Office of the Corrections

OMBUDS

Fall Quarterly Meeting

3rd Quarter: July – September 2025

October 15, 2025, 4pm – 5:30pm | Hybrid (In Person & Virtual)

October 22, 2025 | WSP-BAR Units

Agenda

October 15, 2025

4pm – 5:30pm

Welcome & review of quarterly data & recent updates
Elisabeth Kingsbury, Acting Director (20 mins)

Outcomes achieved at WCCW following OCO's report on uses of force and restrictive housing policy violations
Angee Schrader, Senior Corrections Ombuds (10 mins)

Changes made to medical accommodations ("HSRs") after OCO negotiated improvements
Ollie Webb, Assistant Corrections Ombuds (10 mins)

Open forum – Q&A, discussion, feedback
Led by Ollie Webb, Assistant Corrections Ombuds (50 mins)

Office of the Corrections OMBUDS

OCO Data & Recent Work

3rd Quarter: July-September 2025

Office of the Corrections OMBUDS

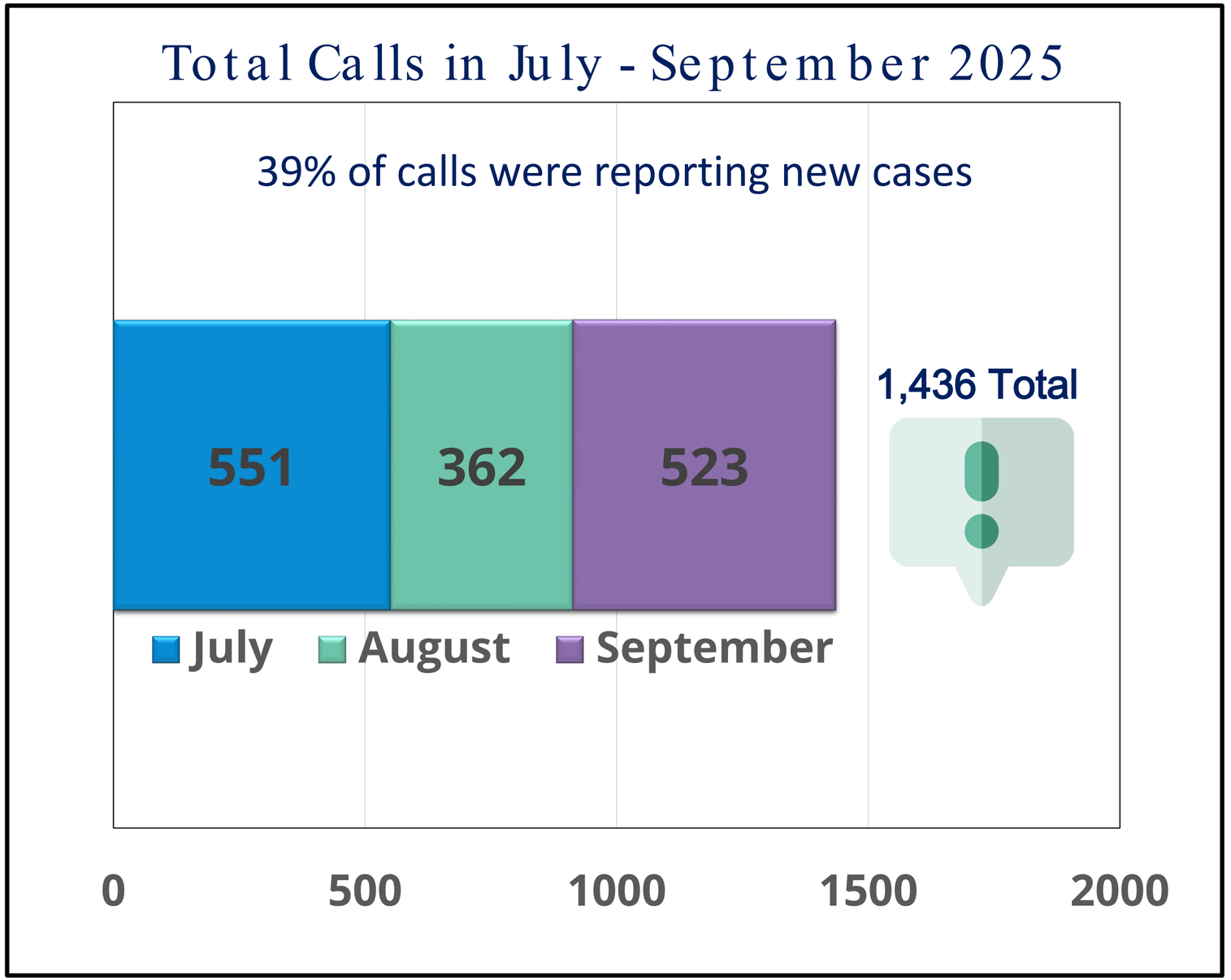
OCO Hotline

Free & Confidential

Average of

27

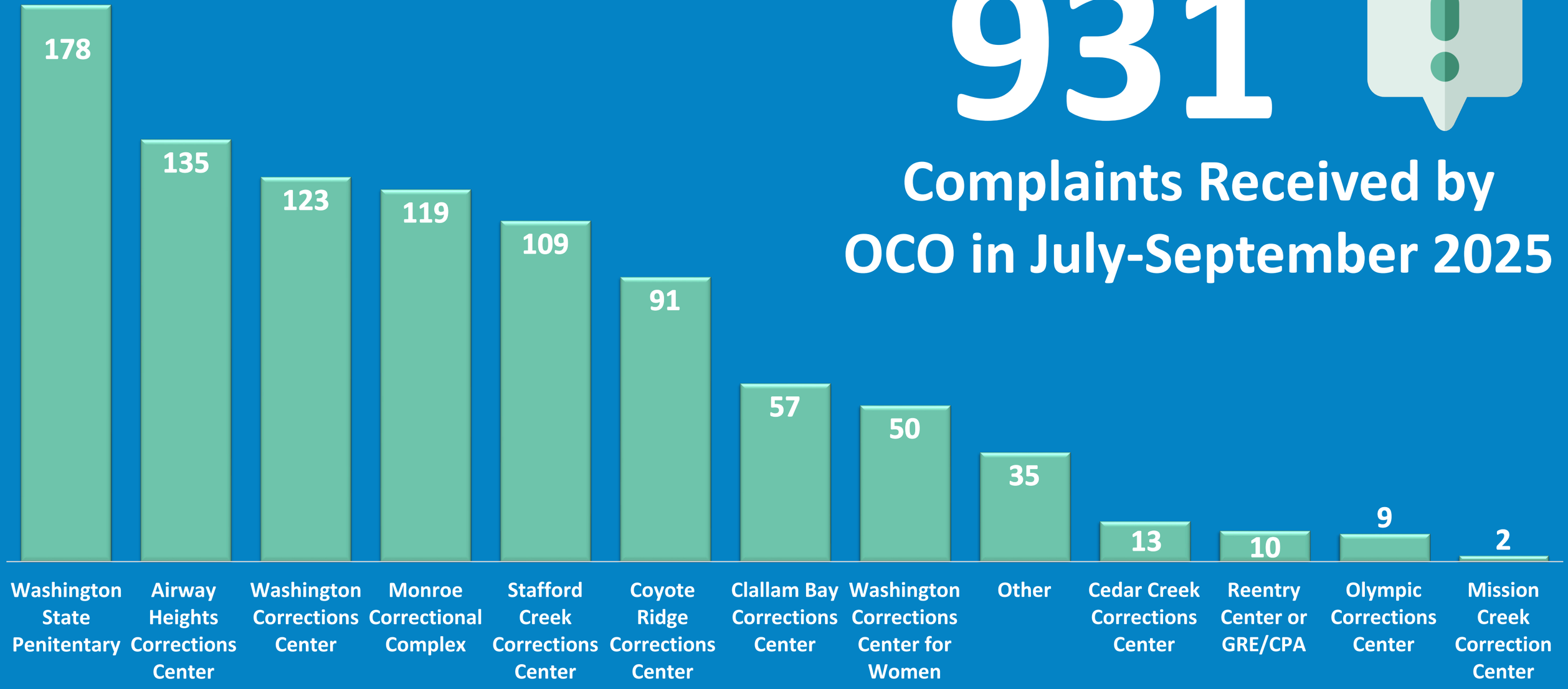
calls per day



Office of the Corrections OMBUDS

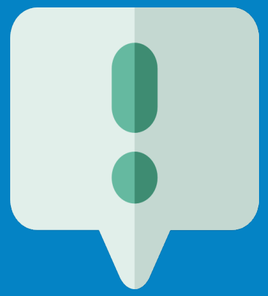
931

Complaints Received by OCO in July-September 2025



Office of the Corrections OMBUDS

Top 10 Case Factors (Most Frequently Reported Concerns) **Statewide** July-September 2025



1. Healthcare: 343
2. Staff Conduct: 295
3. Discipline: 199
4. Classification: 149 *(often safety-related)*
5. Restrictive Housing Placement: 85
6. Safety: 60
7. Release: 44
8. Programming: 43
9. Facilities - Plant Maintenance: 27
10. Visitation: 27

Each individual complaint received may have multiple concerns.

Case Investigations: 499

Assistance Provided: 71
Information Provided: 198
DOC Addressed the Complaint: 78
Insufficient Evidence to Substantiate:44
No Violation of DOC Policy: 108
Substantiated: 1

Intake Investigations: 315

Declined: 49
No Jurisdiction: 37
Complaint Withdrawn: 95*
Technical Assistance Provided: 131

Unexpected Fatality Reviews: 9

Monthly Outcome Reports

July, August, & September 2025

Total Investigations Completed:

823

* Complaint Withdrawn = Complaint was created in error (typically a duplicate) or complainant requested that OCO close the complaint or did not give permission for OCO to investigate further.

Office of the Corrections OMBUDS

- UFR Committee Members are representatives from: OCO, DOH, HCA, and DOC
- OCO can request reviews of deaths not identified by the DOC as “unexpected”
- UFR Committee Members review incident reports, medical records, video, and other relevant documentation
- UFR Committee meets to discuss findings, questions, and recommendations

Unexpected Fatality Reviews (UFRs)

July-September 2025

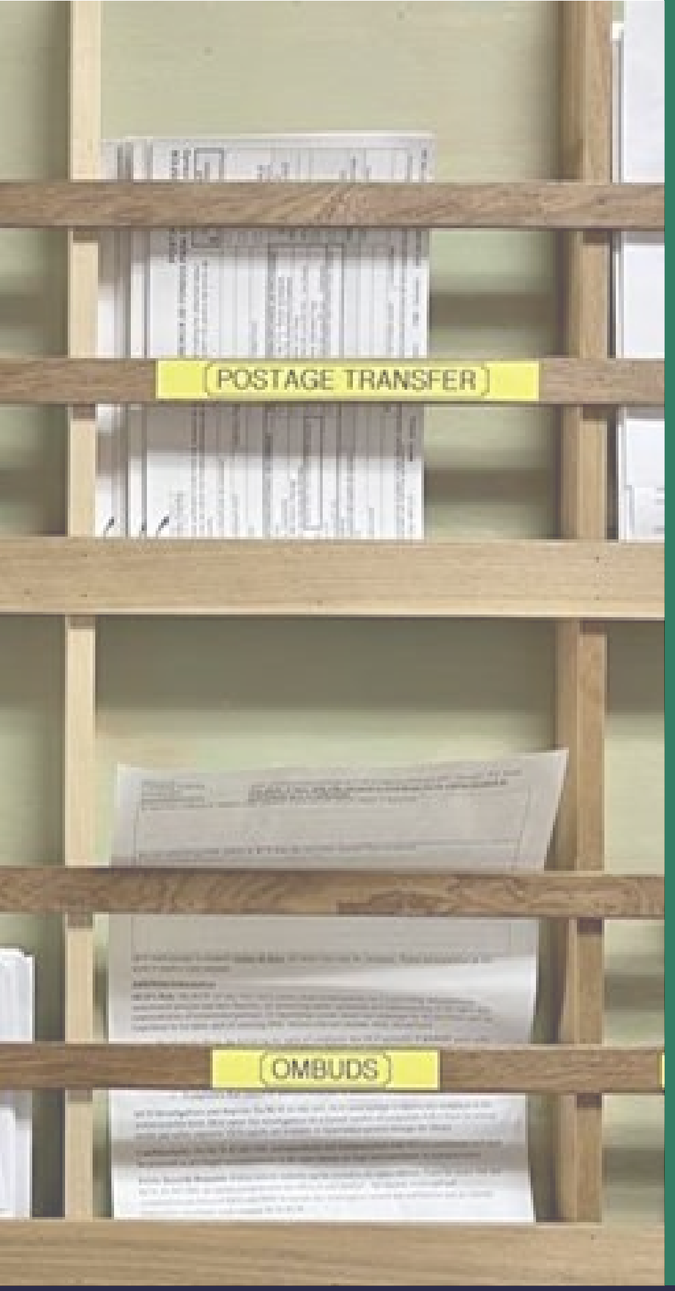
8 UFR reports published in Q3 2025

Cause of Death	UFR Report	UFR Recommendations (see reports for full list of recommendations)
Suicide	UFR-24-022	
Suicide	UFR-24-024	
Suicide	UFR-25-015	
Cardiovascular Disease	UFR-25-011	
Homicide	UFR-25-010	
Suicide	UFR-25-005	• Strengthen the Health Services kite triage process by implementing standardized criteria to ensure kite response is timely and appropriate.
Suicide	UFR-25-003	• Review DOC 320.265 Close Observation Areas and establish a standard communication protocol for transfers out of the COA. The protocol should support timely interdisciplinary communication of necessary aftercare needs and ensure safe management of the individual in their assigned housing unit.
Cardiac Arrest	UFR-25-008	

Assistance Provided: Example 1

Reported Concern:
An external person reported concerns regarding her loved one's safety.

OCO Actions & Outcomes:
The OCO contacted the facility to report the concern the same day the complaint was filed. The facility took immediate action and spoke with the individual about this situation. The DOC followed up with the OCO and confirmed that the individual had been moved and would be transferred to another facility.



Assistance Provided: Example 2

Reported Concern:
Multiple people contacted the OCO reporting that the incarcerated population at OCC was suffering with constant itching due to excessive mosquito bites, and that Health Services was not able to provide repellent.

OCO Actions & Outcomes:
OCO brought this concern to facility leadership as well as DOC HQ staff. After lengthy discussions, DOC agreed to allow a trial period of alcohol-free mosquito repellent to be dispensed at OCC through the end of October. At that time, DOC will evaluate and determine if it will continue to be offered. DOC is also exploring the possibility of adding a personal bottle of mosquito spray to the commissary for direct purchase.

Assistance Provided: Example 3

Reported Concern:
External person reported concerns about an incarcerated person after force was used on them. The external person asked the OCO to verify the person received medical care. The incarcerated person reported then concerns about an infraction they received after the use of force. The person reported they did not assault DOC staff and that the infraction was written falsely.

OCO Actions & Outcomes:
The OCO reviewed the use of force documentation and found evidence that refuted claims from DOC staff that resulted in the serious infraction. At the OCO's request, DOC agreed to dismiss the infraction from the person's record. The OCO verified DOC took action to address the staff action. The OCO verified the incarcerated person received medical care for their injuries.

Assistance Provided: Example 4

Reported Concern:
Person reported a religious concern regarding an infraction. Person stated he had been fasting for a ceremony and was dehydrated, which prevented him from providing a UA sample.

OCO Actions & Outcomes:
The OCO reviewed this infraction and the DOC Handbook for Religious Beliefs and Practices. The OCO spoke with both facility leadership and DOC Headquarters Staff about this concern. After multiple negotiations, DOC Headquarters agreed to remove the infraction from this individual's record.

Construction Training Pathways (CTP) Oversight Committee

- **Committee and subcommittees** (Data Mapping Team, Legislative Writing Team, Training Assessment Team, Transition Planning Team) **met throughout the quarter and will continue to meet monthly to carry out duties of the CTP Oversight Committee.**
- **Next deliverable will be a 2nd Report to the Legislature due October 1, 2026.**

First Report to Legislature submitted on October 1, 2025

Report is available on tablets, in law libraries, & on oco.wa.gov (CTP Oversight Committee tab)

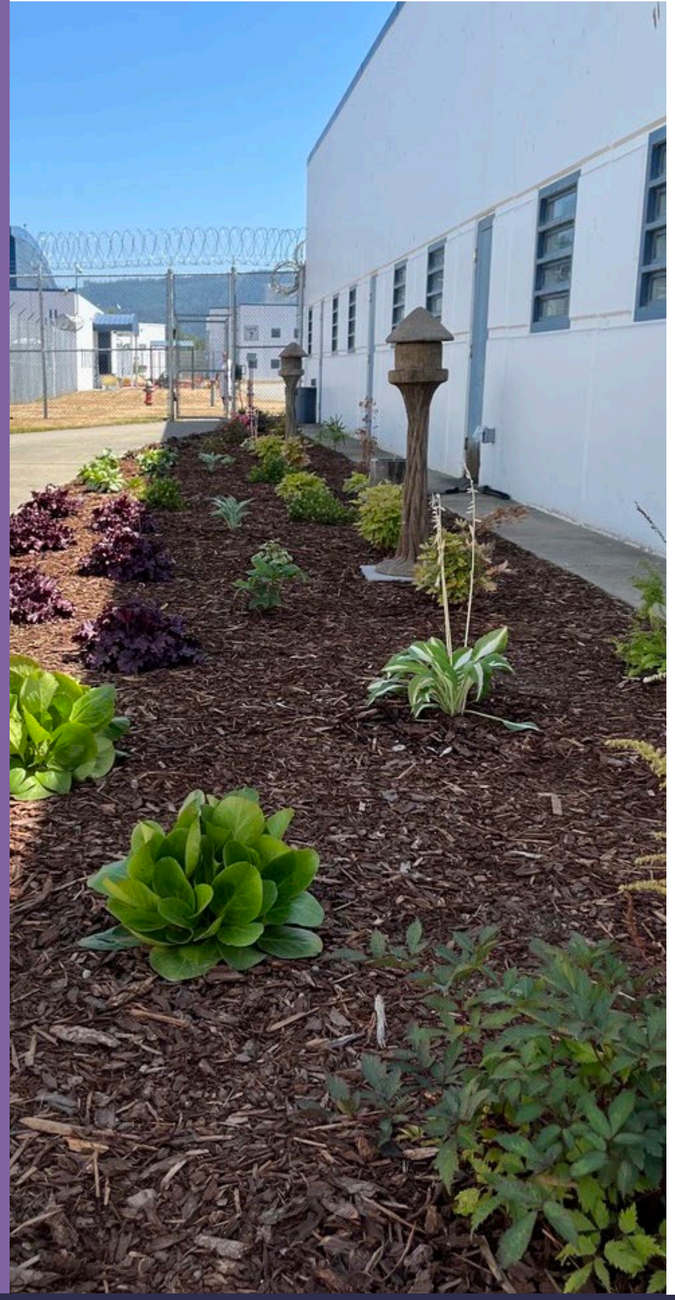
Office of the Corrections OMBUDS

29 Monitoring Visits from July – September 2025

July: 11 Visits	Monitoring Details
MCC x 2	SRTC, IMU, COA
SCCC	H-1 Unit, CTAP
MCCCW	Spoke with population about upcoming closure.
CRCC x 2	Facility event, living units, medical, CI laundry factory
WCC x 2	IMU, C Pod, Cedar, Evergreen, CLO meeting
WSP x 2	BAR Units (RTU), Peace event, IMU-North
CCCC	CTAP

Aug: 11 Visits	Monitoring Details
SCCC x 5	IMU, CARES meeting & training, H-building, CTAP graduation
WCCW x 2	PEAR-CAT, Infirmary
WSP	COA, IMU
MCC x 2	WSR, music event, TRU, SRTC event, SRTC (RTU)
CCCC	Cascade, Olympic, SHU, kitchen, gardens, Washington Way meeting

Sept: 7 Visits	Monitoring Details
WCCW x 3	Infirmary, COA, IMU, MSU, TRAC graduation
MCC x 2	TRU event, TRU, MSU
OCC	Ozette unit, kitchen
SCCC	IMU, medical



In-person monitoring of DOC facilities is a critical, core function of the OCO.

Although a statewide travel freeze remains in effect due to the statewide budget deficit, the OCO continues to conduct announced and unannounced monitoring trips to all DOC prisons and reentry centers.

Office of the Corrections OMBUDS

In June 2025,
OCO released a report regarding uses of force and restrictive housing policy violations at WCCW. The OCO issued four recommendations that the DOC agreed to implement:

#1	**The DOC should implement a timeline for the superintendent's review of DOC 410.200 Use of Force.**
#2	**Provide immediate training to WCCW staff on proper use of OC spray, restraint application, respirators, and decontamination stations per DOC 410.200 Use of Force.**
#3	**The DOC should regularly audit use of force incidents at the Headquarters level.**
#4	**The DOC should deploy more resources to WCCW to assist with facility staff training.**

The OCO has been tracking DOC's implementation of recommendations. DOC has initiated the following projects:

- **Reviewing several policies related to issues raised in the report to determine necessary agency-wide updates. These include Restrictive Housing, Use of Force, Use of Restraints, Close Observation Areas, and others.**
- **Sending WCCW staff to Monroe to job shadow RTU staff working with people with mental health conditions.**
- **Sending the Dept. Incident Management Team (DIMT) to WCCW to train and re-train staff on-site.**
- **Developed de-escalation training that is based on the training provided to staff working specifically with people with mental health conditions**

The OCO will continue to monitor concerns related to uses of force at WCCW as well as implementation of recommendations.

In August 2025, DOC agreed to incorporate OCO recommendations into the Health Status Report (HSR) Quick Index & Durable Medical Equipment (DME) protocol, in addition to other practices.

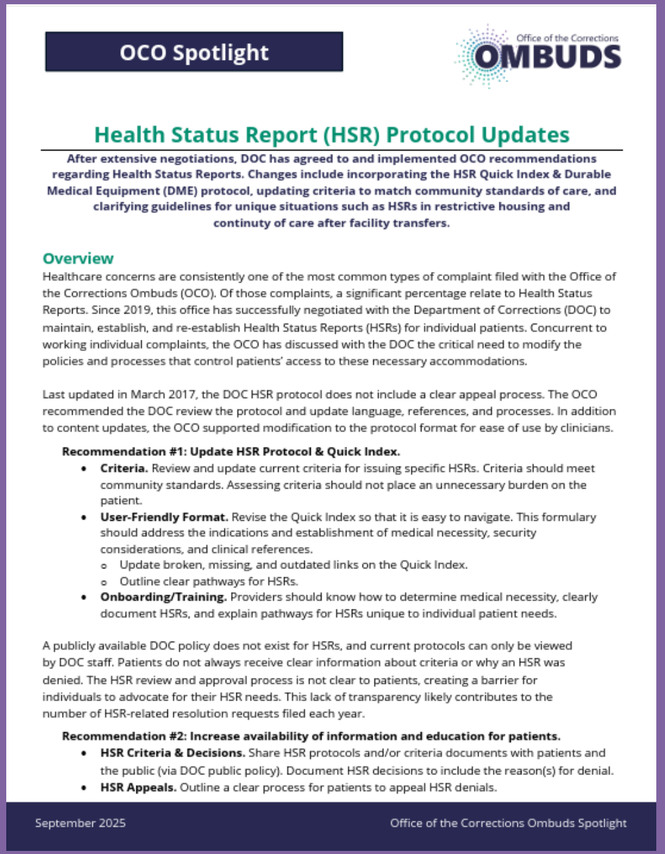
Recommendation #1: Update HSR Protocol & Quick Index.

- Criteria. Review and update current criteria for issuing specific HSRs. Criteria should meet community standards. Assessing criteria should not place an unnecessary burden on the patient.
- User-Friendly Format. Revise the Quick Index so that it is easy to navigate. This formulary should address the indications and establishment of medical necessity, security considerations, and clinical references. Update broken, missing, and outdated links on the Quick Index. Outline clear pathways for HSRs.
- Onboarding/Training. Providers should know how to determine medical necessity, clearly document HSRs, and explain pathways for HSRs unique to individual patient needs

Recommendation #2: Increase availability of information and education for patients.

- HSR Criteria & Decisions. Share HSR protocols and/or criteria documents with patients and the public (via DOC public policy). Document HSR decisions to include the reason(s) for denial.
- HSR Appeals. Outline a clear process for patients to appeal HSR denials.

OCO anticipates the updated HSR protocol will result in more consistent application of HSRs and will prevent HSR concerns from arising in restrictive housing and facility transfers.



OCO Spotlight

Office of the Corrections OMBUDS

Health Status Report (HSR) Protocol Updates

After extensive negotiations, DOC has agreed to and implemented OCO recommendations regarding Health Status Reports. Changes include incorporating the HSR Quick Index & Durable Medical Equipment (DME) protocol, updating criteria to match community standards of care, and clarifying guidelines for unique situations such as HSRs in restrictive housing and continuty of care after facility transfers.

Overview

Healthcare concerns are consistently one of the most common types of complaint filed with the Office of the Corrections Ombuds (OCO). Of those complaints, a significant percentage relate to Health Status Reports. Since 2019, this office has successfully negotiated with the Department of Corrections (DOC) to maintain, establish, and re-establish Health Status Reports (HSRs) for individual patients. Concurrent to working individual complaints, the OCO has discussed with the DOC the critical need to modify the policies and processes that control patients' access to these necessary accommodations.

Last updated in March 2017, the DOC HSR protocol does not include a clear appeal process. The OCO recommended the DOC review the protocol and update language, references, and processes. In addition to content updates, the OCO supported modification to the protocol format for ease of use by clinicians.

Recommendation #1: Update HSR Protocol & Quick Index.

- **Criteria.** Review and update current criteria for issuing specific HSRs. Criteria should meet community standards. Assessing criteria should not place an unnecessary burden on the patient.
- **User-Friendly Format.** Revise the Quick Index so that it is easy to navigate. This formulary should address the indications and establishment of medical necessity, security considerations, and clinical references.
  - Update broken, missing, and outdated links on the Quick Index.
  - Outline clear pathways for HSRs.
- **Onboarding/Training.** Providers should know how to determine medical necessity, clearly document HSRs, and explain pathways for HSRs unique to individual patient needs.

A publicly available DOC policy does not exist for HSRs, and current protocols can only be viewed by DOC staff. Patients do not always receive clear information about criteria or why an HSR was denied. The HSR review and approval process is not clear to patients, creating a barrier for individuals to advocate for their HSR needs. This lack of transparency likely contributes to the number of HSR-related resolution requests filed each year.

Recommendation #2: Increase availability of information and education for patients.

- **HSR Criteria & Decisions.** Share HSR protocols and/or criteria documents with patients and the public (via DOC public policy). Document HSR decisions to include the reason(s) for denial.
- **HSR Appeals.** Outline a clear process for patients to appeal HSR denials.

September 2025 Office of the Corrections Ombuds Spotlight

OCO Spotlight on HSR Protocol Updates can be accessed on Securus tablets, law libraries, & oco.wa.gov

Office of the Corrections OMBUDS

Submit a Complaint

Confidential Hotline:

(360) 664-4749

Mon: 1:00 – 3:00 PM

Tues: 1:00 – 3:00 PM & 4:00 – 6:00 PM

Wed: 1:00 – 3:00 PM & 4:00 – 6:00 PM

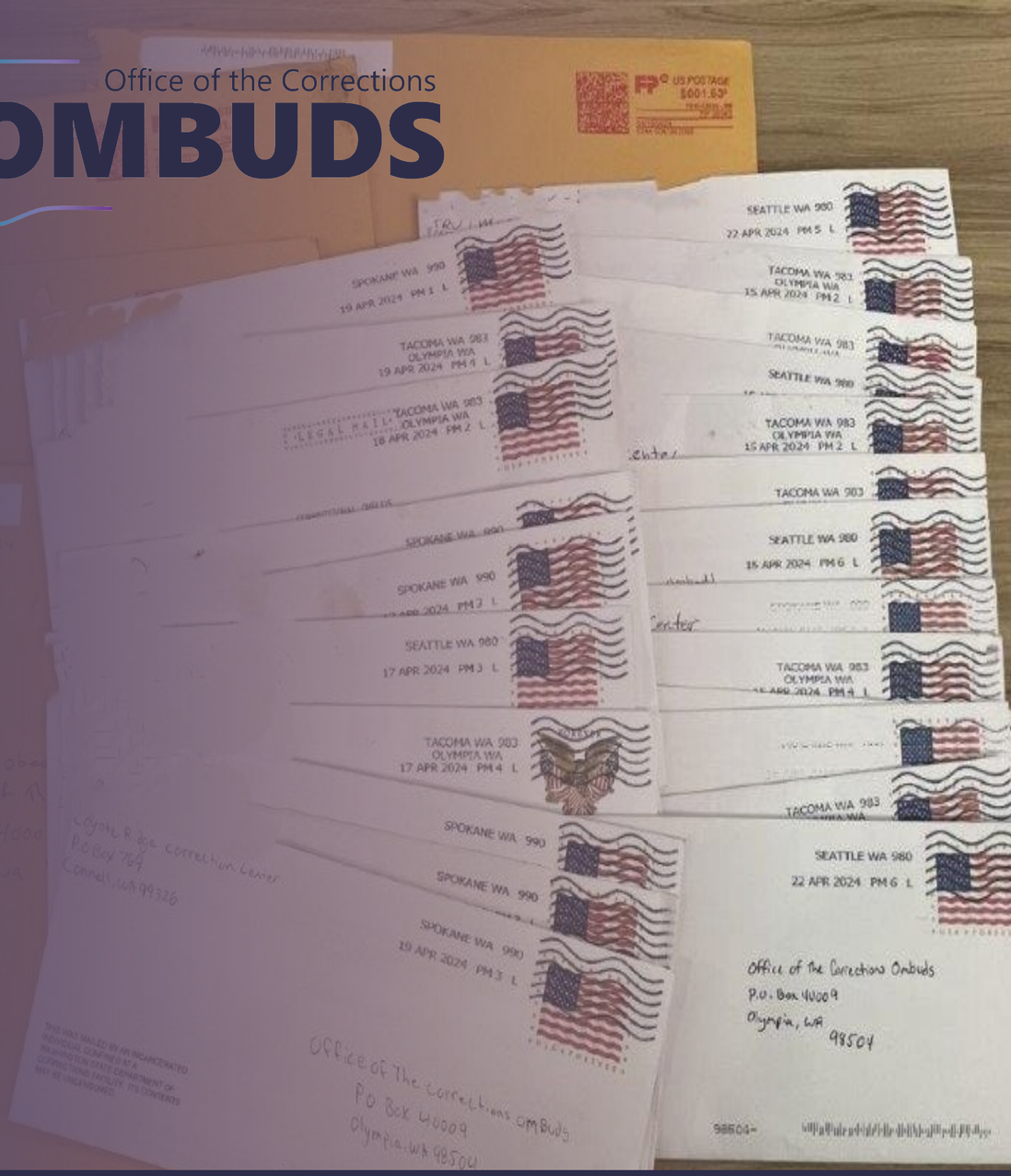
Thurs: 1:00 – 3:00 PM

Mailing Address:

PO Box 40009
Olympia, WA 98504

Online:

oco.wa.gov/submit-complaint



Quarterly Meeting October 2025

Office of the Corrections OMBUDS

Office of the Corrections
OMBUDS

Open Forum

Questions/Answers, Discussion, Feedback

Office of the Corrections
OMBUDS