3-20-20 OCO STAKEHOLDER MEETING

EV Webb Notes

AGENDA:

1st Hour: Community Forum Facilitated by Carolina Landa

Time to raise concerns

2nd Hour: Joanna Carns will share OCO actions during COVID-19 & all the work done up until this point

**COMMUNITY MEMBER INTRODUCTIONS**

No DOC on the line

**OCO STAFF INTRODUCTIONS**

24 people on the call

**COMMUNITY FORUM**

**Question:** What are the different OCO divisions focused on related to COVID-19?

First steps:

* Daily phone call, opportunity to hear from DOC about what is happening and an outlet for questions from the public.
* Still working old cases
* OCO website dedicated to COVID-19 to bring together the questions, phone calls and info from DOC
* Gathering information
* Info being provided from DOC is incomplete and not matching what people are expressing is happening on the ground

Next steps:

* Now that we have national best practices, we are now going to put more firmly to DOC in a public report format, these are the expectations—DOC response requested.
* Public report is the primary tools that OCO has to impact change, OCO wants to leverage that roll
* Our roll is also a mediator and faciliatory
* Hopefully prompt additional responses from DOC

OCO is teleworking except one personal daily who goes in and checks mail.

Taking action, evaluate our role, request information.

* someone mentioned the daily notes are helpful, it doesn’t feel like the questions are not being answered. What is the role for OCO here? Can we press DOC to give answers?
* DOC is on the daily phone call because of OCO pressure. OCO suggested they create a call and they did not.
* RCW medical: 5 days to respond to requests
* Recognizing inconsistent information
* Other states are taking actions, why not WA DOC?

**Question:** anyone else that has expectations of DOC at this time, e.g. Governors office?

DOC is on a long list of agencies and facilities.

Are prisons not a high priority to people right now?

Options are being looked at in response to the letters that have been sent regarding releasing prisoners.

DOH guidance

DRW: letters from organizations asking for a series of urgent steps regarding prisons and jails. All posted on DRW website. Discussions are happening among advocacy orgs/community.

**Question:** so the only people who have authority to go into the prisons without request are DWR and Ombuds? Construction crews going into Monroe, going through screening. Any plans for OCO staff to go into the prisons?

OCO is following guidelines – OCO staff at home. Do not want to risk OCO staff bringing in the virus.

What about setting up calls with superintendents? Using technology in place of in-person?

Can we get more info from them?

Someone mentioned talking to DOC staff via tech is not going to give an accurate picture.

Don’t know the reality unless we hear it from incarcerated people, community members. Doesn’t trust Superintendents answers either.

If we determine they are not telling the truth, then next steps?

The only way to really know what is going on is by going into the prison.

**Question:** What is OCO monitoring?

DOC’s response. The role that we have is to investigate things after the fact. Interviews, standards that should have been applied, then we put out recommendations to prevent this from

There will be a report out on DOC’s response to COVID-19. We would highlight where errors were made with recommendations to ensure these issues don’t reoccur.

What do we do when DOC is telling us one thing and something else is being reported from the ground? OCO bring those concerns to DOC encouraging them to address. Until HQ makes a statement about standards, the individual facilities

First action: DOC needs to release their list of written protocols for all facilities. Then facilities will change practices.

Community statement: DOC web page: list a bunch of things they say they’ve been doing, however, reality is there are contradictions. Nobody is being held accountable if they are not doing what’s being put out.

Community statement: SCCC and Larch not following through on what was mentioned on DOC’s action plan statements.

**Question:** Can OCO request video? Yes we can if there is an allegation.

If facilities knew we were randomly pulling video would that make them more responsive to putting the protocols in place?

We need a direct answer with details from DOC about what their protocols are so we can look into if they are following that or not. The standards from DOC HQ are not detailed enough.

Sounds like there needs to be a collection from across facilities—what are people hearing from incarcerated people that doesn’t match what they said they are doing?

Even if they have soap doesn’t mean they have access to wash. No extra sanitation access. It is authorized to be dispensed in presence of staff. Released recommendations to prisoners for hygiene but are not given the resources or ability to fully do so (food lines, etc). Incarcerated people do not have the power or ability to follow guidelines without staff support.

Sharing info and raising concerns is OCO’s role. OCO will not do onsite investigation. However, we will take complaints and information from incarcerated people and community.

OCO will send a list of stated concerns, recommendations, and require a response back. Use that to bring up concerns about what’s being stated by HQ and inconsistencies on the ground.

Can OCO provide more pressure for DOC to comply? Can OCO make phonecalls to try to figure out what’s going on and to let them know we are watching them and that be a part of the pressure.

**Question:** are the guards at this point being tested and wearing masks throughout shifts? They are being assessed before entering, not tested. Still potential carriers. Can DOC start providing incarcerated people and staff with masks?

Overarching issue besides noncompliance with best practices—DOC response seems to be geared towards punishment than prevention. Solitary confinement used for isolating people. People who feel sick don’t want to report because they risk going to solitary. The punitive nature of responses might prevent people from reporting. That tactic is a risk to the population. Handcuffing should not occur in these situations.

What is the alternative?

Stop bringing new people into facilities. Expedite getting people out elderly, eligible, 6 months left, medically vulnerable etc so they can segregate

Limiting intake from jails is being considered, including the Governor.

Governor’s office responsible for releasing people. They are considering it at this time.

CRCC does not have medical.

Next steps: publically sharing standards and requesting direct and detailed answers. Contacting each facility for answers.

Whatever questions we have for the instituations will likely be kicked to HQ for an “official report”.

Establish a set of priority questions for each facility? Survey of superintendents?

Important to get more information from incarcerated people and community members. Our hotlines are open.

Joanna, do you feel like you have a good sense of what’s going on at each facility based on what you’ve heard from family members? “I have an idea generally, but not at the individual facility level.” Needs to know what the specific concerns for each facility. Survey community members?

WSP: hearing that there is not much change to what is happening normaly. They know staff are assessed, programming limitations, visitation stops, but as far as hygiene not happening. Not practicing 6 ft distance, staff are laughing it off.

Can we put a survey on the website? What is happening at the individual facilities? What cleaning practices, social distancing, sanitizer, etc? Can we put this on the kiosk for incarcerated people to respond too?

On DOC website, COVID-19 page: daily situation reports says exactly what the agency actions are. Agency timeline listed and memos. Can we hold them accountable to these? Feb 9 an emergency response team was established and now March 20 why don’t we have answers? Still not getting direct answers from DOC however their documents say they’ve been planning since February.

Idea for community members to reach out to county council members. Inform people at a local level. Pressure from local level too.

Governor Insley’s plan directs local health authorities to work with all state agencies. CRCC local health authorities not assisting. There is a mandate—please point out to local elected officials that this duty is outlined by Governor.

Questions for DOC:

What cleaning practices? Increase in cleaning? Increase in regularity and type of products?

Is it only Hepistat at SCCC or other CDC recommended supplies?

What is happening on the ground?

Corrections grade cleaning supplies at WSP—but needs to research whether CDC approved.

Will put together a formal letter—express concerns about what is released from HQ versus what we are hearing on the ground.

Concern: internally, fear that DOC is just going to lock everyone down if we pressure. People in lockdown only get 2 boats and a meal. Naming the internal hesitance that if we push more they will lock everyone down.

Community member suggested: start with high level issues, reducing intake, getting people out and people anticipate lockdown, but we need to still reduce population and intake. Expedite transfers to work camps and other places that are safer than only option is segregation/lockdown. There are petitions that site RCWs under which they can do this, and other states are doing this.

Please send information about other states releasing from prisons, not just jails. Any resources like this that would be helpful for OCO to send to the Governor. Please send to Joanna. Someone mentioned they will send the petition that includes the RCW.

Will we have time to hear about what OCO has been doing this last quarter, outside of COVID too.

Page (DOC) is now on the line and Jeremy (DOC) will be joining.

**OCO UPDATES:**

**Staffing**

Riley Hewko, Christy Kuna, Carol Smith all previous staff that transitioned out of OCO

Carol Smith is now Manager of Grievance Programs which feels like an important change in DOC.

Matthias was serving as Eastern, moved to Western division cases.

Recently hired Caitlin Robinson, thanks to the stakeholders for selecting and reviewing applicants. She will handle Eastern.

Caitie introduction: looking forward to meeting others in person. Background in conflict and dispute resolutions, restorative justice. Masters and finishing PhD in critical leadership and higher education in prison. Looking to apply restorative justice skills in OCO. Has implemented restorative background in casework and reentry. Passionate about this work. Located in Spokane.

Dr. Patricia David introduction: now in Carol Smith’s role of reviewing medical cases. Received medical degree and masters in public health currently getting MBA. Medically trained and has experience doing oversite over DOC medical.

Angee Schrader: now in Riley Hewko’s role.

Hired Carolina Landa on as Early Resolution Manager: currently in MPA program, background in social justice, formerly incarcerated. Before OCO, worked for Statewide Reentry. Passionate about this work.

Several interns through the end of the fiscal year. Recruiting UW and Seattle U law students as well as Oregon masters of conflict resolution program.

What has OCO been working on?

Top complaints: supervision/staff, medical care, discipline, property

Top institution complaints in order: SCCC, MCC, CRCC, WSP, WCCW, AHCC, WCC, CBCC, OCC

What in terms of investigations?

Published in December investigation report of death of Mr. Williams who passed away from cancer. Failures in cancer care identified.

Another report coming out soon regarding cancer care. Between those two reports we were able to highlight needs and changes related to monitoring and follow up for critical and cancer care. The Governor read the reports, met with DOC, and is having conversations about improving DOC practices related to that.

Another report came out related to retaliation of a person out of work release. Instituted a work release workgroup, family members and external folks on that work group. Collaborate action and staff recognizing problems. Second meeting was canceled due to COVID-19. Will have more meetings and follow up actions. Expressed need for a different culture within work releases. Open position for new leadership, hopefully space for positive change.

Grievance procedure workgroup came out with a report that included recommendations that were 100% adopted by DOC. Some of the changes have been halted because of COVID19. Defined retaliation clearly, previously no definition and other successes. Returning to duplicate form for grievances and how to improve the form itself so it is more accessible. Addressing barriers to filing grievances. Changed timeframes and investigation expectations. Better grievance process for people who need medical devices.

Medical—Care Review Committee changes. Would previously have to grieve issues, but no medical authority to overrule CRC. New appeal process and form for CRCs.

January report—ADA accommodations. Collected concerns, surveyed ADA Coordinators, DRW support, and resulted in recommendations, most of which were accepted by DOC. Elizabeth: highlighted the Accommodation Status Report (ASR) appeal process being overhauled (similar to CRC appeal process).

Incarcerated women’s surveys—first ever survey of entire population. Included a broad range of issues. Surprised that it hasn’t been picked up by media. Almost 800 women completed the survey. Were able to provide feedback, results, etc in report. Yakima results included. DOC meetings following report. Staff are beginning to address some of the concerns. DOC responses are part of the report. Goal was to utilize OCO to lift the voices of incarcerated people to the public and DOC.

Question: what’s going on with UA policy?

Supposed to be in place by March 15, further delayed due to COVID19 response. Continuously delayed over a year. One delay after the other expressed by community member. When will this be addressed?

**QUESTIONS:**

RE: Grievances

Hope the new grievance forms will be implemented, what do you mean by that? Joanna said there hasn’t been a definite commitment from DOC. DOC Page said she believes it might have already been implemented. The need is for a duplicate form not necessarily a change in the form. Rob agreed to this, but when will this be implemented?

Because of the time frames of investigations, is the singular grievance coordinator at each facility going to be maintained or will there be more support for grievance coordinators at the facilities? Our understanding is that no change in staffing.

How can better investigations be pursued without additional staffing? Coordinators do not handle investigations to begin with, it is other staff that typically handle this. The coordinator’s role is to handle level 0, then send to an investigator and monitor for completion. Then they have a checklist they have to fill out about the investigation process.

Who is assigned? It depends on the situation. Additional training required based on recommendation of work group.

Trish David: the CRC appeals are no longer going towards grievance coordinators so that also frees up space.

Request for confidentiality waiver for OCO—created and planning to implement by April 1. If someone submits a complaint, getting consent to let the incarcerated person know. Other part of form, the incarcerated person waives confidentiality to share info with family or community member. Will require a PIN to confirm consent to access information.

Confidentiality of mail? Our mail has always been confidential. When DOC policies updated mail confidentiality policy, included OCO.

OCO to not focus on systemic issues and focus on individual cases. Response: everyone in the office handles individual cases, Joanna is the only one who bulk of work is systemic. ERO is 100% dedicated towards receiving and resolving individual issues. Individual cases inform our systemic issues.

Is there someone on OCO website about what types of complaints we do and do not take? What has been scaled back and what are we currently taking on?

COVID-19: healthcare, mental health, PREA, use of force, COVID-19 related, threats to bodily harm. Anything that can’t wait and needs to be addressed immediately.

Otherwise: jurisdiction is health, safety, rights. We take anything that fits within jurisdiction, cannot take on community custody. Info available on website—Complaints & Investigations / OCO Complaint Process (questions we ask internally when reviewing complaints)

Facility transfer issues we do not take. We will only take major infractions, not general.

Prioritize life/death, health/safety cases. Staff capacity is tailored to those cases.

How far into grievance process? OCO does not require the grievance process to be exhausted. Might be an issue of training. Legislation states, they must have reasonably pursued not exhausted. If medical, level 1 response, anything else level 2 response. What qualifies as an emergency? Is it specifically described?

Expressed concern about timeline with level 1 grievance. Joanna will work on something internally to be more clear about what is an emergency and what is not?

OCO IS NOW FULLY STAFFED

Currently monitoring cases to be responded to with 45 days.

Angee: re: medical grievance question – would look to see if grieved, then go ahead and request records and touch base with medical staff.