



Unexpected Fatality Review DOC Corrective Action Plan

Unexpected Fatality UFR-22-034 Report to the Legislature

As required by RCW 72.09.770

April 13, 2023

DOC Corrective Action, Publication Number 600-PL001

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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 22-034 on April 3, 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

CAP ID Number:	UFR-22-034-1
Finding:	The reentry center staff was not prepared to effectively respond to this medical emergency.
Root Cause:	Medical emergencies involving fentanyl overdoses are infrequent in the reentry centers and table-top exercises regarding fentanyl overdoses have not been conducted.
Recommendation:	Reentry centers should conduct table-top exercises, safety discussions and planning with all staff to include the location and use of all emergency response equipment related to fentanyl overdoses.
Corrective Action:	Reentry centers will conduct table-top exercises, safety discussions and planning with all staff at a minimum quarterly.
Expected Outcome:	Improved safety for incarcerated individuals and staff in reentry centers.

CAP ID Number:	UFR-22-034-2
Finding:	The current Reentry Center 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 a Reentry Center.
Root Cause:	The current screening process does not include confirmation of substance abuse treatment level needs.
Recommendation:	DOC should develop a process as part of the reentry partial confinement program eligibility screening with the Substance Abuse Recovery Unit to verify the incarcerated individual's substance use disorder assessment and treatment needs prior to approval for transfer.
Corrective Action:	DOC will explore options and develop a process as part of the reentry center eligibility screening with the DOC Substance Abuse Recovery Unit staff to verify the incarcerated individual's substance use disorder assessment and treatment status/need prior to transfer similar to the Graduated Reentry screening process.
Expected Outcome:	Improved ability to support an incarcerated individual's successful community reentry.

CAP ID Number:	UFR-22-034-3
Finding:	The reentry center staff did not follow the stipulated agreement sanctions of weekly drug testing and DOC Policy 300.550 Monitoring of Graduated Community Access when a monthly work compliance check was not conducted.
Root Cause:	The reentry center supervisor was not routinely reviewing policies with staff.
Recommendation:	Reentry centers should review and discuss DOC policies related to substance use, searches, employment checks, and requirements for DOSA participants with staff.
Corrective Action:	Reentry centers will conduct a review and discussion of DOC policies related to substance use, searches, employment checks, and requirements for DOSA participants with staff. Participation in reviews will be documented.
Expected Outcome:	Staff increase their awareness and knowledge of procedures and policies to increase the opportunity for intervention if an incarcerated individual is experiencing difficulty maintaining their sobriety and/or maintaining employment.