

WA-DOC MONROE CORRECTIONAL COMPLEX- SPECIAL OFFENDER'S UNIT

SECRETARY SPECIAL INQUIRY REVIEW

May 30, 2023

OVERVIEW

1. Narrative of Event

i *Two incarcerated individuals were found to be living in cells that were in significant disorder and in poor physical condition.*

- 1. From 8/17/22 to 1/22/23, an incarcerated individual was located in Cell C-1-08. He was moved to another cell after it was discovered his cell was in unacceptable condition: including, but not limited to, leftover containers and rubbish from meals and the wrappers from an unknown amount of days piled up on the built-in desk, all over the floor, and in the shower/bathroom area. In addition, there appeared to be regurgitated food (and possibly other bodily fluids) on the cell the walls and floor. In addition, flies filled the room, and a foul smell came from the cell.*
- 2. Since October 2017, another incarcerated individual appeared to have been moved back and fourth between SOU C-Unit, IMU, the infirmary, and outside medical trips after being told by the Indeterminate Sentence Review Boards (ISRB) that he would have four additional years added to his sentence. During this time, his attention to personal hygiene has significantly declined to the point he had significant issues with soiled clothing and bedding.*

A multi-disciplinary team was assembled to look into the situation and find the root cause of how these individuals came to live in such a state. Team members included staff representing Mental Health, Custody, Maintenance, Administration, and Medical departments.

2. Relevant Policies and Operational Memorandums Related to Care and Custody

i DOC Policy:

- 110.100 Prison Management
- 320.255 Restrictive Housing
- 400.020 Facility Capacity Management and Space Standards
- 420.320 Searches of Facilities
- 440.000 Personal Property for Offenders
- 440.080 Hygiene & Grooming for Incarcerated Individuals
- 600.000 Health Services Management
- 670.000 Communicable Diseases Infection Prevention & Immunization Program
- 700.100 Class III Work Programs

Operational Memorandum:

MCC 440.085 Cell Standards (2011) (Rescinded)

3. Root Cause Analysis (RCA)

i Causal Factors Identified: Communication, Training & Management/Supervisory Factors.

Staff did not follow policies and procedures to immediately report and/or address unsafe/ unsanitary conditions.

Staff were not clearly communicating with one another (between shifts, between departments, with supervisors, etc.), leading staff to assume somebody else would take care of the issue.

There is no multi-disciplinary team approach to address challenging incarcerated individuals/patients with hygiene concerns.

Frequent changes to the team due to multiple staff vacancies lead to the need to rely on untrained and/or overwhelmed staff due to high use of overtime, pulling from other units, use of on-call, and many new staff that have been with DOC less than two years.

4. Summary of the Fact-Finding from the RCA

i Systemic breakdown of responsibility resulted in staff failure to keep the living areas clean and safe.

5. Key Findings

i “Stay-backs”

MCC-SOU staff created a process called “stay-backs.” This informal process created authorization to allow the incarcerated to stay-back in their rooms during meals due to their behavior, hygiene status, or other reasons that created disruption if the individual attended meals in the dining hall. The incarcerated who were authorized a stay-back would be allowed to remain in the cell, and meal services were provided at the door.

The positive reason for allowing stay-backs avoided contact and potential conflict with the individual who might otherwise refuse to leave the cell. Some incarcerated persons refused to cooperate outside the cell or to even leave the cell at all.

There were several unintended consequences associated with the use of stay-backs. By limiting the incarcerated to be outside the cell, an individual could not be directly monitored for behavior or hygiene habits. To continue the practice would allow the incarcerated to stockpile meals and associated waste following the meals. The meals and waste would add to the smell and degrading environment in the cells. It is critical that incarcerated individuals leave their cells routinely so that staff can monitor baseline behavior and attitude. Staff also need some time to monitor what is going on in the cells. Cell inspections and the collection of trash and stockpiled items can be more easily removed if staff can get into the cells during meals.

To allow the incarcerated to stay in their cell for a prolonged period of time creates the opportunity for hoarding, unhealthy living conditions, and decompensation. The practices during COVID management exacerbated the stay-back practice and continued the limited access to the cells.

It is all staffs responsibility to correct an unacceptable cell:

Several staff were asked whose job it was to ensure that unacceptable cells are immediately corrected.

Several staff mentioned the medical staff's response that the incarcerated person's behavior was not medical, thus not their issue. Some staff mentioned that the incarcerated person was responsible. When asked who is responsive when the incarcerated refuse to or cannot take care of themselves, it was suggested that correcting these issues was all staff's responsibility.

Several staff believed that focusing on the incarcerated responsibility somehow did not ultimately rest on staff. A systemic approach to identifying and correcting cell conditions is everyone's responsibility. The hygiene protocol (for maximum custody status individuals) must apply to all individuals. Decision-makers need to work collectively to resolve issues of incarcerated declining behavior. There is a silo-effect between custody operations, medical, mental health, unit management, administration, and maintenance. The question about caring for the population is the highest priority, and the pictures of the cell fell short of a caring approach.

Hygiene Protocol

MCC has established protocol for addressing in-cell hygiene issues when maximum custody incarcerated are involved. Several staff were asked if the SOU is a restricted housing facility. Many staff reported that the Close Custody tiers (C and D) were considered treatment areas, not restricted housing. In the recent past, many use-of-force incidents were used to address incarcerated issues, and staff were required to use other options prior to using force. Some staff thought that the use-of-force was considered a failure when resolving incidents. Some success was mentioned with the use of Crisis Negotiation Teams (CNT) to address difficult incidents with the incarcerated. The spectrum of staff presence, staff direction, incarcerated compliance, CNT, MDTs, incentives, discipline, relocation, and ultimately using force must still be in place to protect and show care to the incarcerated. All staff must know that they are responsible for incarcerated care and treatment. The two incarcerated individuals identified had ongoing hygiene issues.

Certified Nursing Assistant

A contract-certified nursing assistant (CNA) was assigned to work with the two incarcerated persons experiencing significant hygiene issues (one who regurgitated food and threw it about the cell, and one who was incontinent with an offensive smell). Many staff interviewed believed that the solution to these issues was the assignment of a CNA to manage the issues. High-level staff believed that the use of a CNA was the answer.

Who is to blame for the cell conditions?

Some staff were willing to blame other disciplines for unacceptable cell conditions, some blamed themselves exclusively, and some blamed the incarcerated who did not comply with expectations. All staff and incarcerated persons share the responsibility to maintain an appropriate level of sanitation within the facility. Identifying one person would ignore the need for staff to be responsible for cell conditions.

Conflicting Priorities

██████████ ██████████ was assigned to manage MCC's Prison Rape Elimination Act (PREA). Based on MCC's struggles associated with PREA, ██████████ ██████████ was responsible for getting the facility back online. To stay connected to the daily operation of the SOU and rebuild PREA for the Complex seemed to overwhelm ██████████ ██████████

Cell Design

The cells on C and D Tier have several layers of paint on the walls (especially the showers). The humidity, ventilation, and in-cell feeding create challenges even if the incarcerated maintains an acceptable level of sanitation. When stay-backs, COVID, and mental health status incarcerated live in these cells, the need for oversight by facility staff is critical. Short-

and long-term issues exist with maintenance issues associated with cells with in-cell showers. Upon touring the tiers, many potential maintenance issues were evident. The more common areas were in a better state of maintenance. Due to the limited access to the cells and the design of the environment, some facility staff suggested that hygiene issues were a perfect storm.

6. Recommendations

i **Stay-backs** – The stay-back process should be discontinued. Stay-backs allow the incarcerated individual to remain in their cell resulting in less monitoring of the quality of life, including living conditions.

Who cleans the cell? Staff who engage incarcerated individuals are responsible for their living conditions. Tier checks and direct observation are vital to assuring good living conditions. Once custody staff determines that living conditions are unacceptable, they must direct the incarcerated individual to correct the deficiency. Instructions must be clear and concise. If the incarcerated individual cannot/will not comply, the hygiene protocol must be followed (see DOC 320.255 *Restrictive Housing*, attachment 1, *Disruptive Hygiene Behavior Response Protocol*). Staff must use good judgment to be present, direct the cleaning, gain compliance, use disciplinary action for the incarcerated, committee reviews, Crisis Negotiation Teams, use-of-force (to remove the incarcerated from the cell), and ultimately use cleaning crews and/or staff to clean the cell. Custody, Medical, Mental Health, Maintenance, and Administration play a role when working with the population and gaining compliance. Policy 440.080, *Hygiene & Grooming for Incarcerated Individuals*, should be modified that reflects the Department's expectations for cell sanitation and incarcerated individual hygiene.

Use Hygiene protocol – The hygiene protocol must be applicable to all incarcerated individuals, and policy should be modified to reflect DOC's expectations. The protocol should be applicable to behaviors that create unacceptable living conditions (hoarding, excessive trash, bodily fluids, feces).

Mental Health walk-throughs- Licensed MH practitioners should have regular and routine interaction with each individual who are being treated for mental health conditions at SOU. This includes weekly cell front walk throughs of living units to assure individuals with mental illness diagnosis are in acceptable living conditions and may quickly assess if a person is decompensating. Policy should be updated to reflect this expectation.

Who is responsible for the population? One person cannot be responsible for the population (i.e., the CNA). When staff observes an unacceptable cell, they must assist in correcting the matter by utilizing all protocols available to them, ensuring the cell is cleaned appropriately. Issues must be raised through the chain of command; we are responsible for the population.

Cell Design – For long-term planning, this type of cell, which includes showers, is not recommended. After an onsite visit, we found that the bunk design creates safety issues for the potential for self-inflicting behavior. The bunks are not solid, and ligatures can be easily made to allow self-harming behavior.

Loss of incarcerated individual work crews – More work needs to be done to ensure MCC has robust work crews trained to clean these cells when warranted.

In-house monitoring – Semi-annual reviews should be conducted to ensure compliance.

Name change –The Special Offenders Unit (SOU) should be changed to Residential Treatment Unit (RTU) as it more closely aligns with its mission.

Organizational Structure – Organizational changes should be considered to determine effective workflow and supervision throughout the MCC campus.

Further investigation – It is recommended that further Just-Cause investigations be conducted as staff failed to follow policy and ultimately failed to provide proper care to the incarcerated individuals in the Department's custody and care.