



STATE OF WASHINGTON  
**DEPARTMENT OF CORRECTIONS**  
P.O. Box 41100 • Olympia, Washington 98504-1110

November 1, 2020

Joanna Carns  
Office of Corrections Ombuds  
2700 Evergreen Parkway NW  
Olympia, WA 98505

Dear Ms. Carns:

The Washington Department of Corrections is pleased to report some of its' major accomplishments in calendar year 2020 benefiting the incarcerated population and additionally appreciates the opportunity to respond to the Office of Corrections Ombuds Annual Report 2020 Recommendations.

**Procedures and Practices Strengthened in 2020  
by the Department of Corrections**

**Resolution Program:** The previously known "Offender Grievance Program" changed the name to "Resolution Program" which was completed to reflect the culture change through the rebranding of this program. When evaluating the program in the spirit of continuous improvement, the agency took steps to ensure the program is as beneficial as possible to both staff incarcerated individuals while focusing on promotion of pro-social behavior.

Experienced resolution specialists worked in coordination with agency leadership, the Office of Corrections Ombuds, formerly and currently incarcerated individuals, family members, Disability Rights Washington, stakeholders and the Attorney General's Office to construct changes to the resolution program. The updated policy 550.100 Resolution Program will be circulated for public review and feedback. Staff and stakeholders will have the ability to review this policy and provide critical feedback to ensure a voice by all those affected by these changes. Some of these changes include renaming the program as the "resolution program", streamlining the process to adjust timelines, ensuring that appropriate time needed for each complaint level is granted, and providing workshops to incarcerated individuals to provide peer support and mentorship when resolving issues at the lowest level possible.

**COVID-19:** As part of the department's Emergency Operations Center and in partnership with the Department of Health (DOH) in response to COVID-19, in March 2020 the Unified Prisons/Health Services Command Center was opened. To protect employees, incarcerated individuals and the public while managing safe, humane and secure facilities, the unified command has operated continuously to implement and manage COVID-19 protocols within all facilities. Normal prison operations have been significantly altered to ensure compliance with pandemic protocols. The pandemic has greatly impacted the normal and routine operations of the agency's facilities. There have been many lessons learned throughout the agency's pandemic response, and the Department is proud of the work being done by staff and the incarcerated population and the ability to maintain low levels of COVID-19 exposure in the facilities.



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Significant effort continues to ensure COVID-19 protocols are well understood and practiced by employees and the incarcerated population. The necessary restrictions placed on the population (wearing of masks, social distancing, reduced programming and work and visiting) has had a wearing effect on staff and the incarcerated. This additional strain has not resulted in any significant rise in violence or serious acts of misconduct.

A strategic priority for the upcoming year will be implementing Safe Start procedures as restrictions can be lessened when rates of infection decrease. To ensure the continued essential operations for Department of Natural Resources, Corrections and Department of Natural Resources partnered to develop safe operating procedures during the COVID 19 pandemic that allowed for a safe response in fire suppression across the state. The plan incorporated personal protective equipment, handwashing, screening, transfers, kitchen operations, social distancing and adjusted crew sleeping arrangements.

**ADA Compliance.** In July Health Services was approved by the IT Governance Board to proceed with their proposal to install Video Relay Interpreting (VRI) within our health services units at MCC; WCC; WCCW and MCCCW. This service will ensure we have the capability of 24/7 interpreting services for our deaf and hard of hearing individuals who utilize American Sign Language (ASL). Currently, we do not have services available after-hours or on weekends or holidays. This project will ensure individuals needing an ASL interpreter for emergent or urgent medical, mental health or dental encounters during the times our regular interpreting staff and contractors are not available.

**The Traumatic Brain Injury (TBI) pilot** at SCCC has begun! In partnership with the University of Washington and with federal grant moneys, we were able to fund a temporary position to perform TBI screening, and psychoeducation groups for persons with a history of TBI. We are in the process of working with DSHS to enhance our program with community volunteer peer support groups that will occur via Skype and will be co-facilitated by our TBI staff member.

**Mental Health/Psychiatry.** Early on and throughout the COVID 19 pandemic, MH Services has strategically reimagined and deployed clinical services, including tele-mental health/psychiatry that protected staff and patients and ensured continuity of care.

**The HQ Security Management Unit** completed multiple projects continuing its mission to increase the safety and security of individuals, employees, and the public. The unit was involved in updating incarcerated individual property standards which included the refinement of specific property processes to ensure equal treatment of those individuals identifying as transgender, intersex, and/or gender non-conforming, and continued to work with Disability Rights Washington (DRW) on achieving a common goal of providing individuals with disabilities access to services while ensuring consistent security protocols.

The unit worked remotely to continue the local and statewide security enhancements process, worked with incarcerated individuals' technology vendors to keep these systems functioning in response to a massive spike in use during the pandemic, and continued to enhance security



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management policies including publishing updated transportation standards, escorted leaves, building security, tool control, restraints, and the first ever hospital watch policy.

**The Emergency Operations Unit (EOU)** continued its efforts to prepare for and respond to incidents and significant events. Beginning as early as January 2020, the unit has been preparing for, responding to, and managing the countless numbers of staffing resources deployed in response to COVID-19. The unit was tasked with opening, training, supplying personnel, and managing the Emergency Operations Center (EOC) for what has been more time of continuous operation in the agency's history.

While continuously managing the Department's EOC, the unit also managed and deployed incident management team members to support state efforts, the Department of Health command post, and local counties to assist in their pandemic responses. EOU and incident management team members are also supporting the Prisons/Health Services Incident Command Post, regional care facility design and deployment, staff COVID-19 testing, all while continuing to provide support and resources to Prisons, Reentry, and Community Corrections as incidents and events happen. The unit was further challenged when a secondary incident command post was needed to be initiated in response to a separate incident unrelated to COVID-19. Agency employees were redeployed from typical posts to serve as active screeners and staff serial testing screeners.

**Partnership with Vera Institute** to focus on Restricted Housing Reforms: Safe Prisons, Safe Communities From Isolation to Dignity and Wellness Behind Bars partnership with VERA Institute for Justice continued in 2020. The goals for the department include;

- eliminating the use of restrictive housing (RH) for non-violent and low-level behavior, and for particularly vulnerable populations—including people with serious mental illness;
- significantly reducing people's lengths of stay in restrictive housing, moving towards a long-term goal of ending prolonged restrictive housing; improving conditions in restrictive housing, including a less isolated environment, additional out-of-cell time, opportunities for meaningful human interaction, and access to programs and services;
- addressing racial and ethnic disparities in the use of restrictive housing; and,
- achieving at least a 20% decrease in total restrictive housing population by the end of the project, with a long-term goal of reducing the population by at least 50% in the next four years.

As of February 2020, the agency had made significant progress toward the goals to include reduced total restricted housing population by 9.21%; reduced lengths of stay in Ad-Seg and MAX; and as of December 31, 2019, 62% of people in restricted housing spent an average of less than 30 days. The proportion of people with serious mental illness in restrictive housing has also decreased to include an almost 50% decline of seriously mentally ill individuals in Ad-Seg between December 2019 and June of 2020.

**Violence in Prisons:** Reducing violence within correctional facilities creates safer environments for employees and incarcerated individuals. Less violence enhances the rehabilitative environment within facilities and mitigates interruption of services for both staff and incarcerated individuals. The department continues to involve employees and advisory



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committees in safety, security, and risk mitigation. The department's emphasis is on reducing contraband and gang-related activities, data driven strategies tailored to facilities and individuals, and engaging the incarcerated population to help reduce violence. The Department of Corrections set a goal to decrease the rate of violence to 0.90 per 100 incarcerated individuals in correctional facilities by 2022. **As of September 2020, the rate of violence is at 0.74, demonstrating the agency's strategy of reducing violence in prisons is effectively being implemented.**

**Identicard program.** The Identicard program continues to operate successfully within most all of the correctional facilities. Through a partnership between Corrections, Department of Social and Health Services, and Department Of Licensing, the Identicard program ensures that incarcerated individuals can receive valid forms of identification prior to release into the community. Having valid identification is especially important in the current COVID-19 environment to assist in securing employment, housing, and banking. Providing the means necessary to increase incarcerated individuals' chances of stability after release has helped streamline their reentry into the community and reduce recidivism. In 2020, over 2,000 identification cards have been issued.

**Housing Voucher Program.** Between 2017 – 2019, the Housing Voucher Program averaged 320 voucher payments each month, totaling approximately \$160,000 each month. The program also received an incremental \$674,000 funding for FY21, bringing the total FY21 budget to \$2,598,792. During COVID-19 and the Governor's Proclamation 20-50 regarding Reducing Prison Population, the Housing Voucher Program was able to provide approximately 43% of releasing individuals with a housing voucher. These housing vouchers help to avoid unnecessary incarceration costs resulting solely from an incarcerated individual's financial inability to develop an approvable release address.

**Education, internet pilot program, Second Chance Pell Grants, and laptops.**

- The Construction Trades Apprenticeship Preparation (CTAP) program continues as an education based apprenticeship-preparatory program that supports linking participants to registered apprenticeship opportunities. There are current agreements with the Laborers, Cement Masons, Iron Workers and Carpenters Unions for preferred applications. There were 328 CTAP participants in FY20.
- The secure-internet pilot and the computer programming (coding) classroom continues its functionality with secure internet at Washington Corrections Center for Women. Secure-internet was also piloted successfully at Reynolds Work/Training Release in Seattle and Peninsula Work/Training Release in Port Orchard and a work group was established to prioritize implementation of secure-internet at all work/training release facilities. A budget proviso was approved to allow for expansion of the secure internet for education in three additional prisons in FY21.
- Incarcerated individuals at Monroe's Washington State Reformatory Unit, Cedar Creek Corrections Center, Coyote Ridge Corrections Center and Washington State Penitentiary are now eligible to apply for Second Chance Pell Grants and if eligible, may participate in Bachelor Degree programs at those sites.
- For the past three years, the college partners under the State Board of Community and Technical Colleges have been piloting use of student laptops which can be taken back to



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their living units. During the pandemic, use of the student laptops doubled and there are now approximately 900 student laptops being used statewide which students use to study and complete assignments.

**Graduated Reentry (GRE) return to prison rates and Individualized Release Plans (IRPs).**

While still a newer program, Graduated Reentry (GRE) was able to show a 1% return to prison rate for the time frame of September 2019 – September 2020. Aiding in this success was the implementation of Individual Release Plans (IRPs) that were created for use with GRE participants that include three different phases that outline the opportunities and programming necessary to successfully reenter the community. Within the last year, we have completed 327 IRPs with GRE participants.

**Parenting Sentencing Alternative participants' low return to prison rates.**

Reentry continues to see great success with Parenting Sentencing Alternative (PSA) participants. After 10 years of existence, 89% of participants in the Community Parenting Alternative (CPA) or the Family Offender Sentencing Alternative (FOSA) who have successfully completed the alternative are staying out of prison. Currently there is federal legislation under consideration that is based on the success of the Washington State alternative.

**Repurposing Reentry unit for COVID-19 efforts.**

Reentry Cognitive Behavior Intervention (CBI) Facilitators and Fidelity unit teams repurposed at the onset of COVID-19 to focus on implementing and sustaining COVID-19 specific quality assurance reviews to ensure compliance with agency COVID-19 standards in all correctional facilities and field office locations.

**Incarcerated Individual Technology Services and Betterment Fund Activities:**

Frequent communication and strong pro-social support strengthens community ties and increases incarcerated individuals' chances of successful reentry. The contracts providing phone, tablet and media services to the incarcerated population are outdated and must be replaced. In July 2019, the department formed a project team to conduct a Client Service Procurement to identify the best overall solution while managing procurement risk. The team consists of agency subject matter stakeholders, a Department of Enterprise Services procurement expert, the Corrections Ombuds and friends/family of the incarcerated population.

In June 2020, the Office of the Correctional Ombuds and Friends/Family of the incarcerated population worked with the department to update Policy 200.200 Incarcerated Individual Betterment Fund. Major changes include adding family representatives in the budget build process, reporting on financial documents on the agency's external website and at local family council meetings. Implementation of these changes will begin in October 2020, and continue into February 2021, with the second quarter reporting.

**Policy Project.** Throughout 2020, the Policy Office has focused on increasing stakeholder engagement, cultivating openness, improving customer satisfaction and streamlining processes. In the past twelve (12) calendar months, the project has produced the following outcomes:

- Shortened the Policy Review Process by 25% (from 8 months to 6 months)
- Increased policy review compliance by 14% (from 39% to 53%)



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- Added a Public Comment Period to the Policy Review Process. The Public Comment Period shares draft policies via the doc.wa.gov website and allows interested parties to review and provide feedback on draft policies for two (2) weeks.

**Washington Administrative Code (WAC) - Rule Making Project**

In August 2020, a new project was initiated to improve the process by which rule making is created, updated and maintained. The project intends to create definition and direction for the Rule Making program by building accountability, improving consistency and increasing openness in the Department's rule making processes.

**Records.** Correctional Records: A major issue for the Department is accurate sentence and time accounting to ensure individuals are released on time (includes confinement time and supervision time). The Department continues its work to resolve judgment and sentence corrections/clarifications with prosecutors, defense attorneys, judges and at times, with the Attorney General's office for the post-sentence petition process.

- Creation of a multi-division committee to prioritize Offender Management Network Information (OMNI) defects and enhancements for sentence structure and time accounting.
- Significantly resolved outstanding OMNI defects in this functional area.
- Centralized the task for determining supervision eligibility.
- Centralized the tasks associated with tolling of the supervision term.
- Now includes an audit prior to the closure of the supervision term.
- Centralized the tasks for calculations associated with a return to prison based on non-compliance.
- Washington Corrections Center and Washington Corrections Center for Women records staff report to a records manager outside of the prison chain of command.
- Establishment of records positions for quality assurance to the records processes and to ensure accurate release dates.
- Establishment of records positions for implementation of agency decisions and legislation.
- Delivered several presentations about the agency offender records in relation to judgment and sentences and common sentencing corrections/clarifications that the agency requests.
  - Snohomish, King, Pierce, Thurston, and Spokane counties.
  - Washington Association of Prosecuting Attorneys (WAPA).

Successfully advocated for a statutory change to the violation response model (Swift & Certain) through the passage of SHB 2417, which is more risk, needs and responsive (RNR)-based in an effort to maintain accountability, positively change the behaviors of our supervised individuals and support them in their reentry, to better support community safety. Implementation was realized on August 28, 2020.

In the Department's response to the COVID-19 pandemic, Community Corrections Division (CCD) staff were leveraged to establish and implement a Rapid Reentry program quickly and efficiently, to transition individuals from prison to the community under the Governor's





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Proclamation. Additionally, CCD staff volunteered to be deployed to correctional facilities to provide staffing relief and add additional resources to keep staff and incarcerated individuals safe.

Developed and submitted agency request legislation that would allow most individuals on community supervision to earn time off their community custody sentence, thus creating an incentive for compliance and good behavior during the course of supervision. SHB 2393 was passed by the legislature and the Department is developing the criteria, processes and infrastructure to support awarding of these compliance credits.

Developed and submitted agency request legislation specific to achieving greater clarity as to how the agency should set relationships between multiple terms of community custody. SHB 2394 was passed by the legislature and the Department is applying this change to incarcerated and supervised individuals under our jurisdiction.

<b>Recommendations by OCO</b>
1. DOC should continue working towards creating a rehabilitative environment that reduces trauma for incarcerated persons.
1a. DOC has taken action to re-orient itself toward a more rehabilitative model, including integrating its new “Values” (including respectful and inclusive interactions, positivity in words and actions, and supporting people’s success) into employee performance reviews and partnering with Amend to increase its knowledge of humane correctional best practices currently employed by leaders in corrections, such as Norway. OCO recognizes and applauds these moves. However, OCO also continues to receive complaints – both large and small – in which individual employees’ actions did not reflect this larger organizational goal. Thus, while acknowledging that large organizational change takes time, OCO urges for both continued and greater actions to reinforce DOC’s shift towards a rehabilitative model.
<b>Department of Corrections Response</b>
1a. The agency has taken a disciplined project management approach to embedding the agency’s core values, as an agency priority, and have invested over 700 staff hours and will have at least 1,000 hours invested at the completion of laying the foundation. Training, communication and reinforcement will continue, and effectiveness will be continually monitored through Results DOC reviews and continuous improvement efforts initiated. The Amend partnership will follow a similar Project Management and Operational Change Management (OCM) framework.
Exhibit A was presented to Ombuds staff on October 15, 2020, to demonstrate the structure and systems to introduce, reinforce and sustain culture change. Included in the initiative is an increased change management effort (communication, training, checking and adjusting) to all staff in January 2021, when the agency has scheduled implementation of major deliverables across training, performance management and employee performance related to embedding our core values and implementing the learning from the training phase with Amend (Oct 20 – Dec 31).
The statewide family council will receive the same presentation on 11/21.



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Please see Attachment A.
<b>Recommendations by OCO</b>
<p>2. DOC should implement the recommendations OCO previously published in its report analyzing the five suicides that occurred in 2019.</p> <p>The following recommendations were provided in a previously published OCO report. Incarcerated individuals frequently have histories of trauma, mental health diagnoses, or substance abuse. These issues, combined with confinement and social exclusion, can result in feelings of hopelessness and a desire to end what may feel like inescapable pain. Because of this, suicide remains one of the leading causes of death in the U.S. prison population. In 2019, DOC experienced five suicides, an increase of 250% over the prior year. OCO initiated a review of all five of the suicides and developed a series of recommendations based on those reviews, which include, but are not limited to the following:</p> <ul style="list-style-type: none"><li>• 2a. DOC should convene a multi-disciplinary, cross-departmental workgroup to review the 2019 suicides (and moving forward, on an annual basis) to evaluate any trends and consider developing any necessary additional processes to prevent suicides in the future. OCO should be included in those workgroups.</li><li>• 2b. DOC should review the overall therapeutic environment for all patients, particularly those at risk for suicide. Suicidal patients need to be surrounded by caring, empathetic staff who respond in a trauma-informed manner. DOC should consider using other incarcerated individuals as peer support to help with feelings of isolation. Providing books, a tablet, or other mentally-distracting activities may assist in redirecting a person's thoughts.</li><li>• 2c. Promote continuity of care by developing policies and processes unique to the violator population.</li><li>• 2d. DOC should work with local jail administrators to re-work its form to better facilitate the communication of critical mental health and suicide risk information for all individuals transferred to DOC.</li><li>• 2e. Strengthen the processes for identifying those at risk of self-harm. Existing intake forms should be reviewed and updated to include multiple ways of eliciting mental health histories, intellectual disabilities, and feelings of depression or suicidality. In addition, staff should be required to ask suicide screening questions each time they come in contact with an incarcerated individual on the violator unit, rather than only on intake.</li><li>• 2f. Adopt a collaborative care approach for patients with medical and mental health diagnoses.</li></ul>
<b>Department of Corrections Response</b>
<p>2a. The Director of Mental Health is scheduled to have a discussion with Health Services Assistant Secretary for further consideration of this recommendation across divisional leadership.</p> <p>2b. This recommendation will be shared with Lindsay Hayes, a nationally recognized expert in suicide prevention in correctional settings, who the Director of Mental Health in partnership with the Ombuds is working through a virtual assessment contract with in calendar year 2021, for further consideration. Additionally, Corrections appreciates the</p>





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recommendations posed, and does already offer some of these opportunities, such as therapeutic worksheets, books and educational information. Corrections will consider training alternatives for those custody staff who work in a COA as well as the possibility of developing a peer support program.

2c. Though Corrections does have procedures specific to the Violator population, to include supporting continuity of care by providing information on resources in the community, referring to the Designated Crisis Responder when indicated and appointments with providers, Corrections agrees that these procedures could use review. The Director for Mental Health and the Assistant Secretary for Prisons have committed to identifying individuals from across disciplines and from Washington State Penitentiary, Monroe Correctional Complex, Washington Corrections Center for Women, and Airway Heights Correctional Complex to review these protocols and procedures for areas of improvement and updating in calendar year 2021.

2d. Corrections appreciates this recommendation and is in favor of utilizing such forms in partnership with local jail jurisdictions.

2e. The existing intake forms that are used by the Department of Corrections to screen for mental health concerns and suicidal risks are congruent with National Commissions on Correctional Health Care (NCCHC) standards as well as having been reviewed and approved by Lindsay Hayes. As Corrections is pursuing a contract with Mr. Lindsay Hayes to conduct a virtual assessment in calendar year 2021, the Mental Health Director will ensure these forms are reviewed for recommendation in the upcoming assessment.

2f. Health Services holds multi-disciplinary team meetings to include all relevant health services disciplines as needed. These meetings have been occurring on an increasing basis and the referrals come from various areas the department, to include if needed prisons and/or other areas of the agency. Due to a statutory requirement of protecting health information of the incarcerated individuals, these meetings are limited to health services staff as able. However, the Mental Health Director is scheduled to meet with the Assistant Secretary for Health Services to discuss cross-divisional collaboration opportunities.

#### **Recommendations by OCO**

3. DOC should implement the recommendations OCO published in its COVID-19 workgroup report.

Versions of the following recommendations were published in OCO's COVID-19 workgroup report. The COVID-19 pandemic, the worst public health crisis to impact the United States in decades, poses a particular risk to people incarcerated within correctional facilities due to confined living spaces, overcrowded populations, and group movements. Further, incarcerated persons tend to have greater underlying health conditions and comorbidities, making them especially susceptible to complications arising from COVID-19. As of September 22, 2020, there were 454 confirmed cases of COVID-19 in the incarcerated population, and 172 confirmed cases amongst staff. Two incarcerated persons and one staff have died due to COVID-19.

OCO gathered a workgroup of family members of the incarcerated with a healthcare background and based on their insight and the hundreds of complaints submitted to OCO related to COVID-19, issued a report with overarching recommendations. The following is a summary of the outstanding concerns:



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- 3a. Full compliance with all of the CDC Interim Guidance on Management of COVID-19 in Correctional Facilities.
- 3b. Assessment of capacity requirements at each facility to better inform any necessary legislative or gubernatorial action.
- 3c. Better mental health support for the entire population, but particularly those who are in medical isolation due to COVID-19, which will have the dual benefit of better promoting self-reporting of symptoms by incarcerated individuals for earlier identification of illness.
- 3d. Encouraging greater communication with incarcerated individuals' loved ones, including reopening visitation with protections as soon as possible.
- 3e. More rigorous screening and testing, particularly once a positive test is identified.
- 3f. Better infection prevention measures, including additional face coverings.
- 3g. Improved communication with the population regarding the current status of positive cases of both incarcerated and staff, and continuous communication regarding infection prevention, as personal prevention measures may become lax over time.

**Actionable Responses Provided by DOC**

3a. The Prisons/Health Services Unified Command has reviewed and considered all recommendations of the CDC Interim Guidance on Management of COVID-19 in Correctional Facilities. Washington State Corrections' is proud of the near full compliance and understands that the guidelines are written to be complied with as able. The department will continue to analyze the CDC recommendations and the national data presented to inform the Washington State Correctional COVID-19 response for the health and safety of the staff and incarcerated individuals in all correctional facilities.

3b. The Department of Corrections is committed to:

- Monitoring capacity needs within established principles for safety, health, mission and operational efficiency;
- Maintaining safe and secure environments through sound correctional policy, practice and training; and
- Ensuring compassionate delivery of services

In the emergency response to the COVID-19 pandemic, corrections has taken steps to adjust and expand capacity to increase the safety of incarcerated individuals and staff. Corrections has requested funding in the upcoming FY 2021, and 2021-23 biennial budget cycle to pay for these largely unfunded costs. Examples include:

- Opening closed units to allow for greater social distancing, and isolating and quarantining incarcerated individuals that have been exposed to or have tested positive for COVID-19.
- Opening three medical regional care facilities at the Washington Corrections Center, Washington Corrections Center for Women, and Airway Heights Correctional Center to provide needed medical care for incarcerated individuals recovering from COVID-19.



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- Contacting with an outside vendor to rent a 100-bed mobile tent system for deployment at the Coyote Ridge Correction Center to create additional living space needed for a mass COVID-19 testing event in response to an outbreak at the facility.
- Purchasing a 60-bed Rapid Deployment Care Facility (RDCF) solution for future emergency deployments to quarantine exposed and/or isolate sick incarcerated individuals or provide additional living space to allow for increased social distancing.
- Expanding capacity into non-traditional living areas, such as space used for programming, or religious services.

Although in some cases DOC was able to temporarily reassign staff, in most cases the examples above require new 24/7 custody posts and increased medical staffing, overtime costs, and increased equipment, and goods and services.

The DOC was directed by the Office of Financial Management (OFM) to reduce the General Fund-State (GF-S) budget by 15 percent, or over \$181 million per fiscal year (FY) in the 2021-23 biennium. In order to meet this requirement, DOC proposed to pause program expansions that would reduce capacity in the Graduated Reentry and Work Release programs, and residential Drug Offender Sentencing Alternative (DOSA) beds, and delay the opening of the newly funded 128-bed Maple Lane Correctional Center.

Achieving a \$181 million per year savings would also require the warm closure of multiple prison facilities and units, reducing average daily population (ADP), but also reducing the ability to social distance across the prison system within the remaining capacity. For the purposes of this required budget exercise, DOC modeled nine sentencing reforms that if all implemented, would result in an ADP reduction of the of greater than 5,000. With a proposed ADP reduction of this magnitude, it is imperative that a portion of the savings is reinvested in the Community Corrections and Reentry proposals described in our 2021-23 biennial budget cycle PL- DH iCOACH and Reentry Investment decision package. These investments are key to providing community support, enhanced supervision and better outcomes for those who are either leaving total confinement or supervised in the community.

3c. Mental Health clinicians have been providing assessment and treatment services throughout the pandemic either on site or through tele-health modalities. They have worked beyond their usual services to provide activities and screenings for those in quarantine and isolation settings in order to support those individuals through those difficult times. We continue to assess the needs of those individuals and have continued to work to meet the needs of those people identified as needing care. Many sites have resumed full services either through on-site or telehealth. Other sites are nearing their pre-pandemic service delivery levels. We continue to move toward full service delivery and will continue to update our practices as the agency progresses through the COVID-19 pandemic response.



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3d The department will continue to work with JPay to offer free and reduced cost services during the COVID-19 pandemic, as the department is committed to ensuring that individuals remain connected to loved ones during this trying time. As is safe for all individuals and as infrastructure allows, all individuals are given access to video visitation. The department acknowledges that many facilities are utilizing segregation cells for medical isolation, and due to infrastructure the access to video visitation is not always available. To relieve this stress, the department created a mobile phone system in all medical isolation areas to ensure that these individuals continue to have access to communication with their loved ones, even if on medical isolation status.

All facilities have been holding regularly scheduled LFC COVID Informational Calls that provide facility specific updates since the spring of 2020. The notes from these phone calls are shared with all housing units in their respective facilities. Additionally, in August, facilities started holding their regularly scheduled LFC meetings virtually. In addition to these communication venues, DOC has begun to provide a monthly COVID-19 informational update to the population pertaining to the community and DOC COVID-19 status updates as to keep the incarcerated as up-to-date on the recent happenings and better inform and educate on how to prevent the spread of the COVID-19 virus.

Also, the DOC Headquarters' Statewide Family Council Co-Chair continues to share messages that are sent to the populations, as well as interested parties memos, with SFC representatives and asks for them to be shared with Local Family Councils. The DOC website continues to provide continuous updates regarding the department COVID-19 response as well.

The Safe Start Visitation plan was shared with at the public Statewide Family Council virtual meeting on September 19th. There has also been a request sent for it to be posted on the external DOC website. Memos were separately sent to all incarcerated individuals, all prisons staff, and all interested parties on October 1<sup>st</sup> updating parties on the progress of the workgroup. Updated information, to include anticipated start date, will be shared when final.

3e. Corrections is continuously updating the infection prevention measures and medical protocols for the incarcerated individuals and staff in the correctional facilities. Corrections has implemented broad based staff screening at all correctional facilities, along with enhanced testing protocols for incarcerated individuals suspected of having COVID-19 or being in close contact of someone suspected of having COVID-19. In addition to these procedures, more widespread testing is implemented based on clinical concern.

3f. All facilities have provided facility wide distributions of face coverings at a minimum of 4 times, with the direction that all housing units have stocks of face coverings on hand and any individual who would like a replacement face covering, needs to inquire with a correctional officer in their unit and one will be provided.



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3g. DOC has begun to provide a monthly COVID-19 informational update to the population pertaining to the community and DOC COVID-19 status updates as to keep the incarcerated as up-to-date on the recent happenings to better inform and educate on how to prevent the spread of the COVID-19 virus. In addition to this update, The Secretary of Corrections and the Chief Medical Officer has worked with the communications department to create a video to encourage staff and incarcerated individuals to push through and continue to comply with the protocols and CDC recommendations that have become a part of DOC every day operations and the importance of receiving flu vaccines. To view the message please visit The Department of Corrections YouTube channel..

**Recommendations by OCO**

4. DOC should implement the recommendations OCO previously published in its 2019 annual report related to health services.

Versions of the following recommendations were published in OCO's 2019 annual report. OCO's largest area of concern continues to be health services, as it is consistently the number one area of complaint reported to OCO. While DOC provided a response to OCO's last annual report, much of the work that was planned had to be halted with the department's shift toward the COVID-19 pandemic response. Thus, these concerns and recommendations remain mostly the same from the prior year. DOC did report some improvements via creating a new grievance tracking system, an off-site medical visit tracking system, and a weekly data pull of current cancer cases to better monitor for any delays in treatment.

- 4a. Create an improved quality assurance feedback loop so that health services administrators are made aware of medical error incidents, whether reported via grievances, medication error reports, or any other format.
- 4b. Strengthen the internal audit process for health services based on a broad review of comparable audits of healthcare facilities and ensure better accountability for failure to pass the audits.
- 4c. Pursue external accreditation by a nationally recognized accrediting body for correctional health services.
- 4d. Ensure each facility holds regular CQI meetings, per policy, and that the information from those meetings is communicated to HQ staff with action taken when needed.
- 4e. Develop an established process that includes both qualitative and quantitative data for HQ Health Services Administrators to become proactively aware of concerning trends or actions at each facility.
- 4f. Conduct a review of current scheduling practices at each facility and determine better measures to ensure medical appointments are scheduled, held, and rescheduled if needed.
- 4e. Conduct a review and create a process for greater consistency in decisions made by health services staff across DOC, as well as by the Care Review Committee. Implement standardized criteria for treatment decisions and make this criteria transparent.
- 4f. Conduct a review and determine how to provide greater transparency and criteria for DOC staff's decision to not follow an outside specialist's recommendations.



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4g. From the point that medical staff identify that cancer is a possible cause for concern for a patient, there needs to be an expedited track for biopsy, diagnosis, and a specialist visit with an oncologist, followed by whatever treatment is determined by that specialist to be necessary. Delays in treatment need to be immediately addressed.

4h. Continue to provide training for medical staff on transgender health care.

4i. DOC Health Services should evaluate its current use of a non-board certified physician to make the vast majority of orthopedic recommendations.

4j. DOC should be required to produce an annual public report on deaths in custody that provides an explanation of cause of death and any findings/recommendations developed by the Department of Health review and/or Critical Incident Review.

**Actionable Responses Provided by DOC**

- 4a. The HS Quality Team tracks action items from multiple sources of information regarding gaps in care.

A steering committee of clinical and administrative leadership has been assembled to oversee and support high-impact projects. This allows clinical leads to coordinate with administrative leads with problem-solving and next steps planning to move projects along.

The Medical Incident Reporting (MIR) procedure currently in use has been posted since 2013 on SharePoint.

The MIR procedure has been revised and is currently being adapted to use within the OnBase application available by a link within our OMNI system.

Though individual medication-related incidents are managed by the Pharmacy Supervisor responsible for the affected facility by a process of multidisciplinary review, the Chief of Pharmacy participates in Safety Committee which can then pinpoint pharmacy process-related concerns not previously identified during this committee's review of cases submitted for quality or safety concerns.

MIR category trends will be a standing agenda item for review on a quarterly basis during Continuous Quality Improvement Program (CQIP) meetings. CQIP meeting with summaries to date is planned for October 2020. Missing medicines which is typically the largest category and discussion of failure points in this process are on the agenda at an upcoming safety meeting.

4b. Audit teams to date include the Health Services Quality Improvement Program Administrator, the assigned mental health professional (Psychologist 4 or designee), at least one nurse and at least one Health Services Manager. Administrative Assistants 3 have been added at times for larger audits.

The audit cycle duration is two years. Planned review of audit content, frequency, and sampling method by the Health Services Quality Improvement Program Administrator, operations review staff, and clinical leadership is set to occur at the end of each two year





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cycle. At time of last review, items pertinent to health records management, psychiatric care, and kite response were added.

The department will continue to improve the audit process as it continues its work with paper files, to include reviewing methods for selecting sample size, including additional audit criteria and increasing the audit frequency to annually.

4c. A NCCHC project team has been identified to shepherd the accreditation project forward.

A proposal and charter has been drafted and approved. Due to some changes in timelines and some operational changes, the charter is in the process of being updated.

Standards Compliance Checklists have been developed for each standard that includes the NCCHC standard and the compliance indicators.

- Health Services had begun the process for developing the DOC compliance indicators (policy, protocol, documentation) showing compliance and/or areas of non-compliance. However, this was put on hold due to COVID
- Health Services is in the process of re-evaluating our process and expect to re-boot the project by the end of the year as COVID-19 winds down and we are able to re-focus our energy and time.
- A document has been developed showing which policies align with the standards so that as policies are reviewed, the applicable standard requirements are also reviewed.
- We have had discussions with NCCHC concerning accreditation. They have shared some tools for us to ready ourselves. They are also putting together a panel of representatives from accredited prison facilities to have a round table discussion with us to give a realistic idea of the benefits of accreditation and some advice on pitfalls to avoid, etc. Once the round table occurs, health services may consider a site visit to an accredited facility for more discussion.

4d. Due to the priority placed on cancer care quality improvement in HS, a CQIP patient safety initiative was developed in July 2020 for improvements in timeline supervision of off-site referrals for potentially cancer-related testing and treatment.

A patient tracking tool was developed and released to pilot facilities August 3, 2020, then on a statewide basis on August 17, 2020. Management expectations were communicated to all FMDs and HSMs, with explicit sponsorship of all levels of DOC HS leadership including statement of full support from the DOC Deputy Secretary. Problem-solving and quality improvement on individual steps in the referral process have continued through work by facility teams with active support from project management, clinical leadership, and administrative staff at headquarters.

Monthly CQIP expectations have been deferred during COVID, though reminders have been sent via email to individual facilities to prompt planning for future meetings and follow up of various issues previously identified.



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4e. Every month the health services secretary supervisor will audit OMNI for scheduling purposes. This will include all modalities of scheduling to include onsite, offsite, specialty, etc. This will be emailed to the HSM, HSA and providers for review.

Additionally, every month the offsite tracker will be filled out. This will be sent to the HSM, HSA, & Providers for review.

4f. Medical CRC appeals are heard by a RN, a Pharm D, and a MD. Dental appeals include review by the Chief of Dentistry. Mental health appeals are reviewed by a licensed Psychologist, (Director of Mental Health, or Chiefs of Psychology).

- December 2019-February 2020 27 appealed cases (two appeared to be duplicate); one reversed, 3 outside of CRC process or moot, 23 were upheld.
- July 1, 2020-September 20, 2020 38 appealed cases; 2 decisions reversed, 14 upheld, 1 asked to re-present to CRC, and 21 were moot/no action--either care had already been approved/provided, patient released, case was actually a misdirected grievance.
- Four cases currently pending review.

4g. Regarding the role of consultants and their recommendations in patient care:

As per the Washington DOC Health Plan (current version as of January 2020) treatment recommendations from community consultants and/or providers will be taken into consideration under the guidelines of the Washington DOC Health Plan, evidence-based standards of care, and the medical condition of the patient on a case by case basis. The patient's primary care practitioner will document in an encounter note all recommendations made by an external consultant. It is the responsibility of the patient's primary care practitioner to evaluate the appropriateness and necessity of the recommendations in light of the patient's overall health care while considering the WA DOC HEALTH PLAN, DOC policy, and any other pertinent factor. When primary care practitioners do not execute consultant recommendations, they will explain their reasons to the patient in a face-to-face encounter and document the reasons in the health record.

Interventions that are recommended by a DOC-employed consultant may be authorized by the Facility Medical Director at her/his discretion without requiring CRC approval.

4h. There has been priority placed on efficiency of cancer care pathway within DOC HS. The entire process of off-site referral for diagnostic tests potentially related to cancer has been broken into a flow diagram with steps with potential for failure identified and problem-solving initiated. A tracking tool has been developed and supported to promote facility team communication and supervision of cancer timelines, and metrics proposed for monitoring progress. This has identified need for resources in transport, staffing, community consultant and contract coordination. Facility teams are now provided with off-site referral data potentially related to cancer care in the format of a visual tool which



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includes data allowing for timeline tracking, and identification of need for next steps by certain team members or “expediting.”

4i. DOC will continue to provide training for medical staff on transgender healthcare. A two hour training was provided by GD expert Julie Graham during August 2020.

4j. DOC practitioners have the option to refer cases for orthopedic surgery expert opinion via three mechanisms: eConsult to specialists via online platform, remote consultation to internal DOC orthopedic specialist, or in-person referral to Orthopedic Surgeons practicing in the local community.

Remote consultations support primary care providers in appropriately managing orthopedic concerns which may not require surgical intervention. Though not required prior to referral for in-person care, expert opinion accessed via remote consultation can also provide support for authorization to refer to a community surgeon when direct care may be necessary.

As of late September, 772 remote orthopedic consults and 309 in-person community orthopedic consults had been placed in 2020. There have been a total of 28 patient deaths between January 1 and September 20, 2020. The Mortality Review Committee has reviewed thirteen of these cases in addition to the eight cases reviewed from 2019. Of the cases reviewed there has been no discrepancy between the OMNI practitioner death report and the committee review for expected vs. unexpected deaths.

**Recommendations by OCO**

5. DOC should ensure incarcerated individuals with a diagnosed mental health condition receive specialized consideration when involved in the internal DOC disciplinary system.

**Versions of the below recommendations were previously published in OCO’s 2019 annual report.** OCO recognizes that DOC has been actively engaged in collaboration with the Vera Institute to reduce its use of solitary confinement, particularly for those with mental health concerns. However, OCO continues to receive complaints from persons with behavioral or mental health issues who receive infraction after infraction with associated sanctions due to failures to comply with DOC’s rules. It is unclear how this negative cycle positively impacts either the person nor gains greater compliance with the rules. Similar to movements in the greater realm of sentencing reform, DOC should move from a strict behavior and rules-based disciplinary system, to an individualized system that takes into account the person before them, their needs, their reasons for engaging in the behavior, and establishes an appropriate plan that both supports the person’s health and promotes institutional security.

- DOC should ensure that those on the mental health caseload receive an expedited investigation, review, and hearing to reduce the total time in restrictive housing.
- DOC should ensure that disciplinary hearings officers receive specialized mental health training related to various symptoms and manifestations of mental illness as it relates to behavior and the impact of restrictive housing on mental health.
- DOC should ensure that all individuals diagnosed as having a serious mental health condition or who are assigned a PULHESDXTR code of S-2 or above are offered



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assistance from a department advisor throughout the disciplinary process. All department advisers should receive specialized mental health training.  
DOC should reform the disciplinary structure in the residential treatment units. Decisions related to issuing in fractions, hearing participation, and sanctions should be made with mental health staff involved on the front end in a formalized process rather than as a secondary consideration.

**Actionable Responses Provided by DOC**

5. Corrections' has been working on this project beginning approximately in calendar year 2016. A process has been developed including applicable forms. The project team met with Washington Corrections Center for Women and Special Offenders Unit (SOU) Administration to discuss the pilot that will be occurring at each facility. This workgroup is in the process of finalizing training for both facilities and has an anticipated pilot start date of January 4, 2021. The group will monitor the pilot for six months and assess how the pilot is progressing before implementing system-wide.

**Recommendations by OCO**

6. DOC should apply a trauma-informed and gender-responsive lens to programs, services, staff training, and conditions of confinement, particularly for women and LGBTIQ individuals across facilities.

**Versions of the following recommendations were previously published in OCO's 2019 annual report.** Due to the COVID-19 pandemic, work that was planned by DOC to address these recommendations was predominately halted. DOC did report positive progress on the 2019 recommendations related to the transgender population; they have therefore been removed from this report, but OCO is planning to publish a separate report in 2021 specific to the concerns of the transgender population that have been communicated to OCO. OCO recommends the restart of forward progress to implement gender-responsive, trauma-informed practices for incarcerated women.

- 6a. DOC should implement the Gender Informed Practices Assessment (GIPA) and ensure that it addresses the needs of the transgender and gender-nonconforming population in addition to women.
- 6b. DOC should implement a gender responsive classification tool.
- 6c. DOC should implement trauma-informed disciplinary processes to address aggressive and other antisocial behaviors instead of using restrictive housing. DOC should also find alternative safe housing arrangements for alleged victims of sexual assault and harassment other than segregation to ensure minimal disruption to programming, education, and well-being.
- 6d. DOC should ensure Pathways and Perspectives trainings for staff working with female inmates is re-implemented and ongoing training provided. All staff at all facilities should receive training on gender and sexuality, race, and disability.
- 6e. DOC should conduct a review of disciplinary infractions and sanctions that involve the LGBTIQ population, particularly the transgender population, to determine whether there is a disparate impact.
- 6f. DOC should continue to grow and strengthen existing peer support programs within the prisons for the LGBTIQ population.

**Actionable Responses Provided by DOC**



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6a. Due to COVID-19, the Gender Informed Practices Assessment (GIPA) was placed on a temporary hold upon agreement between Corrections and the contractor. Corrections and the contractor have maintained ongoing communication regarding when it will be safe to resume activities in this area. Contract for GIPA work was extended through December 2021.

6b. The work towards a gender responsive classification tool is ongoing but will be based greatly on outcomes from the GIPA, so much is paused at the moment. The Assistant Secretary for Reentry and a Deputy Prisons Director are in the works of trying to get a meeting scheduled with the GIPA contractor to discuss moving forward.

6c. Corrections continues its partnership with the Vera Institute of Justice, and work was extended through the end of 2020. Data recently provided that, even with COVID-19 response actions in place, DOC continues to reduce its use of restrictive housing to address (see page 3) disciplinary issues, where appropriate.

6d. Pathways and Perspectives training was last conducted at Mission Creek Corrections Center for Women on 01/10/2020 and Washington Corrections Center for Women on 02/26/2020. Once normal in-room classroom training resumes, this will continue as well. The Training and Development Unit is currently working on an online version as well which will be implemented upon completion.

Safety Matters – Once normal in-person classroom training resumes, this training can begin. However, DOC did not create this curriculum and therefore cannot create and train in on an online version as the course was created as an in-person class.

6e. Corrections acknowledges that there is not a utilization of a formal tracking system for LGBTIQ individuals. Corrections also does not believe that tracking such information is appropriate. This information is not required to be provided by any means and is not a factor that is used in determining whether infractions are written or upheld. Similarly to Washington State not requiring individuals to report religious status or beliefs, sexual orientation can create a culture of stereotypes and labels that is not necessary or relevant to the process of successful reentry. If individuals choose to share that information because it pertains to a scenario that they feel it is relevant, the department will allow those individuals to make that choice themselves. Because of that, there is not an accurate way to represent the mentioned data, and as a whole, the department is actively working to enhance the cultures and reentry efforts in our prisons to support all individuals, regardless of their sexual orientation.

6f. Several correctional facilities have been able to partner and provide support groups for this specific population; the department recognizes the need and will continue to work in this area to provide opportunities for support.

The Department of Corrections looks forward to continuing its collaborative work throughout 2021 with the Ombuds office to further benefit the citizens of Washington.



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Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Sinclair", is written over a horizontal line.

Steve Sinclair, Secretary  
Washington Department of Corrections



# Training related to Agency Values

November 2019



On October 17<sup>th</sup>, 2019, Secretary Sinclair introduced the Agency Values to staff.

- **Cultivating an Environment of Integrity and Trust,**
- **Respectful and Inclusive Interactions,**
- **People's Safety,**
- **Positivity in Words and Actions and**
- **Supporting People's Success**

These values were developed to provide the foundation on which Washington Department of Corrections Employees will meet the Mission to improve public safety by positively changing lives.

## How do we engage staff and incorporate the Agency Values?

One of the ways to engage staff is through meaningful training. In an article by Harry Cloke entitled "4 Ways for Engagement and Effective Training", Mr. Cloke writes, *"Employee engagement is becoming a bigger issue, leading to retention problems and stunted organizational growth. The key to curbing engagement problems lies in the training program. Of course, only a truly engaging training program can generate results."* It is believed that embedding the Agency Values, which are people centric, into training will help engage staff and provide a solid foundation for staff.

## The plan:

The Training and Development Unit will be reviewing and developing training to ensure that the Agencies Values are incorporated into training that staff receives. This will be accomplished in the following ways:


- The agency values have been embedded into the various academies offered by TDU.
  - New Employee Orientation (NEO)
  - Case Management Academy (CMA)
  - Community Corrections Officer Academy (CCOA)
  - Correctional Worker Core (CWC)
  - Essential Skills for Supervisor (ESS)
- A course has been developed as part of NEO to include the Agency Values. This course, known as "DOC Mission and Structure" will introduce new staff to the Agency Values and how they relate to the Mission of the department.
  - This course will also introduce staff to the PDP process and inform employees that they will be reviewed on their ability to "live the values" in their daily work.
- An Agency Values course will be created for current staff.
  - AIS on-line course starting in 2021 and lasting for 5 years.
- Courses for managers, supervisors and executives has been created related to the Agency Values to provide skills around changing culture.
  - The first course will be an overview of the Values and will provide supervisors with a foundation for incorporating the values in their units/facilities.
  - This course will include information on Crucial Conversations.
- TDU will be provide coaching/mentoring to units/facilities and provide follow up trainings as needed.
  - This will be accomplished by utilizing the proposed HRC4 position and/or through a combination of TDU facilitator or contracted staff.



### Time Frame:

- NEO course has been developed and has been part of all NEO's since January 2020
- Agency Values incorporated into NEO, CMA, CCOA, and CWC started in January 2020
- Instructor-led Supervisor course developed and ready for beta in January 2021
- On-line AIS course will be ready by January 2021 and will be assigned to all staff as part of their FY 21 AIS plan

### Resources:

- Training and Development Unit Curriculum Team
  - Training and Development Unit Instructor Team
  - Supervision & Leadership Program Coordinator
  - Equity and Inclusion Administrator
  - Respect and Diversity Unit Staff
- 

**2020-2021**  
Oct. 2020

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# **Department of Corrections**

## **Embedding Core Values throughout the Agency**



# Mission Vision and Commitment

The “What” of our work is defined by the results we achieve in our [strategic plan](#) as [measured](#) through [Results DOC](#). Using the prior strategic plan as a roadmap, this new plan focuses on people, achieving results, and supporting successful reentry.

- **Mission** – To improve public safety by positively changing lives
- **Vision** – Working together for safer communities
- **Commitment** - To operate a safe and humane corrections system and partner with others to transform lives for a better Washington

# Values

---

"How" we perform the work we do is defined in our values. We must be committed to upholding our values at all times as we perform our challenging tasks. At Corrections, we value:

- **Cultivating an environment of integrity and trust**
- **Respectful and inclusive interactions**
- **People's safety**
- **Positivity in words and actions**
- **Supporting people's success**

Additional information can be found @ [Enterprise Results](#) | [iDOC Intranet](#)

# Embedding Core Values

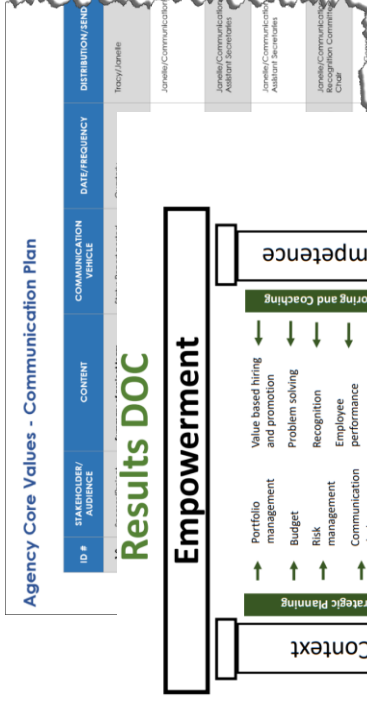
## Training

### Training & Development

Per [RCW 43.101.221](#), all new corrections personnel must successfully complete core training requirements.

- [New Employee Orientation](#)
- [Correctional Worker Core Academy](#)
- [Case Management Academy](#)
- [Community Corrections Officer Academy](#)
- [Work Release Academy](#)

## Communications Planning & iDOC



## DOC Priorities

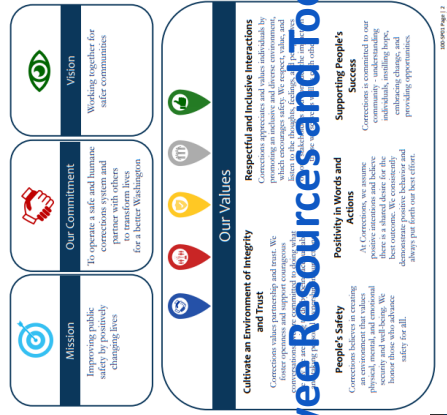
### Core Values Expectations

**Supporting People's Success:** We are committed to our community - understanding individuals, instilling hope, embracing change, and providing opportunities.

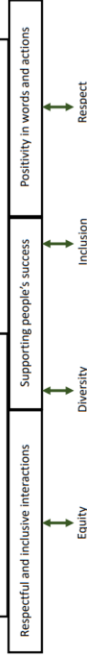
**Respectful and Inclusive Interactions:** We appreciate and value individuals by promoting an inclusive and diverse environment, which encourages safety. We respect, value, and listen to the thoughts, feelings, and perspectives of our stakeholders and consider the impact on those we serve as well as each other.

**People's Safety:** We believe in creating an environment that values physical, mental, and emotional security and well-being of all. **Employee Performance** Trust: We value partnership and trust. We foster openness and support to doing what we say we are going to do by being accountable and taking

## Strategic Anchors



## Employee Resources and Tools





# ACV – Work Packages

## Work Package 1 Employee Performance

Key Deliverables
Develop new Form/Template
Training
Communication

## Work Package 2 Supervisor Toolkit

Focus Groups
Identify needs
Develop materials on iDOC
Train
Communication

## Work Package 3 Training

Curriculum Development
Training Delivery (OLT, ILT)
Academies (CMA, CCOA, NEO, CWC, ESS)
Annual In-service

## Work Package 4 Communication

Develop Communication Plan
Sequence Messaging
Project Status

## HR Processes

Recruitment Announcements
Letters
Interview Panel
AA Orientation

## Recognition

AAA
Kudos
Pins
FDP

## Results Reviews

EE survey - EDIR Index
Q1 2021 QPFI
Action plans
Roll-up reports / best practice

**Department of Corrections**  
PERFORMANCE AND DEVELOPMENT PLAN (PDP)  
EXPECTATIONS AND EVALUATION FOR NON-SUPERVISORS

Employee Name: [Name] Position: [Position] Supervisor: [Supervisor Name]

Period: [Start Date] to [End Date]

Rating Scale: 1 (Not Met) to 5 (Exceeded Expectations)

Performance Objectives and Expectations:

1. Work Productivity: Produce quality work products in a timely manner.
2. Quality and Quantity: Produce quality work products in a timely manner.
3. Communication: Communicate effectively with colleagues and supervisors.
4. Teamwork: Work effectively as a team member and contribute to the team's success.
5. Self-Development: Seek out opportunities for growth and development.

Rating: [Rating] (1-5)

Comments: [Comments]

**Department of Corrections**  
PDP Form

Employee Name: [Name] Position: [Position] Supervisor: [Supervisor Name]

Period: [Start Date] to [End Date]

Rating Scale: 1 (Not Met) to 5 (Exceeded Expectations)

Performance Objectives and Expectations:

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3. Communication: Communicate effectively with colleagues and supervisors.
4. Teamwork: Work effectively as a team member and contribute to the team's success.
5. Self-Development: Seek out opportunities for growth and development.

Rating: [Rating] (1-5)

Comments: [Comments]

### Deliverables Examples:

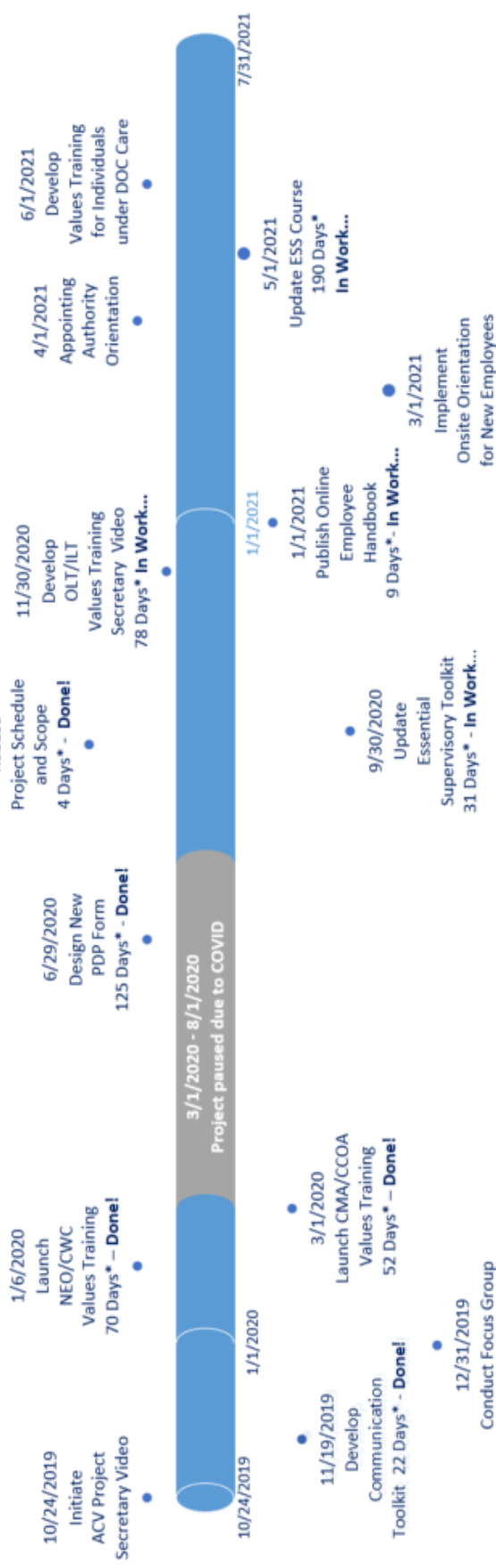
Curriculum development; Training delivery (OLT, ILT); Academies (CMA, CCOA, NEO, CWC, ESS); Annual in-service; Update PDP form; Policy; Supervisor feedback form (03-429); PDP guide; Focus Groups; Identify Needs; Develop Materials; Train; Communicate; EST updates; Status reports posted to i-DOC; ELT updates; Coordinating sub-team communications; On-going i-DOC updates and stories; Integration into i-DOC stories tied to values, edir, strategic plan; Employees, Partners, Stakeholders, Media, Social Media, Labor, Legislators; Executive, Management, Supervisory Development.....

# Embedding Agency Core Values (ACV)

## Department of Corrections (DOC)

### Executive Status Report as of 10/7/2020

*\*Elapsed calendar days – actual/touch hours tracked on the project schedule*



### Project Highlights

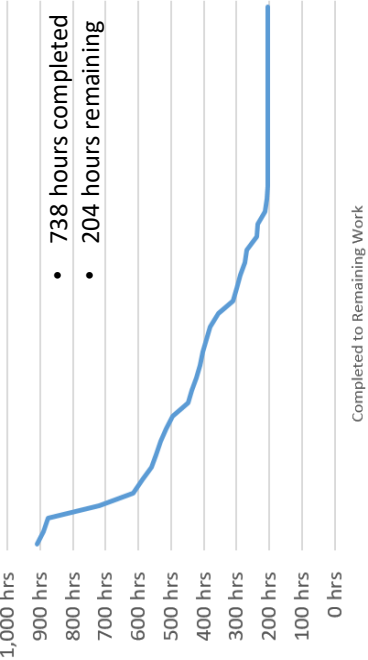
#### Accomplishments

- Secretary's video announcing new agency mission, vision and values
- Focus groups across agency to inform new PDP process
- New values integrated into all academies
- New PDP form developed and approved

#### Challenges

- Project paused for five months due to COVID response
- Updating policies and forms

### Work Burndown



### Project Assessment

- 78% Complete**
- Scope**
- Schedule**
- Budget**
- Quality**

# Engaging Staff with Agency Core Values

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- *" ... The key to curbing engagement problems lies in the training program. Of course, only a truly engaging training program can generate results."*  
Harry Cloke: "4 Ways for Engagement and Effective Training"

- The Training and Development Unit will be reviewing and developing training to ensure that the Agency Values are incorporated into training that staff receives.
  - NEO, CMA, CCOA and CWC – Done January 2020!
  - Supervision Training & ALS – coming in January 2021!

# Training to Agency Core Values

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- Each Core Value will be emphasized and woven into courses throughout our academies as follows:
  - Correctional Worker Core
  - Community Corrections Officer Academy
  - Case Management Academy
  - Essential Skills for Supervisors

# Employee Performance

Technical Skills

Expectations – Examples inserted

1. Work Products: Professional knowledge, proficiency and practical application of skills; quality of work is complete, accurate, neat, well-organized, thorough and timely; quantity of work meets standards for the job.

2. Safety and Security: xxxx

3. Policy Compliance: Follows all policies, procedures, guidelines, expectations and position description responsibilities. Seeks clarification and follows verbal directions.

4. Taking Action Independently: Shows initiative to understand and contributes toward the agency goals. Is accountable, a team player, uses judgement and problem solving skills, and is dependable and trustworthy.

5. Job Classification Specific: e.g. timely intakes, all searches, timely response to correspondence, etc.

Measure	Target	Actual			
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Timely HS encounters	90%	78%	92%		

Timely intakes

Pounds food waste

Improvement Needed

Comments to include in review

Supporting People's Success: We are committed to our community - understanding individuals, instilling hope, embracing change, and providing opportunities.

Respectful and Inclusive Interactions: We appreciate and value individuals by promoting an inclusive and diverse environment, which encourages safety. We respect, value, and listen to the thoughts, feelings, and perspectives of our stakeholders and consider the impact on those we serve as well as each other.

People's Safety: We believe in creating an environment that values physical, mental, and emotional security and well-being. We honor those who advance safety for all.

Cultivate an Environment of Integrity and Trust: We value partnership and trust. We foster openness and support courageous conversations. We are committed to doing what we say we are going to do by being accountable and taking personal ownership in our actions.

Positivity in Words and Actions: We assume positive intentions and believe there is a shared desire for the best outcome. We consistently demonstrate positive behavior and always put forth our best effort.

Core Values Evaluation

Improvement Needed ☐ Meets Expectations ☐ Exceeds Expectations ☐

Comments to include in interim reviews:

How we do it

What we do

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# Resources & Links for Employees

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- [New Mission Vision and Values Video Sinclair](#)
- [Strategic Plan web site - DOC.WA.gov](#)
- [Agency Core values EST status report](#)
- [PDP \(Evaluation\) to Core Values](#)
- [Communication Toolkit on iDOC](#)
- [Resource Library on iDOC](#)
- [Strategic Plan Fact Sheet](#)
- [Strategic Anchors - Poster](#)
- [Results DOC / Core Values - Poster](#)
- [Communications Management Plan](#)
- [Corrections Teams Continue Mission, Vision, and Values Work Despite Pandemic News on iDOC](#)
- [Weekly Digest on iDOC](#)