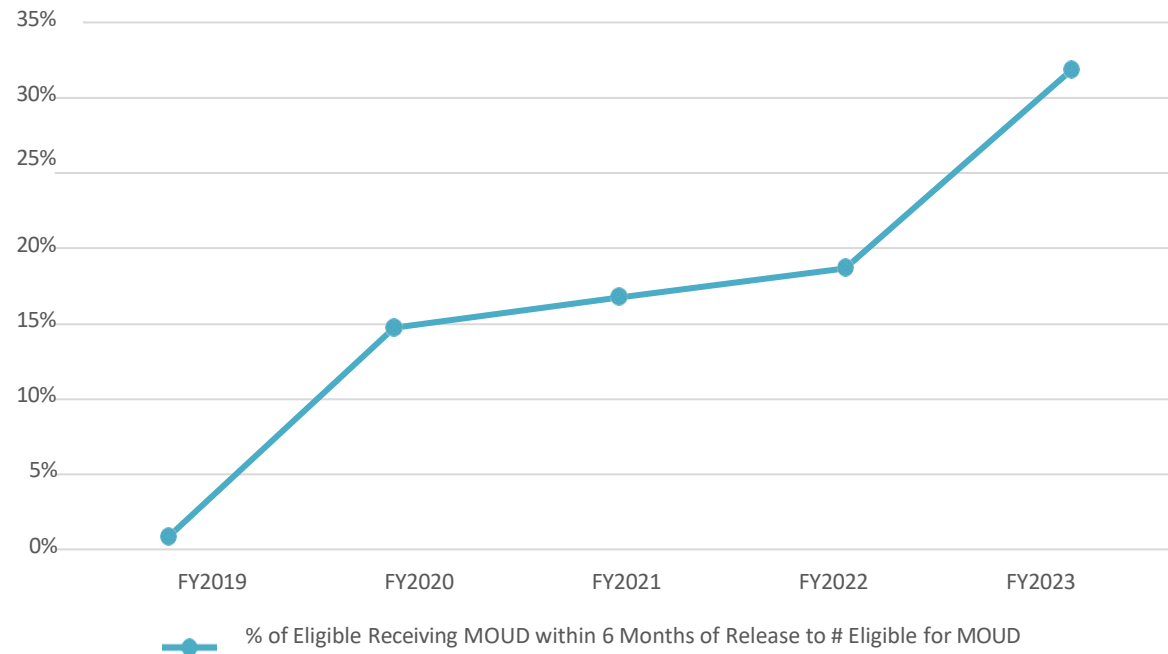
Patient Assessed with OUD-Admission

Data Source: OMNI, CIPS as of 9/25/2023



Patient Assessed with OUD- Releasing

% of Eligible Receiving MOUD within 6 Months of Release to # Eligible for MOUD



Capturing within 6 months due to Partial Confinement, Medication does not start until 60 days or less to community release date.

Data Source: OMNI, CIPS as of 9/25/2023

Policy Academy: Expanding MOUD in State Prisons

- A Multidivisional team attended a Substance Abuse and Mental health Services Administration (SAMHSA) policy academy on 8/1-8/2 with four other states
- Developed strategic plan to support expansion of MOUD in Washington State Prisons
 - Training Incarcerated Individuals and Staff
 - Increase Access to Medications over time
 - Funding

MOUD Decision Package

Requesting resources from WA State Legislators to expand MOUD access:

- Staff for Dosing Lines
- Staff for supporting continuity of care prison to community
- Funding for Medication, Sublocade

Resources for more information on OUD

- [Drug Policy Alliance - No More Drug War](#)
- [National Harm Reduction Coalition](#)
- [Drug User Health | Washington State Department of Health](#)
- [Stopoverdose.org](#)
- [Resources for Families Coping with Mental and Substance Use Disorders | SAMHSA](#)

Questions?

Extraordinary Medical Placement (EMP)

BROOKE AMYX LICSW, HEALTH SERVICES REENTRY ADMINISTRATOR

STATEWIDE FAMILY COUNCIL

11/18/2023

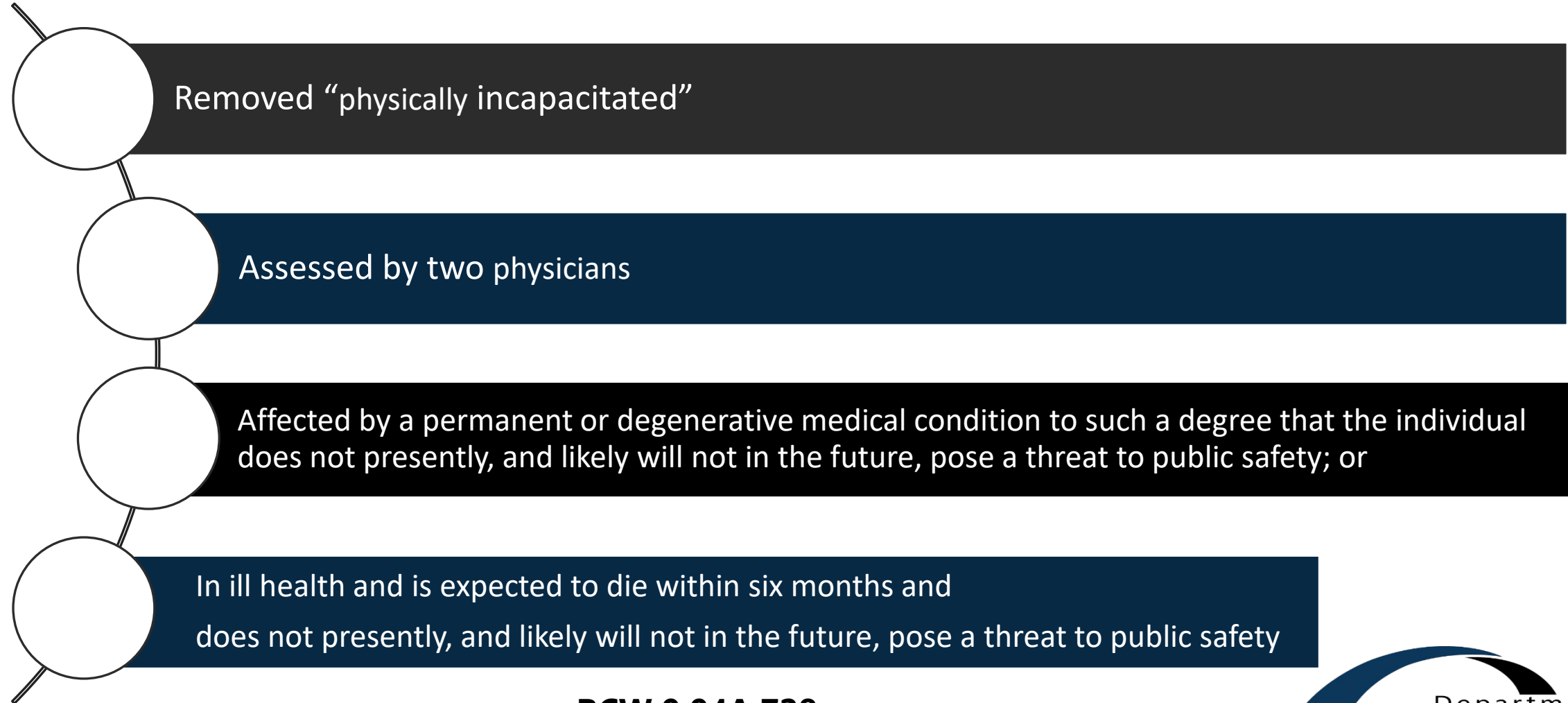


EMP Purpose

- Dignity for end of life
- Family connections
- Cost Avoidance



Medical Criteria Change 7/23/2023



RCW 9.94A.728

Other RCW EMP Criteria

This criteria has not changed

Safety:

- Assessed as low risk to the community at the time of release
- Determined by Headquarters Classification Screening Committee (HCSC)
- People with Life Without Parole are not eligible

Cost Avoidance

“It is expected that granting the extraordinary medical placement will result in a cost savings to the state.”

RCW 9.94A.728

EMP Process



Electronic Referral Form: [WA-DOC Extraordinary Medical Placement Referral \(office.com\)](https://office.com)

DOC Website: [Health Services | Washington State Department of Corrections](https://www.doc.wa.gov/Health-Services)

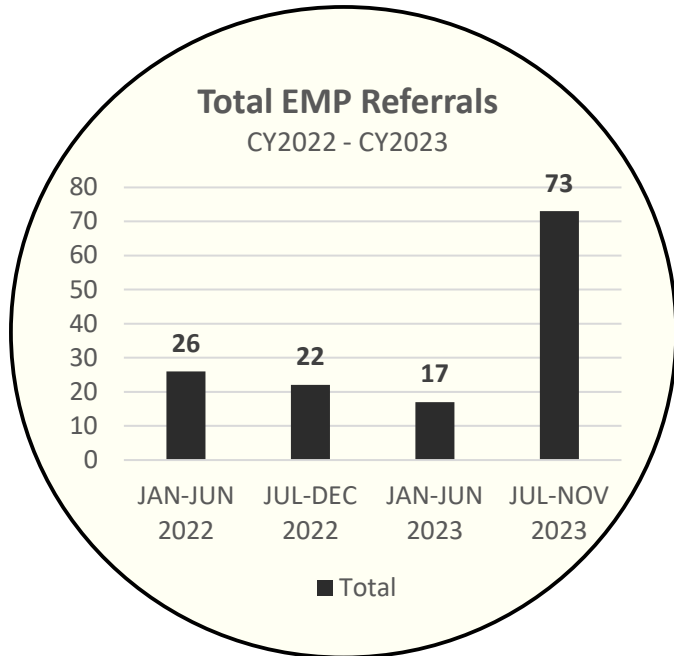
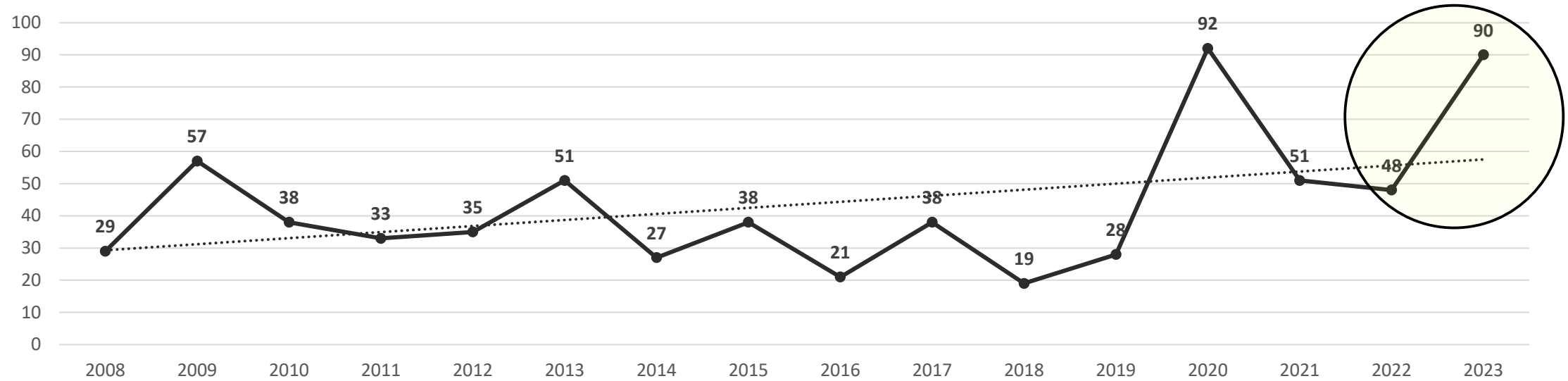
EMP Contact: docemp@doc1.wa.gov

HEALTH SERVICES

**Headquarters Classification
Screening Committee (HCSC)**



Number of EMP Referrals by Calendar Year



500% increase in referrals after RCW changes on 7/23/23

Changed from 3.6 to 18 per month

A few victories...



- In 2023, we placed an individual on EMP in VA hospice for the first time
- In 2023, we successfully placed an individual in a skilled nursing facility

EMP Placement

Community Guidelines and Follow Up

- EMP is in-home confinement vs. partial confinement
- Individuals access community healthcare and benefits during EMP
- Individual can not leave placement address for any reason except
 - (1) medical appointments and
 - (2) one Social Security Administration appointment
- Visitors must be approved on prison visitor list
- Nurse Desk is available to support Placement and CCOs throughout the process
- Individuals may return to prison if
 - they are not following conditions of supervision
 - or IF they no longer meet EMP criteria.

QUESTIONS?

References:

For EMP Reporting Requirements: RCW [72.09.620](#)

For EMP Eligibility Requirements: RCW [9.94A.728](#)

Incarcerated Veteran Services

Compensation and Pension

Under 38 CFR 3.665, any person who is incarcerated in a Federal, State, or local penal institution in excess of 60 days for conviction of a felony is subject to a reduction and/or discontinuance of VA benefits. Overpayments to an individual from the VA are subject to repayment which can create a substantial barrier for successful reentry

- The Department of Corrections (DOC) notifies individuals of this reduction requirement while in receiving at WCC and WCCW and assists individuals with notifying the VA of their incarceration status.
- Additionally, the Department participates in the Public Assistance Reporting Information System (PARIS). This report identifies incarcerated individuals who are receiving payments from the VA.
 - When an individual is identified as potentially receiving an overpayment through the PARIS report, they are contacted with an offer of assistance to facilitate the reduction of their benefits through the kiosk and their Classification Counselor.

Veteran role

- 1) When a veteran needs to file a disability claim they will either contact an accredited service organization, the facility veterans point of contact, or through kiosk message for veteran-HQ to connect with a Veteran Service Officer. (see VA Form 21-0789, for approved organizations).
- 2) If the claim requires a compensation and pension examination appointment the veteran should be aware that the examination will be listed on a call out sheet and there is no cost for compensation and pension medical appointments.

Veteran Benefits Administration role

- 1) The service medical files are reviewed by the VBA to determine what history, if any, exists to support the claim for a service-connected disability due to injury, illness, or event.
- 2) If an examination is needed the VBA will contract for services with one of the four contractors listed below or a subcontractor connected to the contractor.

Logistics Health Incorporated - LHI

Quality Timeliness Customer Service - QTC

Veteran Evaluation Services - VES

Vet Fed Resources, Inc.

Contractors' role

- 1) The contractors will email the point of contact with health services at Department of Corrections Headquarters point of contact or the Legal Liaison Office for the facility.

DOC HQ Point of Contact or Legal Liaison Office role

- 2) The DOC HQ POC or LLO will coordinate the examination with the facility HSM.

Facility HSM role

- 1) Schedule the examination with the contractor.
- 2) Complete visit paperwork and general requirements to ensure the contracted provider is adhering to DOC policy and processes.
- 3) The HSM will work with the off-sight scheduler to complete certain examinations that cannot be completed on sight based on equipment needed, as an example audiological exam. DOC will pay for the costs of transportation related to off sight compensation and pension exams for veterans.

There is no charge for compensation and pension medical appointments.

Health Services staff will document appointment on a Primary Encounter Report (PER).

Vital Documents

An incarcerated veteran can request assistance ordering a copy of their DD 214, NGB 22, or other qualifying documents through the facility's Veteran Point of Contact or through the "Veterans – HQ" kiosk.

- Since January of 2022, 768 veterans received assistance from the Navigator unit in securing a copy of their DD-214.

Healthcare

Incarcerated Veterans do not forfeit their eligibility for medical care; however, current regulations restrict the VA from providing hospital and outpatient care to an incarcerated Veteran who is incarcerated in an institution of another government agency when that agency has a duty to give the care or services.

- This does not apply to Veterans who are released from a prison or jail into a temporary housing program (such as a community residential re-entry center or halfway house).

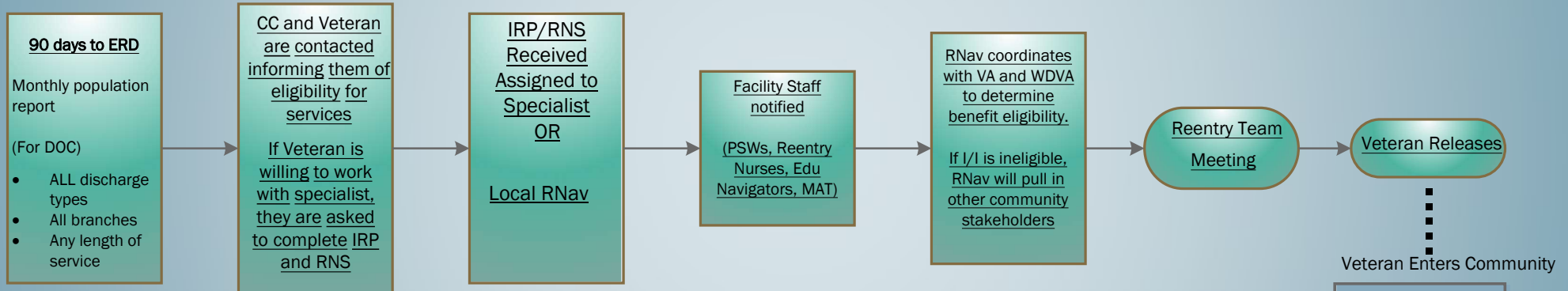
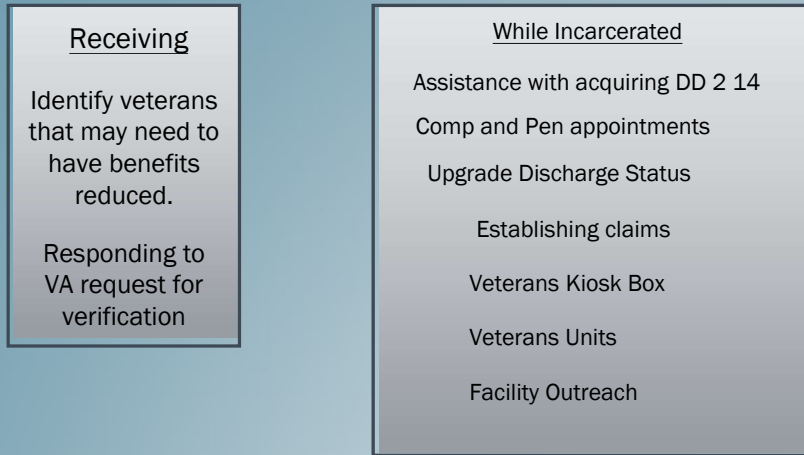
Disability Claims

- If a veteran needs to file a disability claim they can contact an accredited service organization, the Veterans Point of Contact at the facility where they are housed, or send a kiosk to the "Veteran-HQ" mailbox to connect with a Veteran Service Officer to initiate the process.
- The VA will review the claim and, if an examination is needed, the VA will contract for services with one of the four approved contractors or their subcontractors (Logistics Health Incorporated, LHI Quality Timeliness Customer Service, QTC Veteran Evaluation Services, or

- VES Vet Fed Resources, Inc.)
- The contractors coordinate with facility staff and/or the DOC Headquarters Health Services Point of Contact to schedule the examination within DOC policies and processes.
 - If an examination cannot be completed on site due to equipment needs (such as audiological exams), the facility's off-site scheduler ensures the individual is transported to the appointment.
 - DOC pays the costs of transportation related to off sight compensation and pension exams for veterans. There is no charge for compensation and pension medical appointments.
 - In FY23, 15 compensation and pension were scheduled through the HQ Health Services Point of Contact.

Preparing for Release:

- When a Veteran is preparing to release or transfer to a partial confinement option where they are eligible to receive a reinstatement of their benefits, DOC partners with the VA Health Care for Re-entry Veterans Specialist and the WDVA Incarcerated Veteran Re-entry Program Specialist to help the individual reinstate their benefits.
 - In FY 2023, the first year of this partnership, 160 Veterans were referred, 122 were assessed for VA health care enrollment, and 48 were successfully enrolled in VA healthcare.
- Veterans releasing from WA State facilities are eligible for reentry navigation services through the Specialist Reentry Navigators. These staff members coordinate prerelease planning with the reentry staff from the VA, DVA, ESD, and other groups as needed to assist veterans in a successful transition back into the community.
 - In FY 2023, the first year of this program, 60 Veterans completed specialist navigation services with an additional 22 receiving prerelease planning.



Key

I/I	Incarcerated Individual
RNav	Reentry Navigator
PSW	Psychiatric Social Worker
Edu	Education
MAT	Medicated Assisted Treatment
VA	Veterans Administration
WDVA	Washington State Veterans Affairs
ERD	Earned Release Date
IRP	Individual Release Plan
ESD	Employment Security Department

