



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

December 20, 2019

Joanna Carns
Office of Corrections Ombuds
PO Box 43113
Olympia, WA 98504

Dear Ms. Carns:

The Washington Department of Corrections appreciates the opportunity to respond to the Office of Corrections Ombuds 'Annual Report 2019'.

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1. DOC should re-align itself toward the goal of equipping individuals for a successful reentry and improving public safety through reducing future crimes	
1a. Re-align and better identify the goals and priorities of the department toward rehabilitation and reentry, which could occur through changing the name of the department to "Rehabilitation and Reentry," changing the legislative intent established for DOC in RCW 72.09.010, and changing the mission statement.	<p>The mission statement of the agency was changed in October 2019 to better reflect the humanity of the agency's work and its philosophy of positively impacting individual lives. The new mission statement has been updated to "To improve public safety by positively changing lives." Additionally, the agency has further elaborated upon its mission through values that reinvigorate the humanity within the culture. Those values are:</p> <ul style="list-style-type: none">• Cultivate an environment of integrity and trust.• Respectful and inclusive interactions.• People's safety.• Positivity in words and actions.• Supporting people's success. <p>In alignment with the agency's new mission statement and values refocused on humanity within its operations, the agency is working on new training modules to be implemented throughout its training and development</p>



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	<p>program. Agency leaders are meeting with the administrator of the Training & Development Unit (TDU) to review new curriculum and manners to infuse the values throughout the agency’s training.</p> <p>Since the reconfiguration of the agency’s Reentry Division in 2017, agency leadership has worked to maximize efforts designed to aid and assist individuals in their returns to their communities.</p> <p>To further contribute to the health of individuals and support successful reentry efforts, the agency has created a continuity of care position (Health Services Reentry Administrator) within the health services division, and is has received four discharge planning nurses at the facility level to include (1) at Washington Corrections Center for Women, (1) at Airway Heights Corrections Center, (1) at Stafford Creek Corrections Center, and (1) at Washington Corrections Center to support release plans which will ensure furthered community success.</p> <p>This recommendation from the Ombuds will require legislation, passed by the Legislature and signed by the Governor, and is beyond the scope of the agency itself. Additionally, there will be a fiscal note to change signage at all DOC facilities (120+), websites, stationary, and other operational impacts.</p>
<p>1b. Explore and implement current best practices for corrections both nationally and internationally, such as the Norway model, which emphasizes a normalized environment that reflects as</p>	<p>As part of a competitive grant opportunity awarded by the Vera Institute of Justice, the Secretary of Corrections, Clallam Bay Superintendent, and agency Mission Housing Administrator toured the Norway Correctional System in October of 2019. They experienced firsthand the Norway principals in action. From</p>



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<p>best as it can the normal experience of being in the community, ultimately increasing the likelihood of successful reentry.</p>	<p>this experience it prompted the Secretary to establish a partnership with Amend, an organization who has successfully implemented the Norway principles recommended by the Ombuds in other states. Through the partnership DOC hopes to work with stakeholders to incorporate the Norway principles in Washington’s system. The tour was funded by the Vera Institute of Justice.</p> <p>Staff from the Reentry Division and Training and Development Unit travelled to Oregon, one of the states implementing the Norway principles, in October 2019 to tour their state’s correctional system and analyze the ways they implemented principles from the Norway correctional model.</p> <p>The Assistant Secretary for Reentry and Deputy Prisons Director for family services and gender responsivity travelled with community partners to Thailand to explore the programming offered in their correctional system in support of successful reentry. The visit was funded by the Panrak Foundation.</p> <p>The Department will work to integrate into practice those principles that are possible to do in Washington. DOC is planning for an expansion of more trauma informed and gender responsive initiatives in the future.</p> <p>The Department of Corrections regularly works with the Washington State Institute of Public Policy (WSIPP) to conduct an inventory of evidence-based, research-based and promising programs within the adult correctional system. The latest report, which contained an analysis of 57 programs, was published in February 2018. The agency is supportive of such</p>



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	programs as they are identified and funding is made available.
<p>1c. All DOC staff should receive trauma-informed training to facilitate better, more positive interactions with the incarcerated, as well as with each other for an overall improved environment.</p>	<p>Department of Corrections has a course titled Pathways and perspectives, which is a 16-hour (2 day) course for staff working in our female facilities. At the onset of our contract with Yakima County Jail (YCJ), we had facilitators go to YCJ to provide training to their staff. From December 2018 – November 2019, there was a lag and the training was not offered. However, the Washington Corrections Center for Women (WCCW) is now offering the course again and Mission Creek Corrections Center for Women (MCCCW) staff come to WCCW to participate in the training as well.</p> <p>In spring of 2019, we were awarded a Technical Assistance grant from the National Institute of Corrections (NIC) to participate in Safety Matters: Managing Relationships in Women’s Facilities. There were staff from MCCCW, WCCW and YCJ in the weeklong training, and a follow up Training for Trainers (which included staff from all 3 women’s correctional facilities) to be able to facilitate to other correctional staff in the future. We have a workgroup forming between the Training Development Unit (TDU) and Prisons (within HQ, WCCW and MCCCW) to determine how best to roll out the ‘next level’ gender-responsive and trauma-informed training for staff. Part of the work is an online component, so TDU is partnering with Prisons to make an online Learning Management System course. The long-term goal is once this course is implemented, Safety Matters will replace the Pathways and Perspectives training.</p>
<p>2. Understanding that family connections are a proven positive factor in reducing</p>	



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<p>recidivism, DOC should proactively look to maximize family connections whenever possible and prohibit the complete restriction of family connections, except where there is a clear and present security concern presented.</p>	
<p>2a. RCW 72.09.015 should be changed to include aunt, uncle, cousin, niece, nephew, and others as part of the “immediate family” definition for the purposes of extended family visitation.</p>	<p>This recommendation from the Ombuds will require legislation, passed by the Legislature and signed by the Governor, and is beyond the scope of the agency itself. Additionally, there will be a fiscal note to accommodate the anticipated increase in processing visitation applications, per the expanded definition. The agency is supportive of reviewing and implementing a definition that includes prosocial support systems that benefit an individual’s release to the community.</p>
<p>2b. DOC should prohibit the complete separation of incarcerated individuals from their families, such as through disciplinary sanctions, unless there is a clear and present security concern presented by the relationship or person. Regardless of the person’s behavior, incarcerated individuals should have access to family visitation even while in restrictive housing.</p>	<p>The agency is beginning to roll out a new visitation service pathway where the visitor who has applied for visitation and been denied, may request video visitation which will be considered by the visitation unit. The pathway model follows: video visitation → no contact visitation → visit room visitation. We have piloted two visitation service reinstatement pathways thus far and are initiating an agency-wide implementation.</p> <p>The agency most commonly reserves the cited sanctions for those who introduce or attempt to introduce contraband into the facility through the visiting programs, as it presents a risk of harm to staff, visitors, volunteers, guests, and the incarcerated population.</p> <p>The agency will continue to collaborate with the Ombuds on reviewing practices and policies related to visitation while acknowledging that</p>



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	<p>restrictive housing is a higher security level, requiring additional staffing to accommodate regular visits and therefore additional consideration needs to be provided to any proposed actions.</p>
<p>2c. Visitation restrictions should be used sparingly and only when there is a clear danger to the visitor or institution. If the visitor is restricted due to the visitor's behavior, it should be on a graduated, escalating scale in line with the security threat presented by the visitor.</p>	<p>As part of the agency's new visitation service pathway, friends and family may apply for a visitation via video or other no-contact means that will allow a deliberate pathway toward visitation, in support of the incarcerated individual and in a manner that preserves the safety of the incarcerated individual, staff, and facility.</p> <p>The agency will continue to collaborate with the Ombuds on reviewing additional practices that maximize the wellbeing of all persons.</p>
<p>2d. DOC should actively increase whenever possible communication between the incarcerated population and families, such as through adding telephones to housing units and messaging/video visitation facilities.</p>	<p>The agency maintains contracts with vendors to provide both telephone calls and e-messaging/video messaging services. Of note and of benefit to families, the agency chose to continue with the Federal Communications Commission 2015 rate cap on prison phone calls even after the rate cap was struck down by an appeals court.</p> <p>In partnership with the Office of Corrections Ombuds and Statewide Family Council, the agency has formed an Incarcerated Individual Technology Services (IITS) committee and is currently conducting a procurement effort to continue these services through a new contract. A goal of the IITS to update and maximize teleservices between families and incarcerated individuals. The cost to families is the most important consideration of the</p>



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	<p>committee as they work toward a future service provider.</p> <p>The current contract requires vendors to ensure adequate access to these services by the incarcerated individuals. Telephones are added where possible in response to increased demand.</p>
<p>2e. DOC should increase the number of family-friendly activities and ensure that all types of family have opportunities.</p>	<p>The agency is currently working on improving the quality of services provided for family reunification and bonding events/activities. The agency will be working with Family Council members to generate new ideas and creating opportunities for additional feedback following events for quality improvements.</p>
<p>3. DOC should significantly improve the quality of, access to, and oversight of its health services, particularly medical care.</p>	
<p>3a. 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.</p>	<p>Health Services is developing robust tracking systems for monitoring, evaluating, and managing potential patient safety issues - one system for monitoring grievances which was implemented November 1, 2019, and another for patient care reviews to be implemented by the end of the fiscal year 2020.</p> <p>The agency has created a continuity of care position (Health Services Reentry Administrator) within the health services division, and is has received four discharge planning nurses at the facility level to include (1) at Washington Corrections Center for Women, (1) at Airway Heights Corrections Center, (1) at Stafford Creek Corrections Center, and (1) at Washington Corrections Center to support release plans which will ensure furthered community success.</p>
<p>3b. Strengthen the internal audit process for health</p>	<p>Metrics used for Department of Corrections (DOC) operations audits were reviewed prior to</p>



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<p>services based on a broad review of comparable audits of healthcare facilities and ensure accountability.</p>	<p>the start of the audit cycle in October 2019, and new metrics were added.</p> <p>Within the agency’s Audit Office, a health services auditor position will be added within early 2020.</p> <p>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.</p>
<p>3c. Pursue external accreditation by a nationally recognized accrediting body for correctional health services.</p>	<p>The agency’s work toward accreditation is underway. The agency’s Medical Director for Quality Care Management has already undergone National Commission on Correctional Health Care (NCCHC) accreditation training earlier in 2019 and has received the Certified Correctional Healthcare Professional (CCHP) designation. Two additional staff, including clinical professionals, attended the NCCHC accreditation training in October 2019. The agency plans to achieve accreditation at all of its major correctional facilities by the end of CY22 due to guidance and standards from NCCHC.</p>
<p>3d. 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.</p>	<p>Each facility is required to hold monthly Continuous Quality Improvement (CQI) meetings, co-chaired by the Facility Medical Director and Health Services Manager per policy 600.000 Health Services Management. Standing items on the meeting agenda include an overview of the patient safety team activities with associated action items, status of the facility’s required annual CQI project, and a summary of Corrective Action Plan (CAP) items</p>



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	from Critical Incident Reviews (CIR). The agency will ensure this policy is being followed.
3e. 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.	Health Services is developing a robust tracking system for monitoring, evaluating, and managing potential patient care issues. The tracking process will be in effect by the end of fiscal year 2020.
3f. Conduct a review of current scheduling practices at each facility and determine a best practice to be implemented.	Health Services will designate a team to conduct a review of current practices, determine best practices, and develop performance indicators as well as a monitoring and evaluation plan.
3g. Conduct a review of current practices for sending patients out for medical appointments, particularly of cancellations and reschedules, and the impact on patient health. DOC should develop a tracking and reporting system to ensure that patients whose medical appointments are cancelled are reviewed by a physician and prioritized for reschedule.	Health Services has conducted an initial review at sample facilities of current practices when scheduling, cancelling, and rescheduling patient's medical appointments. They have also created a scheduling tracking and reporting system that will be implemented agency-wide by February 1, 2020.
3h. 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, which could include modifying the Care Review Committee participant structure.	The Care Review Committee (CRC) was modified effective December 1, 2019, to include the facility medical directors, physicians, and the case presenter (which could be a physician or advanced practitioner). The long term plan is to implement standardized criteria for treatment decisions.



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<p>Implement standardized criteria for treatment decisions and make this criteria transparent. Ensure a meaningful appeal exists for CRC decisions.</p>	<p>Appeals to CRC decisions have been removed from the grievance process. Appeals are heard by the Chief Medical Officer and two clinician designees. This process was implemented in December of 2019.</p>
<p>3i. Conduct a review and determine how to provide greater transparency and criteria for DOC staff's decision to not follow a specialist's recommendations.</p>	<p>The agency currently utilizes multiple specialists for recommendations in the health services division. Specialist recommendations are always taken into consideration when formulating a patient's treatment plan, and those recommendations are almost always executed. There may be instances when the specialist recommends something that is outside of the Department of Corrections' Health Plan (Offender Health Plan), or is not an evidence-based and/or community standard of care. In those cases, other appropriate treatment options are followed.</p> <p>DOC has revised the Offender Health Plan (OHP) to reflect the requirement of documentation when a medical practitioner reviews documents related to the care of an incarcerated individual. If the practitioner decides to pursue a specific treatment plan over another, the OHP has been revised to include the expectation that the provider will explain the reasoning in person to the incarcerated individual and document the rationale and the patient encounter in the patient's medical record. A memo from the Health Services Assistant Secretary detailing these procedural and policy changes and the OHP revisions has been distributed to all health services staff on December 13, 2019.</p> <p>In the event that the incarcerated individual or their family believe the practice was not</p>



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	appropriate, there is the Care Review Committee grievance process that can be initiated.
3j. Conduct a review of medication changes upon entry to DOC due to DOC formulary and improve protocols so that either assessment occurs immediately upon entry to DOC or that treatment continues until assessment.	<p>The process identified in policy 610.040 Health Screenings and Assessments has been reviewed by the Coordinated Quality Improvement Program (CQIP) Access to Care Subcommittee, and recommendations will be presented in early 2020 to the Statewide CQIP Committee regarding alignment with National Commission on Correctional Health Care (NCHC) standards.</p> <p>Valid prescriptions for any medications are continued for 30 days after entry to the system regardless of whether they are on the Department of Corrections' formulary.</p>
3k. 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.	<p>To improve the care provided to patients suspected of cancer and ensure there is no delay in treatment, the agency's Health Services is implementing a three-pronged approach consisting of: 1) Statewide Morbidity & Mortality Conferences to increase provider education and awareness on the manifestations of cancer diagnoses; 2) Accelerated approval and scheduling process for obtaining biopsies, laboratory / diagnostic testing, and/or specialist evaluations; and 3) Expedited review of specialists' recommendations. For those patients with a confirmed cancer diagnosis, the agency's Health Services is developing a cancer registry to monitor timely access to appointments for cancer care. The registry would address issues including daily off-site trips for therapies and special transport teams. The proposal would suggest monitoring of the cancer registry by the facility quality assurance clinicians (included in legislative budget request).</p>



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<p>3l. Improve training for medical staff on transgender health care.</p>	<p>Clinical information has been shared regarding treating transgender patients at three Continuing Medical Education conferences for agency Health Services staff (September 28, 2017, September 27, 2018, and April 4, 2019). These presentations addressed several facets of transgender health for medical practitioners. Nursing leadership held training in July 2019, featuring a transgender nurse from Swedish Hospital presenting on nursing care for the transgender population. Agency psychologists and other mental health professionals also attended a state-wide training by a nationally renowned transgender psychiatrist during 2019.</p>
<p>3m. DOC Health Services needs to evaluate and provide better quality of care for orthopedic concerns.</p>	<p>Treatment of orthopedic cases depends greatly on the acuity, location and severity of the case. The agency's providers have resources available, including a contracted orthopedic surgeon and Rubicon MD specialists to help determine optimal treatment, up to and including surgical interventions.</p>
<p>3n. DOC should ensure that every incarcerated person who is receiving mental health related medications is thoroughly evaluated and notified of any changes to medications prior to discontinuing that medication.</p>	<p>Patients who enter the correctional system on medications for mental health conditions are evaluated per policy 610.040 Health Screenings and Assessments.</p> <p>A phased implementation is underway which requires practitioners who prescribe medications for mental health diagnoses will consult with and notify all patients of changes to their medications prior to discontinuation.</p>
<p>3o. DOC should be required to produce an annual public report on deaths in custody that provides an explanation of</p>	<p>The Mortality Review Committee (MRC) will annually prepare a report detailing cause of death and recommendations. This report will be posted on DOC.WA.GOV in late 2020.</p>



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<p>cause of death and any findings/recommendations developed by the Department of Health review and/or Critical Incident Review.</p>	
<p>4. DOC should create a better access to healthy food, including prioritizing fresh produce, less processed products, and quality protein, through greater utilization of incarcerated workers who can then gain skills.</p>	
<p>4a. DOC should increase the amount of money that it pays per meal. The current rate of \$1.50 per meal necessarily results in a lower quality product.</p>	<p>The agency's food services administration would need to complete a study to review product offerings if the agency were to request additional funding for higher quality protein and a better varietal of produce which will require the agency to submit an additional decision package for legislative funding.</p> <p>Increases for food service costs are routinely requested by the agency. An increase is included in this year's proposed supplemental budget provided by Governor Inslee. This budget increase will bring hot breakfast to the three remaining facilities who currently do not have this service (Airway Heights, Monroe, and Washington Corrections Center).</p>
<p>4b. CI should conduct a full evaluation and development of creative thinking around potential new ideas of food services delivery, re-centering the incarcerated population as its primary customer and including their input, perspective, and expertise in the development process.</p>	<p>The Department of Corrections' food services administration is committed to creating workgroups of incarcerated men and women from each institution to gain additional insight, and perspective regarding new ideas for food service. This workgroup will be completed by June 30, 2020.</p>



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<p>4c. CI should also consider re-positioning its role as a vendor of food products like any other that facilities can choose to purchase from – CI would have the advantage of being able to provide pre-packaged options that meet the DGA for institutions that choose to utilize its services.</p>	<p>Department of Corrections follows the state purchasing standards for vendors as issued by the Department of Enterprise Services (DES).</p> <p>The centralized Food Service Administration collaborates with the agency’s dietary manager to guarantee institutions have menus and purchasing guidelines to achieve Dietary Guidelines for Americans (DGA) alignment and meet policy requirements.</p>
<p>4d. Create more opportunities for incarcerated individuals to participate and be trained in food preparation, with a goal of earning a certificate and personal recommendation/reference that would facilitate employment upon release.</p>	<p>Through both the food service operations and the two food factories, the incarcerated population learn soft skills development. They also have the ability to receive their ServSafe Certifications, an external certification that will follow them into the work world upon their reentry, contributing toward the Results Washington measured employment rate of 36.5 percent of individuals after one calendar quarter of being released from confinement.</p> <p>The most recent percentage of individuals with Correctional Industries or vocational education experience who are employed post-release is 57.14 percent. That percentage is 13.8 percent higher than the overall post-release employment percentage.</p> <p>Currently there are approximately 1100 – 1200 incarcerated individuals working with correctional industries food programs.</p> <p>Currently the agency is contracted with “Fare Start” who provides culinary and other service trades training in the community. DOC has recently begun discussions with “Fare Start” to expand this effort into a correctional facility. Discussion are ongoing.</p>



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<p>4e. Utilize experienced food services staff to conduct a review of food preparation practices by institutions that did not transition to the closed loop CI system and determine where food purchasing and preparation practices could be improved to overall improve the taste and quality of the food served to the correctional population.</p>	<p>All food services managers and staff collaborate with the central food services administration team and the agency’s dietary manager in a centralized feeding program and focus on continuous improvement.</p> <p>Department of Corrections have met with the Department of Health (DOH) and asked for their assistance in a DOC/DOH compliance review of facility food preparation practices. DOH has agreed to assist the agency and have offered a program to help with funding requirements surrounding this review. Additionally, DOH currently conducts annual inspections of all DOC confinement facilities.</p>
<p>4f. DOC and CI should improve internal oversight and accountability practices, such as through required sampling and picture of each meal by institutional administrative staff and formal channels to receive feedback and suggested improvements by the incarcerated population.</p>	<p>Correctional Industries food manufacturing utilizes a ‘Six Steps’ process for product development. Each food item begins as a concept in the food services’ Research and Development (R&D) Lab at Airway Heights Corrections Center (AHCC). The first step (1) is brainstorming, which comes via feedback from the incarcerated population and staff. Step two (2) is where the new concept food item is developed in the lab. This food then sampled and reviewed for taste, quality, and texture. Step three (3) is a first production run in the food factory. This step develops the process. Step four (4) validates the production run and nutritional approval through another sampling. Step five (5) introduces a sensory review with the incarcerated population at multiple prisons throughout the state. This step measures actual customer acceptance. The sensory is documented and scored. If the feedback results in approval, the item moves to the next step which is to schedule the new product on an agency-wide centralized menu.</p> <p>Informal messaging with the incarcerated</p>



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	<p>population through kiosks and kiosks; and more formal settings such as monthly food rep meetings and quarterly tier rep meetings.</p> <p>Continuous feedback from individual food service operations regarding success of meals.</p> <p>The agency is improving daily quality assurance process.</p> <p>The food services administration satisfies all United States Department of Agriculture (USDA) regulations, which allows the finished meat products to depict the official USDA Inspection mark, commonly referred to as the "Shield." The food services administration has developed a food defense plan, ensuring received raw materials are safe and manufactured food products are safe as well. The food services administration requires all vendors supplying meats to maintain USDA compliance certifications.</p> <p>The agency's food manufacturing plants also fall under jurisdiction of the United States Food and Drug Administration (FDA), the Washington State Department of Agriculture (WSDA) and the local county health office, all of which randomly monitor (inspect) agency operations for health and food safety compliance. The food services administration established and maintains a proactive Hazard Analysis Critical Control Program (HACCP) designed to ensure ongoing compliance with all food safety industry standards. In practical terms, the food services administration ensures USDA compliance includes, but is not limited to: maintaining strict temperature controls for all food products; routine food and environmental testing (for harmful bacteria); regular, deep</p>



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	cleaning; and continuous worker training.
5. DOC should ensure incarcerated individuals with a mental health diagnosis receive special – and different – consideration when involved in the internal DOC disciplinary system.	
5a. 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.	The agency is working to revise current practices and reduce total time in restrictive housing and conditions of confinement for incarcerated individuals with mental health diagnosis.
5b. DOC should ensure that disciplinary hearings officers receive specialized mental health training related to the impact of restrictive housing on mental health and the various systems and manifestations of mental illness as it relates to behavior.	The agency has created a new process to address this recommendation. This process is ready to pilot. The Administrator for the Housing Program Command A and the steering committee will work on having this training implemented in 2020.
5c. DOC should ensure that all incarcerated persons on the mental health caseload who receive a major infraction are supported by mental health staff during the hearings process. Sanctions should be imposed only after reviewed with a mental health lens and written consideration of the potential impact on the person.	The agency is working toward supporting this recommendation and prioritizing incarcerated individuals with more severe mental health considerations.
5d. DOC should reform the disciplinary structure in the residential treatment units at the Monroe Correctional	This is part of the project charter for the Residential Treatment Unit workgroup, which includes the Ombuds.



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<p>Complex – SOU and the Washington Corrections Center for Women. Disciplinary decisions – starting with the decision to infract in the first place – should be made with mental health staff involved on the front end in a formalized process rather than as a secondary consideration and involvement.</p>	
<p>6. DOC should ensure incarcerated individuals with disabilities have equal access to programs, services, activities, and the grievance program.</p>	
<p>6a. DOC should ensure all staff, particularly institutional ADA coordinators and Grievance Coordinators, receive additional training on disabilities, particularly mental or otherwise unseen disabilities. DOC should provide written guidelines that better delineate the ADA Coordinator role and ensure ADA coordinators have adequate time to perform their duties.</p>	<p>Annual training is provided to all Americans with Disabilities Act (ADA) Coordinators, including coordinators at the prisons, work release and training facilities and field sections. The 2020 training will include training specific to mental health and accommodations and invisible disabilities. Annual training generally occurs in April or May. The ADA compliance manager will reach out to the grievance manager to provide training on these topics to the grievance coordinators at their next training meeting.</p> <p>The ADA compliance manager will work with ADA coordinators and other stakeholders concerning guidelines for ADA coordinators. This information will be shared with ADA coordinators and facility superintendents so they are aware of necessary functions and time commitments.</p> <p>The Department has scheduled meetings to begin an HR analysis of the duty requirements of ADA coordinators to ensure there is an</p>



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	adequate time allocation to match the job requirements.
<p>6b. DOC should develop and implement enhanced screening methods and procedures to identify people with disabilities at reception and periodically throughout incarceration. DOC should ensure that individuals with learning disabilities are properly assessed by a trained and authorized medical provider.</p>	<p>All persons are assessed during the intake process for disabilities, health care and mental health care needs. If an incarcerated person has been assigned certain physical profile codes (PULHES-XTR), it requires input from the Americans with Disabilities Act (ADA) coordinator (or manager) prior to movement. Two areas that could be enhanced for communication would be: Training to the Classification Unit to ensure that communication with ADA coordinators and ADA manager occurs and training to intake staff at the reception centers (Washington Corrections Center for Women and Washington Corrections Center) to provide information on accommodations, disabilities and when to reach out to the ADA coordinator would be helpful. Timeline for this to occur would be by June 30, 2020.</p> <p>Individuals with intellectual and/or learning disabilities may be identified at intake based on prior involvement with the Department of Social and Health Services (DSHS)/Social Security Administration. They may also be identified based on initial screening that occurs at the reception center. There are times when the initial screening occurs but the disability needs are not discovered until the person begins education classes or other programming. Health Services is currently working with the education unit to develop a plan for the education unit to provide testing as needed for persons with learning disabilities. This will enable documentation and requests for accommodations for General Education Diploma (GED) testing.</p>



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	<p>At any point during the person’s incarceration, there is a pathway for a staff member to make a referral to mental health due to a concern about a person’s mental health status, learning disability, or intellectual disability status.</p> <p>Traumatic Brain Injury (TBI) training was recently provided to the psychologist 4’s and included high level and advanced training on TBIs and accommodation considerations for persons with functional deficits related to a TBI. The training was provided by staff from the University of Washington and the ADA compliance manager. Additionally, at the annual ADA coordinator training this year, a 2.5 hour training was provided by the Arc of King County concerning intellectual and developmental disabilities and autism. A 1.5 hour class on TBI and accommodations was also provided.</p>
<p>6c. DOC should ensure that the Accommodation Status Request (ASR) process is implemented properly and that requests are responded to within 14 days. DOC should ensure that all ASRs are documented in OMNI and establish a clear appeal process for ASR denials.</p>	<p>The agency implemented the Accommodation Status Report (ASR) process in May 2017. It is the agency’s belief that the process has been implemented correctly as evidenced by the absence of formal complaints and grievances concerning the process. It is agreed that the ADA coordinator should acknowledge receipt of the request within 14 days. It is noted that the Accommodation Review Committee is held on the fourth (4th) Tuesday of each month. Depending on when a request is received, a final answer may not be available within 14 days. As noted in the ASR protocol, urgent requests can be immediately approved by the ADA compliance manager pending the full team meeting. As part of its on-going training with the ADA coordinators, the agency will put forth the guidelines that requests for accommodations should be acknowledged as received within 14 days (or any kite or</p>



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	<p>correspondence concerning ADA). Following the Accommodation Review Committee, ADA coordinators should process the paperwork and notify the incarcerated individual of the status of their request (approved/not approved or deferred) within five (5) business days of the meeting. A reminder email of this process and the time requirements was sent out to all ADA Coordinators on December 12, 2019.</p> <p>The health record forms/records analyst 2's are responsible for creating the Offender Management Network Information (OMNI) entry under "Comments to Custody", concerning ASRs and accommodations that are approved. The ADA manager distributed a reminder all ADA Coordinators on December 12, 2019, and will send a reminder email to the statewide health records manager to provide a reminder to the health record forms/records analyst at their monthly meeting.</p> <p>There is a request in the queue to have a separate entry for ASRs (similar to HSRs). OMNI updates are prioritized and it is estimated that the request is a few years away, so the 'comments to custody' is the stop-gap for now.</p> <p>The current appeals process for ASRs is via the grievance system. In speaking with the Ombuds staff, they are not satisfied with using the grievance system for ASR appeals and have suggested the agency look at a separate appeal system. As part of its update to the ASR protocol, the agency will develop an appeal process that is separate from the grievance process. The new process is not fully developed at this time and will probably require a revision of the ASR coversheet to</p>



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	<p>notify folks of the appeal process. It is anticipated the appeal will probably be a three or four person panel of headquarters staff (prisons and health services). Health Services expects the update to the protocol and policy to occur by March 1, 2020.</p>
<p>6d. DOC should ensure access to the law library by clarifying the role of Access Assistants and ensure speech to text software is functional in every facility.</p>	<p>There is one law library where the text to speech software was not properly installed. The ADA compliance manager will work with the correctional manager over the law libraries to ensure that the software is tested at least annually and headsets are available at each law library for check-out.</p> <p>The agency has revised policy 590.500 Legal Access for Incarcerated Individuals to include clarity surrounding paid routine tasks and legal advice for access assistants.</p>
<p>6e. DOC should ensure availability of interpreter services, including on-site ASL interpreters and video relay interpreters.</p>	<p>The agency currently has one full-time deaf services coordinator and 20 contract interpreters across the state. Thirteen (13) of the contract interpreters work in the Monroe Correctional Complex where male deaf incarcerated individuals are housed. The remainder of the contract interpreters do work in the field for persons under community supervision or for those who reside at work release facilities.</p> <p>The Americans with Disabilities Act (ADA) manager will be sending reminders to Monroe Correctional Complex health services staff of the importance of e-mailing the deaf services coordinator of any health care appointments for deaf individuals. Additionally, ADA staff will send out reminders at least quarterly to reach any new staff. Health Services is also going to start documenting all health care appointments on the monthly statistical report so that there's more immediate knowledge if something was</p>



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	not covered. Skype is currently used for brief check-in appointments in the field. Any major encounters, i.e., hearings, classification, intakes, are done in person.
6f. DOC should establish a unit to support individuals with complex medical and mental health needs, similar to Sage Unit, for individuals who require medium custody.	There is a decision package that has been put together for the next biennium (2020) requesting funding for an additional medium custody unit.
7. DOC should apply a trauma-informed and gender responsive lens to programs, services, staff training, and conditions of confinement, particularly for women and LGBTQI individuals across facilities.	
7a. DOC should implement the Gender-Responsive Policy & Practice Assessment (GRPPA) and ensure that it addresses the needs of the transgender and gender-nonconforming population in addition to women.	The agency is currently working to implement the Gender Informed Practices Assessment (GIPA) due to its detailed information in specific areas. The GIPA assesses evidence-based and gender-responsive policy and practice across 12 separate, distinct domains. The agency determined GIPA was the most appropriate option to provide more detailed information in specific areas.
7b. DOC should implement a gender responsive classification tool.	There is work currently being done regarding development of a new custody classification tool for the agency. Prisons and Reentry leadership have been working together with the contracted developer to ensure the tool/model will be gender-responsive, and not simply gender-specific. It shall also incorporate recognized best practices learned through outcomes measured by Gender Informed Practices Assessment (GIPA).



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<p>7c. 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.</p>	<p>By both policy and practice, the agency does not house victims of sexual assault in the segregation units.</p> <p>The Department is currently engaged in an 18-month partnership with the Vera Institute of Justice. The partnership, “Safe Prisons, Safe Communities: From Isolation to Wellness and Dignity behind Bars” involves reviewing and implementing change within several different disciplines/areas within the department. These areas include restrictive housing and general population settings. The agency continues to work with facility staff to ensure in all cases every available general population placement option is fully explored before an individual is placed in restrictive housing. The agency is also working to make adjustments to the disciplinary process which includes involving mental health staff throughout the hearings process in certain instances.</p>
<p>7d. 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.</p>	<p>Pathways and Perspectives training was the most recent class completed in October 2019, as well as a new Training for Trainers facilitation course for new instructors to be able to deliver material. Additionally, several staff from Mission Creek Corrections Center for Women (MCCCW), Washington Corrections Center for Women (WCCW) and Yakima County Jail recently successfully completed “Safety Matters: Managing relationships in women’s facilities” – a training jointly created and delivered by National Institute of Corrections and Moss Group. Approximately 15 of the class students were chosen to facilitate the class at the 3 facilities in the future to enhance gender responsive and trauma informed training to staff on a consistent and sustainable basis. Currently, WCCW and MCCCW leadership, in</p>



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	<p>conjunction with the Deputy Director and Training Development Unit (TDU) administrator, are working with those trained facilitators to plan for implementation and rollout at women’s facilities.</p>
<p>7e. End the use of Yakima Jail for overcrowding, instead, a combination of reclassification and overrides should be used to house the average of 40-60 person over-capacity issues.</p>	<p>The goal for the agency is the women housed at Yakima County Jail (YJC) will return to confinement within agency-operated facilities. The need for YJC due to capacity issues at certain custody levels remains, and is not solved by reclassification or the use of overrides. It is the hope that the new custody classification tool, once created, will help alleviate some of the capacity issues with the female population in addition to the agency’s continued work and collaboration to utilize Maple Lane. Both take time, and as such, the women at Yakima were moved to the newer jail with Therapeutic Community programming available to ensure the time spent at YJC is beneficial and addresses criminogenic needs which may not otherwise have been addressed.</p>
<p>7f. Staff should work actively to provide transgender people programming and support specific to their gender identity. This would include:</p> <ul style="list-style-type: none"> a. Implementing model programs, including current groups at WSR and TRU and the monthly inmate led Gender Classes provided at WCCW. b. Make-up should not only be available in 	<ul style="list-style-type: none"> a. The agency continues to partner with external stakeholders to incorporate evidence, research based programs and treatment. At this time less than 1% of the incarcerated population have identified themselves as transgender. b. This is in process, pilot thus far shows no indication of exploitation or victimization. The goal is to align with female facility purchase process. c. Facility Risk Management Teams are in place and do assess an individual’s safety and wellbeing, while maintaining security. This includes considering overrides up or down to ensure they have access to the care and services needed.



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<p>men’s facilities by direct-pay. DOC is evaluating this process and states that it will consider order by family and friends after a trial period. We recommend that DOC align the pay options with those provided for the women’s facilities.</p> <p>c. Transgender persons’ safety concerns and housing placement preferences should be given higher consideration, particularly when disciplinary actions lead to classification changes.</p> <p>d. Disciplinary measures that appear to target the LGBTQI population – such as out of bounds infractions – should be documented and tracked for suspected disparate application.</p> <p>e. Transgender and nonbinary or gender nonconforming people in prison should receive access to nondiscriminatory and medically necessary gendering affirming care.</p> <p>f. Staff should utilize the person’s legal name</p>	<p>d. All individuals are to follow policy and procedures as it pertains to facility movement regardless of their identity. The hearing process affords individuals to present their case and circumstances. This includes the appeal process and any witnesses, evidence they may have.</p> <p>e. The agency has a comprehensive health care plan which includes access to providers in medical, mental health, and psychiatry to assess, evaluate and assist each individual in affordable care. The agency currently does provide hormone therapy and have approved individuals for sex-affirming surgeries that have completed a proper request. These practices are supported by the Medicaid standards.</p> <p>f. The agency is adapting legal name changes in agency policy which will include adding incarcerated and legal name on their DOC ID. The agency is drafting Department policy for preferred pronoun use when engaging others (staff/ incarcerated individuals /contractors/volunteers. The Training and Development Unit (TDU) is developing a training plan (curriculum) for staff.</p>



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rather than the name they under which they were originally incarcerated, and encourage the proper usage of pronouns for transgender and gender nonconforming inmates.	



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

Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Sinclair".

Steve Sinclair, Secretary
Washington Department of Corrections