

OFFICE OF THE
CORRECTIONS
OMBUDS

ANNUAL REPORT
2019

Prepared by
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Message from the Director

It is with great pride that I report to you the activities of the first full year of operation of the Office of the Corrections Ombuds (OCO). It has been a year of tremendous growth, development, and building. In the first year, OCO met the following milestones:

- Created an organizational chart with clear staffing positions for a two-tier system of both intake and investigation, and hired for all positions. OCO centers in its hiring decisions those who have personally and directly been impacted by incarceration.
- Created a student intern program with the inaugural class composed of both undergrads and Masters of Public Administration students from The Evergreen State College. OCO will maximize its limited state resources by building a robust intern and volunteer program.
- Located office space and signed a three-year lease with The Evergreen State College, creating a longterm, durable program at the college. OCO hopes to partner with justice-focused programs that already exist at Evergreen, including Gateways to Incarcerated Youth and the Sustainability in Prisons Project.
- Held all four of the statutorily mandated quarterly public stakeholder meetings on both the Western and the Eastern side of Washington and held meetings with key coalition members responsible for the creation of OCO. OCO created with stakeholder input the first strategic plan with clearly delineated objectives, goals, and strategic priorities. I continue to be impressed and inspired by the decade of work that stakeholders committed to bring about this office, and appreciate their ongoing support and guidance.
- Opened over 2,000 cases and initiated review, attempted to resolve and/or investigate, and closed, as applicable. OCO impacted positive change for hundreds of incarcerated individuals.
- Presented in front of both House and Senate legislative committees that handle corrections matters and met with all legislator members on those committees. OCO continues to raise awareness of the concerns impacting incarcerated individuals, their families, and other stakeholders.
- Prompted systemic improvement across multiple areas of the Department of Corrections, including health services, the grievance procedure, property handling, disciplinary issues related to urinalyses, and more.

Of course, any growth process includes growing pains. OCO began accepting complaints before it was fully staffed and before procedures were fully developed, creating an immediate backlog. OCO experienced staff turnover, which caused further backlogs and training delays. Building communication, dialogue, and trust with advocates and impacted citizens is also a work in progress, with many lessons learned moving forward.

Based on my experience in prison oversight in Ohio, I have a unique vantage point to comparatively see both the positives and challenges of Washington's Department of Corrections (DOC). Positively, DOC staff, starting with Secretary Sinclair, have expressed a clear commitment to work with OCO staff on identified areas for change and improvement. DOC has worked collaboratively with OCO on several policy changes, including urinalyses, behavioral observation entries, and the grievance procedure. Although OCO staff are primarily contacted when things go wrong, OCO has also experienced a number of DOC staff, including Superintendents and line staff, who have a commitment to a progressive, humane corrections system. Compared to Ohio, there are fewer reports of excessive use of force, a greater ability for normalized family interactions via extended family visitation, and greater access to higher education.

However, although there are a number of positives regarding DOC, there are also serious concerns. This report will attempt to pull together recommendations based on a year of gathering information and receiving over 2,000 complaints from across the system. To be clear, this report is not and should not be considered a 360 degree evaluation of DOC. OCO receives only complaints. Further, these recommendations are based on only its first year and therefore should be considered but a first attempt to address the larger issues impacting the correctional population. OCO also recognizes that there are likely deeper issues, including a disproportionate negative impact on individuals based on race, ethnicity, class, age, gender, sexuality, ability, religion, and immigration status, that are predominately not addressed in this report, but hopefully will be explored in coming years.

To implement the recommendations in this report, though, DOC will need to confront its own bureaucratic challenges that impede change, which include the following:

- DOC is a siloed bureaucracy, with information not easily traveling up to the staff with power to make changes, or across departments. Information out of DOC is often conflicting or inaccurate, and there can be great variation between how policy is implemented between facilities.
- Creative, proactive problem-solving of issues impacting the incarcerated population does not appear to be a pervasive part of the DOC culture; staff have reported feeling bound by rules set by people who have not worked in institutions for years, and conversely, staff at the administrative level often assume that they know how things operate when in fact the situation on the ground may be much different. Further, DOC's efforts at policy change are directly impeded by its

policy office, which is at best sclerotic, with policy changes sometimes taking over a year and some policies not having been updated for a decade. This results in staff either feeling disincentivized to try to create change or they create workarounds that may or may not reflect the written policy.

- DOC's identification of problems impacting the incarcerated for improvement work appears to be primarily driven by investigations rather than proactive reform. This has created a negative culture of blaming individuals rather than improving processes, resulting in both fear and a refusal to take responsibility so as not to be the one blamed. It also insulates administrative staff from being aware of problems on the ground until it rises to the level of an investigation.
- Comprehensive external oversight by a nationally-recognized accrediting body has been lacking, and the internal operations audit process is shallow, occurring only every two years, staffed by only two people, evaluating a limited number of areas, and with an unclear level of accountability resulting from a poor audit rating.
- Similar to many departments of corrections across the nation, the custody chain of command has been at the forefront of departmental priorities and initiatives, leaving ancillary departments, such as health services, to operate without the same focus, to its and the incarcerated population's detriment.

Above all else, despite the many DOC staff who want to be at the forefront of the national movement of evidence-based, results-driven justice work, DOC remains a reflection of past philosophies, starting with both its name – “Corrections” – and the legislative intent. To truly see change, the Governor's office and the Washington Legislature need to give DOC a new vision in line with today's focus on rehabilitation and reentry. The public is better served when rehabilitation truly happens within DOC and people return to their communities with necessary education and pro-social skills, and free from the addictions that led them to incarceration in the first place. But to truly achieve that goal, DOC's predominant staff culture and overall lens needs to change.

OCO staff work with a passion to uphold our mission and responsibility to reduce the likelihood of adverse actions occurring within DOC that impact the health, safety, welfare, and rehabilitation of incarcerated individuals. In fulfilling this mission, our work has illuminated several areas for systemic reform that will benefit the lives of those who both live and work in correctional facilities in WA.

Sincerely,


Joanna Carns, Director

Executive Summary

One year since opening its doors to receiving complaints, OCO is fully operational, with procedures in place for effective intake, early resolution, and investigation of complaints. In the past year, OCO has achieved the following:

- Prompted systemic reform and policy change, including but not limited to:
 - Improving the quality of the internal grievance procedure, to overall reduce complaints and resolve issues at the lowest level;
 - Identifying systemic barriers to both access to and quality of health services;
 - Ensuring incarcerated individuals' access to confirmation tests of urinalyses, to reduce unjust sanctions and loss of good time;
 - Ensuring notification and meaningful opportunity to appeal behavioral observation entries, also potentially impacting loss of good time and release;
 - Improving conditions of confinement for women and transgender individuals, including access to gender affirming care;
 - Prompting review of property procedures and policies to reduce the loss property for incarcerated individuals and tort claim; and,
 - Ensuring recording of all Category D disciplinary hearings to better ensure accountability and justice.

- Provided assistance to hundreds of incarcerated individuals and their families, ranging from providing information on self-advocacy options to overturning infractions to reinstating visitation to ensuring access to medical care.

OCO successfully worked with DOC staff across a number of issues, including both individual cases and systemic issues. DOC staff made numerous reversals of prior decisions to ensure incarcerated individuals received necessary care, treatment, and items. DOC staff also engaged in high level systemic changes and improvements after discussion and consideration with OCO.

Based on the over 2,000 complaints that OCO has received from November 1, 2018 to August 31, 2019, OCO makes the following recommendations for systemic reform to improve conditions of confinement and ensure that persons confined in DOC are treated humanely and released back to society with the greatest chance of success:

1. DOC should re-align itself toward the goal of equipping individuals for a successful reentry and improving public safety through reducing future crimes.
2. Understanding that family connections are a proven positive factor in reducing 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.
3. DOC should significantly improve quality of, access to, and oversight of its health services, particularly medical care.
 4. DOC should create 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 for reentry success.
 5. DOC should ensure incarcerated individuals with a mental health diagnosis receive special – and different – consideration when involved in the internal DOC disciplinary system.
 6. DOC should ensure incarcerated individuals with disabilities have equal access to programs, services, and the grievance program.
 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.

I. OCO Mission and Values

Mission

The mission of the Office of Corrections Ombuds is to reduce the likelihood of actions or inactions of DOC negatively impacting the health, safety, welfare, and rights of incarcerated individuals by intervening in individual cases and making public reports with recommendations for systemic improvement to the Governor, the Legislature, and agency officials.

Values

- **Dignity:** We recognize the dignity of all persons.
- **Impartiality:** We are neutral, independent, and unbiased in our work.
- **Confidentiality:** We respect and protect the information entrusted to us.
- **Integrity:** We are honest, ethical, and dedicated to our work.
- **Promoting Public Awareness:** We create systemic reform by publishing reports that influence change and outcomes.

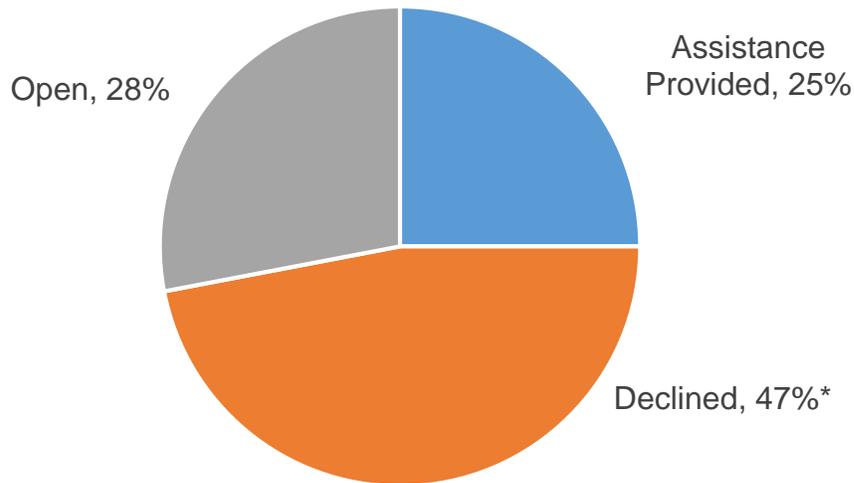
II. OCO Budget and Expenditures – FY 2019

Category	Allotment	Expenditure
Salaries and Wages	565,600	312,404
Employee Benefits	214,608	109,709
Professional Service Contracts	100,000	6,108
Goods and Services	273,652	95,287
Travel	20,640	50,045
Capital Outlays	41,500	0
Total	\$1,216,000	\$573,552

OCO significantly underspent its budget for FY 2019 as during this period it was in the process of opening the office and hiring staff. For example, OCO had no staff for almost the entire first quarter of FY 2019.

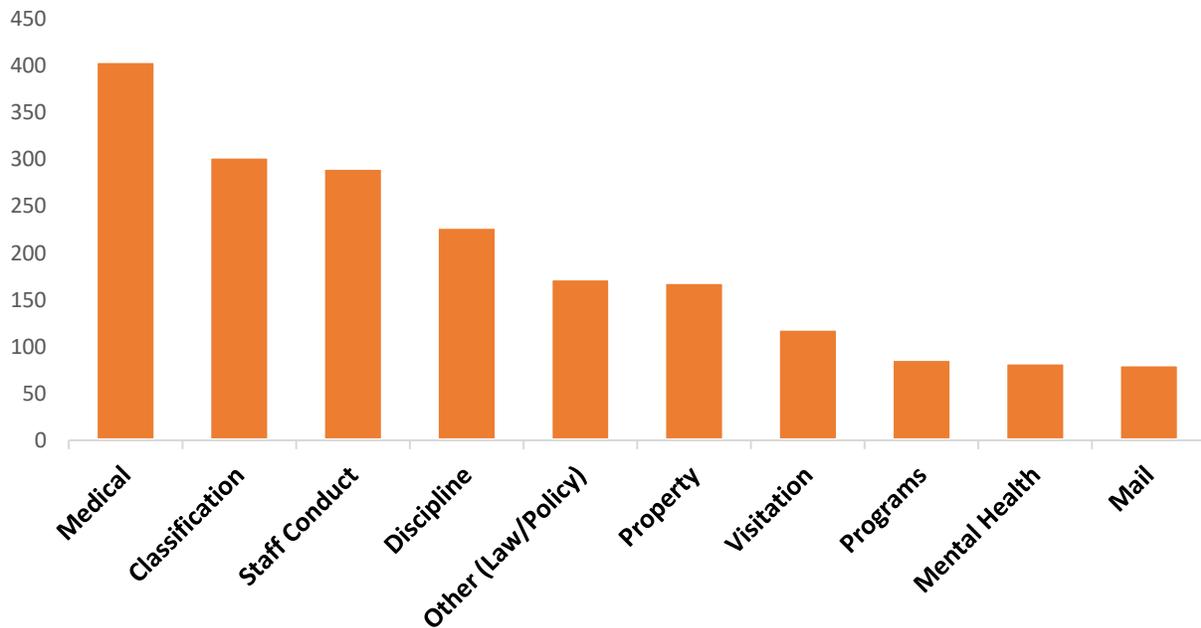
III. OCO Complaints Received and Resolved (November 1, 2018 – August 30, 2019)

2,002 Complaints Received

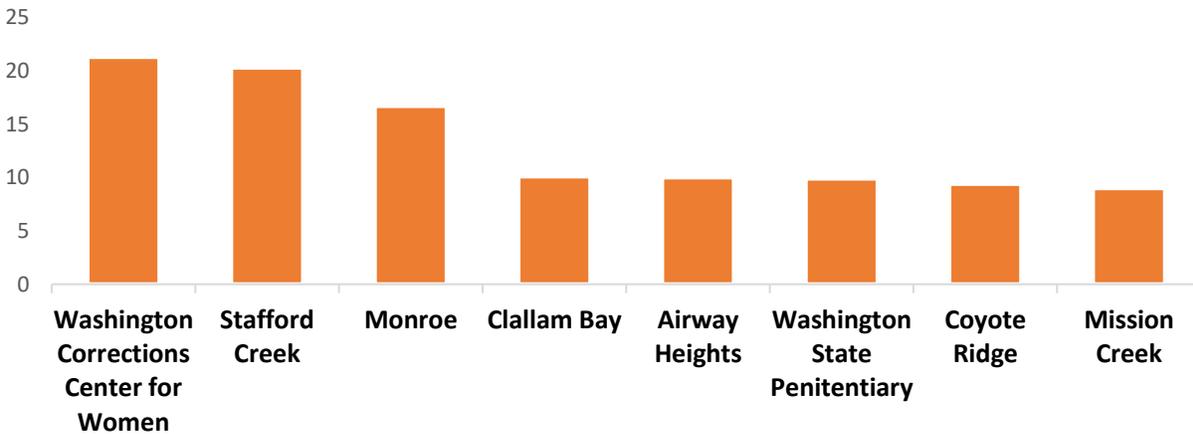


*Cases are generally declined due to lack of jurisdiction, including that the incarcerated person had not attempted to use the internal grievance procedure prior to contacting OCO, or after OCO's initial review, DOC was found to be following policy. OCO will often still consider declined cases for potential policy and systemic improvement work.

Complaints by Top Categories of Concern



Top Institutions by Rate of Complaints per 100 Incarcerated Individuals



IV. Selected Individual Case Summaries

Institution	Concern	Outcome
AHCC	Complainant contacted OCO about his infractions for using the restroom during count due to a bladder infection. Originally, DOC was unwilling to overturn, stating his medication for his bladder infection was sufficient and he should not have needed ice or extra bathroom time. Complainant subsequently found to have Stage IV prostate cancer.	DOC overturned the infraction. OCO ensured he had cancer care from the point of diagnosis and is looking into the diagnosis delay.
AHCC	Complainant’s hearing aids were stolen. He should have two and DOC only gave him one. He cannot hear the officers when they talk to him. It is a safety issue.	DOC gave him a second hearing aid.
AHCC	Complainant’s wife’s visitation suspended indefinitely. It has been over a year and her appeals are still getting denied due to her hair extensions being a “security threat” and she showed the complainant a tattoo on her thigh.	DOC reinstated visitation.
AHCC	Complainant placed in Therapeutic Community, which requires public speaking, but he has high anxiety, as documented through a Health Status Report. Received an infraction for failure to program, which affects his ability to go to a camp.	DOC overturned the infraction.

Institution	Concern	Outcome
AHCC	Complainant wrote OCO a letter explaining his foot issues, that the CRC had denied him medical boots and told him to get inserts, but then he was denied inserts.	DOC provided inserts at no cost and a follow-up appointment.
CCCC	Complainant said that he is being denied work release; feels he is being discriminated against. The no contact order has expired but that is the reason DOC keeps telling him as to why he cannot go to work release.	DOC processed him for a work release placement.
CRCC	Complainant needs C-PAP machine. He was told that he would get a C-PAP machine right away, but it has been almost a month, and over eight months since entry.	DOC provided the C-PAP machine.
CRCC	Complainant's daughter removed from visiting list despite having court order specifically allowing for visitation.	DOC reinstated visitation.
MCC	Complainant alleged that his property not transferred from CBCC	DOC transferred his property.
MCC	Complainant's hernia Health Status Report removed without testing him.	DOC reinstated the HSR
MCC	Complainant wants to take medication on a voluntary basis to fulfill the requirements for ISRB. He has been on involuntary medication for 540 days.	DOC allowed voluntary medication.
MCCCW	Complainant contacted OCO as she was not receiving the proper food required for Celiacs disease. Complainant reported malnutrition and health problems.	DOC provided supplemental diet items and proper handling and ordering of gluten free and wheat free food options.
OCC	Complainant has been in the final phase of the Therapeutic Community for over a year and has been told by staff that he will need to complete the same programming repeatedly until release, 22 months later.	DOC discharged from TC.
OCC	Chemical dependency counselor continues to neglect complainant's diagnosis of PTSD, specifically being infracted for issues with speaking publicly.	DOC changed counselors; complainant now stable in program.

Institution	Concern	Outcome
SCCC	Complainant is 150lb, 70 yrs old. He was bullied by a 300 lb man. When another person reported the bullying post-release, the bully made a false PREA report against the complainant, who was infracted.	PREA allegation found to be false. DOC overturned the infraction.
SCCC	Complainant to be transferred to another institution after being infracted and having many issues with an officer, who placed a "keep separate." He grieved her and never got a response.	DOC did not transfer him.
SCCC	Complainant says he has been on a special diet for over a year; needs his food pureed in order for him to eat. He has an ulcer and if he is not on the special diet, it causes him to throw up. Grieved multiple times to no avail.	DOC corrected the diet.
SCCC	Complainant has severe asthma; DOC took his nebulizer because they thought he abused it	DOC returned his nebulizer.
SCCC	Complainant wanted a copy of paperwork that he signed, but was told he would have to publicly disclose it.	SCCC staff implemented new policy to now give copies.
WCC	Complainant alleges that his release date is in error. His J&S says he should have 130 days served from time in jail. Pierce County only logged 30 days.	DOC reinstated 100 days.
WCC	Complainant in longterm isolation. Aunt not allowed to visit.	Superintendent allowed special visit.
WCCW	Property denied in mental health crisis unit.	DOC restored property.
WCCW	Complainant transferred from Yakima to WCCW. She had a lip ring and a tongue ring and was told if she turned in her jewelry before going through the body scanner that she would not be infracted. She did and one week later received a 517 major infraction.	DOC overturned the infraction.
WCCW	Complainant's daughter charged with attempting to convey contraband. She was infracted, lost good time, and a permanent restriction was placed on visitation with her mother. Upon review, the investigation had significant holes.	DOC overturned the infraction, good time returned, visitation with the mother reinstated.

Institution	Concern	Outcome
WCCW	Complainant complained of lack of treatment for eczema as well as use of Behavioral and Mental Health Plan to incentivize access to treatment for eczema. OCO confirmed itching and rashes that covered complainant's arms and legs.	Medical staff provided necessary topical creams. OCO also discussed with staff ending the practice of using plans to incentivize treatment.
WCCW	Transgender men contacted OCO as they were receiving only one binder for gender affirming care and undergarments, forcing them to use and wash the same binder over and over, causing inconvenience, enhanced gender dysphoria when they did not have access to a binder, and wear and tear on the binder itself.	DOC HQ updated the property matrix so that all people requesting binders will receive four.
Yakima Jail	Complainant contacted OCO as Yakima Jail could not provide sufficient food for managing her Celiacs disease. Complainant reported malnutrition and health problems.	DOC transferred her back to WCCW where her diet could be stabilized and properly managed.
Yakima Jail	Complainant was transferred to Yakima Jail the week of graduation from the FEPPS (Freedom Education Project Sound).	DOC returned her to WCCW to attend her graduation. WCCW in turn worked with FEPPS to establish education holds.
Yakima Jail	Several complainants contacted our office who were in active appeals, or one with an active clemency petition and the need for access to a legal library, which was not available at Yakima Jail.	Individuals were returned to WCCW for Legal Access. Yakima Jail and DOC staff worked to provide computers with legal access onsite.

V. Significant Systemic/Investigative Outcomes

Concern	Outcome
<p>OCO's largest area of concern is in health services. OCO conducted a review of the complaints that it has received, produced a tracking sheet with common issues and recommendations for improvement. Common issues include scheduling errors, lack of oversight/auditing/quality assurance, medication errors, failure to receive treatment, and failure to both see an outside specialist and for DOC to follow that specialist's recommendations.</p>	<p>DOC agreed to make a number of changes, including creating a new process for medical grievances, improving its "constant quality improvement process," and seeking accreditation, among others. OCO is meeting regularly with DOC health services administration to ensure follow-up and that the concerns are being addressed. Health services is an ongoing issue.</p>
<p>OCO received several allegations of false positives from the on-site, instant urinalyses conducted by DOC. Incarcerated individuals had no meaningful ability to appeal the infraction as they could not request a re-test of the urinalysis sample. OCO conducted multi-state research and determined that many states allow for confirmation tests by outside labs and also do not test for certain substances such as THC within 45 days of reception due to the fact that based on level of use and body size, THC can remain in the body an extended period of time.</p>	<p>DOC agreed to change its policy to ensure (1) no testing for THC within 45 days of reception and (2) ability to request confirmation test by outside lab. DOC has rolled out training on the new process, which should go into effect before the end of 2019, and the policy change is being finalized.</p>
<p>OCO noted multiple concerns regarding incarcerated individuals' use of the grievance procedure, including poor quality of investigations by DOC staff prior to making a determination, overuse of sending grievances back for "rewrite" based on technicalities, lack of assurance that a grievance would not be "lost," and retaliation.</p>	<p>DOC implemented a training for all Grievance Coordinators and Superintendents, including a revised and improved checklist to ensure thoroughness and the preservation of perishable evidence. DOC created a workgroup co-chaired by the DOC Director of Prisons and the OCO Director and involving a cross-section of internal DOC staff and external stakeholders to evaluate and make recommendations for improvement in the grievance procedure. The final report is due December 31, 2019.</p>

Concern	Outcome
<p>OCO received several complaints that staff logged negative Behavioral Observation Entries (BOEs) into incarcerated individuals' records without that individual's knowledge or ability to appeal, which later affected classification and even release outcomes.</p>	<p>DOC agreed to change its policy to ensure both notification and appeal opportunity.</p>
<p>OCO received several complaints regarding visitation denied to certain individuals with sex offenses for their biological, minor children despite their Judgment and Sentence explicitly allowing for visitation with the named children.</p>	<p>DOC agreed to change its policy to implement a committee to review cases and more explicit criteria. OCO is still working with DOC on this issue.</p>
<p>OCO received several complaints that a large number of incarcerated individuals were held in longterm isolation waiting on an out-of-state transfer that could take years. OCO conducted multi-state research and found that DOC had a significantly higher population and significantly higher wait time than any other state researched.</p>	<p>DOC agreed to reevaluate the list, determine if any persons could be safely released to general population, and evaluate a more suitable living unit placement. Number of persons on waitlist has been significantly reduced.</p>
<p>OCO received several complaints from transgender incarcerated individuals who raised concerns regarding the doctor who was evaluating them, as well as denial of the purchase of cosmetics.</p>	<p>OCO raised the concerns with DOC, prompting a review of the doctor, and also agreed to allow for the purchase of cosmetics for transgender women in male facilities.</p>
<p>OCO received an allegation of improper use of force, specifically that an officer with a helmet head-butted a restrained incarcerated individual. OCO noted multiple flaws in the investigation process and report.</p>	<p>Staff at the facility of the incident created statewide training around cell extractions to improve accountability.</p>
<p>OCO has received several complaints regarding loss of property and staff's failure to reimburse or replace.</p>	<p>DOC created a workgroup at one facility to evaluate and improve property procedures, with best practices to be shared across DOC. DOC also agreed to add prosthetics to the property matrix.</p>
<p>OCO's review of a case in which a Category D hearing was not audio recorded raised the issue that in fact no Category D hearings were being recorded due to a planned policy change that had not materialized and that was in contravention of the WAC.</p>	<p>DOC immediately sent out a notice informing staff to record Category D hearings.</p>

VI. Recommendations

The following list of recommendations are not intended to be comprehensive, as OCO has only been in existence for a year, but are based on a review of the over 2,000 complaints that OCO has received to date.

1. DOC should re-align itself toward the goal of equipping individuals for a successful reentry and improving public safety through reducing future crimes.

The vast majority of complaints reported to OCO arise from individual staff either acting out of a negative DOC culture rooted in adversarial notions of corrections or applying black-and-white policy without regard for the person's individual situation, with an unjust outcome resulting. While individual leaders in DOC often verbally promote a progressive ideal, they are impeded by the entire construct of the department itself, which perpetuates the paradigm that incarcerated individuals are felons who cannot be trusted, let alone changed. From the name of the department itself – correction implying discipline – to the position description of correctional “officers,” to the continued use of the word “offender,” to the highly structured surveillance of even the minimum security and work release populations, DOC aligns itself with a law enforcement mentality that reinforces the underlying criminal conviction of the incarcerated population. By reinforcing the person's criminal status, DOC fails to facilitate the personal transformation that is ultimately what will truly promote a successful reentry and improve public safety through the reduction of future victims.

- 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.
- 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 best as it can the normal experience of being in the community, ultimately increasing the likelihood of successful reentry.
- 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.

Case Examples: Rehabilitation and Reentry Focus

Mr. A is a 70 year old man with Parkinson's. Over the course of a year, he received 11 infractions for defecating and urinating on himself, resulting in an escalating series of infractions that combined to almost 200 days loss of visitation with his brother, 150 days loss of good time credit, in addition to numerous restrictions on his access to the

phone or other communication devices, cell confinement, and loss of privileges. Staff believed that his actions were voluntary because Mr. A refused to wear Depends. Mr. A denied having any medical needs to OCO staff and appeared in denial overall regarding his condition; early signs of senility also appeared to be a factor. OCO was unable to effect change for Mr. A.

Mr. B is an incarcerated veteran who has suffered from a substance abuse disorder, which led to a violent crime. He was incarcerated in 2002 with an early release date of September 2019. While incarcerated, Mr. B participated in every program possible, and by the end of his sentence, he was leading classes as a mentor in the therapeutic community for drug treatment. He was still denied the ability to enter work release due to having “limited crime related programming” and that his crimes were “concerning.” OCO was unable to effect change for Mr. B.

2. Understanding that family connections are a proven positive factor in reducing 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.

Governor Inslee has long recognized and promoted the importance of family connections on positive reentry outcomes. Positively, DOC has several innovative programs – such as extended family visitation (EFV), Camp Kubi, and the nursery at WCCW – that are at the forefront nationally. However, these programs impact a small number of people. The larger reality is that DOC uses family connections as part of its standard system of punishment, even stacking penalties that can extend for months, even for small infractions. Phones, electronic communications, and direct visitation are some of the first privileges to be taken. Considering the incidence of mental illness, low impulse control, and failure to consider rational consequences that may have led them to prison in the first place, these restrictions often fail to have the deterrent effect intended and instead result in further harm to the individual. DOC also often disregards a court’s Judgment and Sentence to authorize visitation based on its own criteria, which in cases involving a sex offense, includes that a person is lawfully pursuing an appeal. Further, OCO has received several complaints from family members of incarcerated people who have themselves been on the receiving end of DOC discipline for minor infractions, although they have committed no crime.

- 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.
- 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.

- 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.
- 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.
- DOC should increase the number of family-friendly activities and ensure that all types of family have opportunities.

Case Example: Family Connections

Mr. C's wife and mother of his child has been denied visitation due to being a co-defendant of the crime leading to incarceration five years ago. Mr. C's wife has since completed all DOC requirements of her own and is a law abiding citizen. Mr. C has denounced the gang he was in, moved to the Twin Rivers Unit, holds a trusted job, participates in Toastmasters and has never received a serious infraction. Despite these clear efforts toward rehabilitation, they are still denied visits due to DOC policy and Mr. C's child is not able to visit with both his mother and father in the same room. OCO was unable to effect change for Mr. C.

Ms. D had a meeting with medical/custody staff at Monroe Correctional Complex – Twin Rivers Unit to discuss her incarcerated husband's healthcare. Upon arrival, she was told that she could not bring her purse into the meeting but would have to place her purse in her car. She questioned that option given that she had been allowed to bring her purse in before for similar meetings. She asked if the Superintendent could confirm this, who reiterated that she needed to leave the purse in her car, which she did. No further discussion with staff on the matter occurred. After the meeting was completed, and after her visit the following day with her husband, she returned to her car to find an email with an official form letter that barred her from visitation with her husband for six months because she had allegedly been "rude and disrespectful" to staff. OCO staff had been present during the incident in question and rejected this allegation. After an appeal to the Prisons Director and the OCO's intervention, the restriction was reduced from six months to 60 days, but it was not completely lifted. Ms. D was also immediately removed

from the Monroe Correctional Complex local family council and, by telephone, was removed as the Family Co-chair, unable to meet her duties at the upcoming meeting of the Statewide Family Council. OCO was not able to effect further change for Ms. D.

3. DOC should significantly improve quality of, access to, and oversight of its health services, particularly medical care.

OCO's largest area of concern with regard to conditions of confinement for persons incarcerated in DOC is in health services. Over 20% of complaints pertain to allegations of poor quality of health care or inability to access health care. Common issues include scheduling errors, lack of oversight/auditing/quality assurance, medication errors, failure to receive treatment, and failure to both see an outside specialist and for DOC to follow that specialist's recommendations. Further, OCO has received several very disturbing allegations regarding inadequate medical care directly leading to an incarcerated person's death. OCO has submitted a decision package for an additional FTE to focus on deaths in custody and produce public reports as it does not currently have the capacity to give deaths in custody the attention that they deserve.

- 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.
- Strengthen the internal audit process for health services based on a broad review of comparable audits of healthcare facilities and ensure accountability.
- Pursue external accreditation by a nationally recognized accrediting body for correctional health services.
- 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.
- 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.
- Conduct a review of current scheduling practices at each facility and determine a best practice to be implemented.
- 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.

- 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. Implement standardized criteria for treatment decisions and make this criteria transparent. Ensure a meaningful appeal exists for CRC decisions.
- Conduct a review and determine how to provide greater transparency and criteria for DOC staff's decision to not follow a specialist's recommendations.
- 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.
- 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.
- Improve training for medical staff on transgender health care.
- DOC Health Services needs to evaluate and provide better quality of care for orthopedic concerns.
- 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.
- 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.

Case Examples – Health Services

Mr. E was diagnosed with cancer after tumor biopsy. He was ordered radiation and chemotherapy. Due to administrative errors, his move to Monroe Correctional Complex for care was delayed. After the move, Mr. E still never received treatment

even after grieving multiple times. He has since been told that he has six months to live.

During a medical appointment, a nurse identified a concerning lump in Mr. F's breast. As the lump was not the main complaint for the visit, the lump was not investigated. Despite grieving and repeated visits to medical, Mr. F did not see an oncologist for almost six months. The oncologist determined that he needed immediate and aggressive surgical intervention, chemotherapy, and radiation treatment. Mr. F was not offered any treatment for a further three months, at which point he opted for comfort measures only. Mr. F has since passed. OCO conducted an investigation and a report is forthcoming.

Mr. G is a 40 year old male with a complete humeral spiral fracture to his left arm. He describes hearing the bones click and pop when they rub together. He was only provided three days of pain medication. At the hospital he was provided a full arm sling but the sling was removed by DOC and he was given a small wrist to shoulder sling, which did not support healing. Currently his arm hangs from upper shoulder and is not supported nor healing well. He was denied by the Care Review Committee an outside specialist visit until OCO became involved. The DOC Rubicon system (external standard) indicated that Mr. G required more treatment. DOC reports they will wait to see if the healed curvature is over 30% off from normal, then they will provide more treatment. According to Mr. G, he has lost movement and has extensive nerve pain. OCO was unable to effect change for Mr. G.

Mr. H was diagnosed with Rheumatoid Arthritis. DOC stopped his arthritis medications. He now lives with knee pain and swelling but is only allowed to have Tylenol for pain. He wants to go back on his Arthritis medication. OCO was unable to effect change for Mr. H.

4. DOC should create 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 for reentry success.

Operating with a reentry lens, returning citizens to the community healthy and with an understanding of healthy food choices is an overall benefit to the public. Several years ago, DOC made the switch to using Correctional Industries (CI) for food production, which engages in a mass production modality for food services. This shift has resulted in food products that are more processed, and incarcerated individuals have reported

ongoing concerns regarding both quality and quantity. Not only has this led to a substantial amount of food waste and over-reliance by the incarcerated population on junk food provided by the CI commissary, three major food strikes have occurred at facilities in the past year and a half. Consequently, food quality is a security and population management issue as well. In recent years, much advocate attention has been given to the implementation of the Governor's Executive Order 13-06, which requires a greater quantity and variety of protein and vegetables. Higher quality choices require higher funding, and yet the average cost per meal (\$1.50) remains low.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

Case Examples – Quality of Food

In April 2018, more than half the incarcerated population in Washington State Penitentiary engaged in a mass food strike to protest the poor quality of the food. The food strike involved multiple units and incarcerated individuals working in concert across the racial/geographic lines that usually separate them. The strike lasted over a week. A primary concern of the incarcerated individuals was the quality of the food and the reheating protocols. Unlike other institutions that have a kitchen to freshly cook food and a dining hall to serve the population, WSP's decision a decade ago to remove the kitchen and dining hall and subsequently to utilize CI's cook-chill method means that the food goes through a multi-step process that would make even the best quality food challenging to serve. The food is actually cooked and prepared in CI's food factory at another institution, then reheated at WSP to be portioned into food trays, which then have to be loaded into carts to take to the individual housing units, and then re-heated again prior to serving. Incarcerated individuals report that portions of the meal are often overcooked to the point of burning or undercooked with portions still frozen. Institutional issues like recounts and staff discord further compound the situation. DOC attempted to fix the issue by installing reheating ovens on each housing unit, but while an improvement, the ovens often break down and preclude other potential solutions, and concerns regarding the quality of the food persist.

Incarcerated individuals at Coyote Ridge Correctional Center engaged in a similar food strike in 2019. DOC responded with implementing a hot breakfast after receiving funding from the legislature. A third strike occurred in October 2019 at Clallam Bay Corrections Center. These disturbances highlight the important connection between food quality and institutional safety and security.

5. DOC should ensure incarcerated individuals with a mental health diagnosis receive special – and different – consideration when involved in the internal DOC disciplinary system.

OCO has set as a strategic priority for 2020 conducting a full review of DOC's mental health services and expects to have a fuller analysis and recommendations for improvement in the 2020 annual report. Key concerns that have been brought to OCO's attention in its first year, however, revolve around the internal disciplinary system, including the hearings process and restrictive housing, and the impact on those individuals on the mental health caseload. In a laudable move, DOC is partnering with the Vera Institute for a second time to create even greater improvements in its restrictive housing practices. However, at the current time, there are no specific initiatives that recognize the disparate impact of the disciplinary system and restrictive

housing and provide for special and different treatment of individuals on the mental health caseload.

- 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 the impact of restrictive housing on mental health and the various symptoms and manifestations of mental illness as it relates to behavior.
- DOC should ensure that all seriously mentally ill incarcerated persons who receive a major infraction are supported and represented 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.
- DOC should reform the disciplinary structure in the residential treatment units at the Monroe Correctional 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.

Case Examples – Disciplinary Hearings and Sanctions

Mr. I at Airway Heights was serving a Drug Offender Sentencing Alternative (DOSA) sentence. His DOSA was terminated due to receiving an infraction for violation of rule 716 – unauthorized use of medication. The unauthorized use was in pursuit of a suicide attempt using over the counter medication. Mr. I had a repeat history of suicide attempts and self-harm. OCO intervened, resulting in the overturning of the infraction. However, DOC did not overturn the separate rule 509 infraction that dealt with the actual revocation of DOSA. OCO intervened a second time by raising concerns regarding Mr. I's disciplinary hearing, in which it was evident that the person needed assistance due to his mental and learning disabilities. The disciplinary hearing officer recognized Mr. I's disabilities, but did not provide for assistance by mental health staff, which is contrary to policy. Further, the disciplinary officer counted against Mr. I that he had "disrupted" his drug treatment multiple times due to declaring mental health emergencies. DOC agreed to re-hear the case, ultimately reinstating DOSA and releasing Mr. I.

Ms. J was given a DOSA sentence and started Therapeutic Community. She has a mental health diagnosis and was placed on a medication by DOC Mental Health. The medication she was taking has a side effect of painful/difficult urination. Her medication was increased and she was required to provide a urinalysis sample three times in the 30 days directly after the medication increase. She could not produce urine and told DOC she thought it was due to her medication. She was nevertheless infracted. This resulted in a DOSA termination hearing. She was not given an attorney at the hearing and her DOSA was terminated. OCO researched the medication and was able to substantiate her concerns. Ms. J was granted a new hearing and an attorney. Her DOSA was reinstated once the evidence was presented.

6. DOC should ensure incarcerated individuals with disabilities have equal access to programs, services, activities, and the grievance program.

OCO conducted a systemic review of concerns related to incarcerated individuals with disabilities and produced a series of recommendations to address them. Individuals with functional disabilities are impacted throughout most of DOC's systems and processes, including classification, programming, education, and the grievance process, among others. This review primarily focused on concerns related to the reasonable accommodation request process. This is the process by which an incarcerated individual with a disability that substantially limits one or more major life activities can request a reasonable accommodation from DOC that would enable their access to programs, services, and activities while in custody. OCO is in the process of discussing these recommendations with DOC and producing a comprehensive report. The following is a summary of the main recommendations:

- 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.
- 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.

- 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.
- 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.
- DOC should ensure availability of interpreter services, including on-site ASL interpreters and video relay interpreters.
- 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.

Case Example – Persons with Disabilities

OCO was contacted by Mr. K, an individual with a mental health disorder and traumatic brain injury who had extreme sensitivity to stimuli such as fans, radios, and televisions. DOC had approved a housing modification to accommodate this disability. However, when this modification was set to expire, DOC refused to renew it because Mr. K's providers claimed the man needed to learn how to survive without it. Despite Mr. K's pleas, he was re-assigned to a cell with a person who used several loud devices, including a musical instrument. This resulted in Mr. K experiencing such significant anxiety and psychological suffering that he fled on foot into the forest soon after being moved.

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.

As with many other correctional systems in the nation, prison facilities, practices, procedures, and protocols in Washington are created for the cisgender male population. When applied to the female, transgender, and non-binary populations, however, these same policies and practices may no longer serve any penological interest and can become traumatizing. OCO recently conducted a survey of every incarcerated female in DOC and will be publishing the results in a separate report. The voices of the incarcerated women amplified through the report lift up the systemic issues that negatively impact the women, starting first and foremost with the extremely problematic placement of women at Yakima County Jail. DOC needs to adopt a trauma-informed

and gender-responsive lens to instruct all correctional practices, programs, services, and staff training surrounding the female, transgender, and nonbinary populations.

- 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.
- DOC should implement a gender responsive classification tool.
- 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.
- 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.
- End the use of Yakima Jail for overcrowding. Instead, a combination of re-classification and overrides should be used to house the average of 40-60 person over-capacity issues.
- Staff should work actively to provide transgender people programming and support specific to their gender identity. This would include:
- Implementing model programs, including current groups at WSR and TRU and the monthly inmate led Gender Classes provided at WCCW.
- Make-up should not only be available in 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.
- Transgender persons' safety concerns and housing placement preferences should be given higher consideration, particularly when disciplinary actions lead to classification changes.
- Disciplinary infractions and sanctions that involve the LGBTIQ population, particularly the transgender population, such as longer than

average placements in restrictive housing, should be documented and tracked for suspected disparate application.

- Transgender and nonbinary or gender nonconforming people in prison should receive access to nondiscriminatory and medically necessary gendering affirming care.
- Staff should utilize the person's legal name rather than the name they under which they were originally incarcerated, and encourage the proper usage of pronouns for transgender and gender nonconforming inmates.

Case Example – Gender Equity

Ms. L, a transgender woman housed at WSP, contacted OCO after being infraacted for making a homemade makeup tool out of a mechanical pencil to help her separate her homemade mascara. She had also altered some clothing items to appear more feminine. She contacted us afraid that a major infraction would affect her current housing placement, and she was afraid for her safety if she was moved. She also feared that she was being targeted for her transgender status. OCO worked with facility leadership to ensure recognition of the reality that the use of makeup helps alleviate gender dysphoria for some transgender people, and that a new policy was forthcoming that would allow the purchase of makeup for transgender and gender nonconforming individuals in men's facilities. DOC staff reduced her infraction from a major to two minors so that it would not affect her classification level. However, DOC staff did not remove all infractions even in light of the intentions around the new policy, as the policy had not yet been implemented. OCO was not able to effect further change for Ms. L.

Ms. M contacted OCO after attempting suicide while in a work release facility and subsequent return prison. Ms. M had been denied access by work release staff to seek mental health support and treatment that included Medication-Assisted Treatment for opioid dependence. At a loss, Ms. M attempted suicide by overdose while offsite from the work release facility. She was luckily found and hospitalized quickly. Ms. M was then returned to WCCW where she was able to stabilize and enter the MAT treatment program onsite. OCO worked with DOC leadership to enable Ms. M's return to the work release and ability to both enter MAT treatment and necessary therapy while pursuing her job options. DOC leadership is also planning to work generally to ensure individuals in work release are encouraged to seek needed treatment and do not face stigma due to efforts to seek MAT treatment.

VII. Stakeholder Outreach and Input

Community outreach has been an important and necessary component of OCO's first year. OCO Director Carns conducted tours of all of the DOC institutions and met with DOC executive staff and the incarcerated tier representatives as part of her on-boarding. As new staff joined OCO, they also toured the institutions within their service area and met with the incarcerated population. OCO also requested that contact information for OCO be posted in every housing unit across DOC, and rolled out the statutorily-required hotline for incarcerated individuals to call with complaints in January. OCO staff continue to work towards ensuring active presence and accessibility for the incarcerated population.

OCO further engaged with non-incarcerated stakeholders and the community through a variety of methods, including:

- Quarterly public stakeholder meetings, required per RCW 43.06C.040:

12/13/18	Tukwila, WA
3/20/19	Sea-Tac, WA
5/22/19	Spokane, WA
9/12/19	Olympia, WA
- Attending every DOC Statewide Family Council Meeting and attending every local family council meeting at least two to three times during the year.
- Regularly attending Reentry Council, Children of Incarcerated Parents, Coalition to Create an Independent Corrections Ombuds, and other coalition meetings.
- Meeting with every tier representative group at the institutions at least twice, with some more frequently.
- Attending the Black Prisoners Caucus Summit in Spokane, the Concerned Lifers Organization in Monroe, and several cultural events, including two local pow-wows.
- Half of OCO's staff attended the Community Partnership for Transition Services annual conference at The Evergreen State College.
- Director Carns gathered stakeholder input into OCO priorities as part of our strategic planning meeting. The stakeholder input was gathered via a survey that was sent out to several hundred persons who were on the DOC Statewide Family Council listserv and the Coalition for an Independent Ombuds list. The survey with the results are attached as an addendum to this report.

- Director Carns also reached out to the Statewide Family Council for any comments or input that they would like to see included in this report. OCO received back the following responses:
 1. “I think that there are many, many folks that are incarcerated that do not really understand what your office does (and does not do). I’m not sure how you could pull it off, but any face to face contact that could be made with the incarcerated population to continue to educate on what your role is would be helpful.”
 2. “It has been great and very helpful to have OCO staff present at Local and Statewide Family Council meetings. The effect on DOC responsiveness and on the power imbalance between DOC and families is quite noticeable. The OCO has done a good job of including stakeholders in its work. I hear its staff are attending a lot of various community council and coalition meetings as well. However, there is a concern among some families of the incarcerated that the OCO might be devoting too much of its resources to attending too many community meetings. Attendance at community group meetings should be balanced in such a way as to ensure that staff still have time to address individual prisoner complaints.

I have concerns that the OCO might be shifting from working on individual cases to focusing more on systemic issues. If the OCO were to do so, the OCO would be just another ACLU of WA type entity. Since I was a legal department intern for the ACLU of WA working on prison and jail complaints in 2015, I know exactly how the ACLU of WA uses individual prisoner/inmate complaints to track systemic issues without actually addressing individual concerns in most cases. The OCO should be something different. The ACLU of WA is already filling the role in this state of an entity that uses individual complaints to track systemic issues without actually addressing individual concerns in most cases. If the OCO steps away from addressing individual complaints, there will be no entity in the state that fills that role. Stakeholders who advocated for the creation of the OCO wanted the OCO because entities like ACLU of WA, Columbia Legal, and DRW are not filling the kind of role we need an OCO type entity to fill.

I am concerned that the OCO is too cautious about rubbing WA DOC the wrong way to do proper investigative work on Correctional Industries operations. For example, I have not seen or heard evidence that the OCO is going into the prisons unannounced to monitor whether food served

matches menu claims or collecting samples for independent labs to carry out nutrient analyses on. I know it is a tough balance to strike to keep a constructive working relationship with DOC and to carry out investigative work, but my hope is that the OCO will err on the side of emphasizing its oversight role if there is ever a grey area. Correctional Industries is a master of smoke and mirrors and deceives legislators and the public all the time with optimistic cosmetic appearances. The OCO must be able not only to see through that, but also find ways to get behind the mirrors and reveal the underlying practices. Alliances with custody staff who are tired of CI practices that make their jobs more unsafe might be a good asset if an ally within DOC must be found.

The OCO's use of online surveys to gather input from free world stakeholders and paper surveys to gather input from the incarcerated has been an excellent approach. I hope this is a permanent practice. It builds a lot of trust and enhances the OCO's ability to be inclusive while operating on limited funding.

I would like to see a section in the OCO's upcoming report explaining ways in which OCO collaborates and/or shares information with other state agencies besides DOC, such as DOH, Department of Commerce, etc. I would also like to see a section explaining the specific types of work OCO has interns and volunteers doing, perhaps with an estimate of the dollar value of volunteer contributions. I also hope the report identifies top areas of concern the OCO will aim to address in 2020.”

3. “During the last year since we have had the OCO I have noticed a sense of more support for families during the Statewide Family Council meetings. I think both the family volunteers and the DOC staff are aware of the presence of the OCO during these meetings. The power dynamic is heavily on the side of the DOC. Family members at the meetings sometimes do not feel heard by the DOC when they raise concerns. Now families know that they will be taken more seriously. The OCO representative does not interfere with the proceedings but will briefly comment when clarification is needed and provide useful information.

At the last SFC meeting there was a contentious issue about the DOC's unilateral removal of the SFC chair. The Ombuds representative stated her support of the concerns raised by the family and also clarified that the office did not agree with the DOC's statement about what happened at an unrelated meeting in which the SFC chair was deemed not respectful and was then banned from visiting her husband for 6 months and also removed from chairing the SFC. The DOC may have decided to

“increase sanctions” on prisoners and on visiting family members, as was stated by a DOC representative. Some family members wondered whether this action by DOC was meant to send a chilling message to prisoners and families that contact with their loved ones would be used as a tool for punishment. The OCO is able to help family members and prisoners get information and a better chance at fairness in this sort of dispute.

I think the OCO has been a great success so far. When I go to the Governor’s Reentry Council meetings I see that a representative from OCO is there to witness the proceedings. The OCO also holds frequent and regular stakeholder meetings in different parts of the state so that interested parties can know the issues that are being addressed. I hope the OCO can continue to advocate for prisoners and their families in Washington.”

4. “The creating of the Ombuds office has been a positive move in regards to safety of the incarcerated and a great help to families. With the reporting of what is really going on in the prison system as it is now. This office is professional and concise. Timely responses and work on solutions with both the incarcerated and the DOC. It’s clear to me that the DOC needs to change the approach of corrections into positive reform. That DOC staff needs to be educated in gender equality and treatment of people. If you do positive input you get positive responsive action back. I look forward to see the Ombuds office working with the Department on these changes. They need more staff. Thank you.”
5. “I would like to comment that the OCO has been vital in addressing the multiple and ongoing challenges and struggles faced by individuals incarcerated in the women’s prisons and the Yakima Jail. It has also helped multiple individuals and family members overcome inappropriate sanctions that separate family connections. The OCO provides much needed accountability and oversight and helps preserve and protect the human dignity of state prisoners and their families.”
6. “Joanna and the OCO staff have been absolutely amazing at raising and addressing important issues on behalf of the incarcerated population and their friends and families with DOC. In the prior year we, as families, have been able to access information on what otherwise would take years to get through public disclosure. The incarcerated had the privilege of being surveyed, which has never been done before. This office focuses on results, justice and fairness to all!”

7. That you exist is critical! The law needs adjustment to support your office with confidentiality and advocacy needs/requirements. May sound like criticism, which is not my intention, but these are realities:
- Notification to prisoners to the changes in access (grievance/appeal process most notably) has caused issues of credibility and concern about who the office is really supporting
 - Access to speaking to a person via the hotline number has reduced considerably
 - Response to those requesting help (notification letter) is sometimes nonexistent
 - A disclosure agreement between family/prisoner (in my case wife/husband) would provide full support from all perspectives. If I file a claim with the OCO regarding the treatment/care of my husband we should all then have access to one another in resolving the issue. Access for prisoners is extremely limited, mostly in time.

ADDENDUM – OCO Stakeholder Feedback for Strategic Planning

What in your opinion should be the priorities of OCO for the next two years?

16 responses

Health care, transparency, and re-entry preparation and support.

Modify the Criminal Justice environment in the State IAW with Best Practices which means looking into and applying systems which are working in other states and nations in providing for rehabilitation behind the wire dramatically reducing recidivism.

Re-entry planning

Legislature oversight/DOC accountability/DOC reform; medical

investigative reporting on systemic causes at DOC for social isolation upon reentry (i.e. family separation; social integration through stable housing, employment)

Oversight of DOC treatment of inmates and their families. Are all interactions ethical and lawful?

Resolving grievances brought forward by those in prison

Working toward an ongoing plan for those in prison and their families, administration, and staff to coordinate efforts in the future, to foresee problems, and resolve them.

medical care, food, segregation, overcrowding, aging prison population, grievance program

Holding DOC accountable by being transparent and sharing information about what OCO is observing through an unfiltered lens. Sharing what OCO is working on on a quarterly basis. Participating in legislation and policy that will bring about needed change. Enhancing the voice of prisoners and stakeholders as opposed to being their voice or filter.

The racism around between inmates, that not all populations have access to yard or gym, enforcing hot breakfast, and 3 party contracts ie. JPay/ vending.

Some of the issues that have come to your attention during your time here to date should have corrective action plans that DOC must update each specified period (quarterly to annually, depending on what is needed) until the matter is resolved satisfactorily. It's not an onerous reporting unless lack of progress requires further steps for improvement. There's likely to be some categorization that emerges from the types of problems received. I see the need to check on the progress of DOC because the current movement from HQ is nothing short of a cultural change from a punitive to a rehabilitation model. Not everyone agrees with these changes.

Hot breakfast, preventive medical and dental services. Yearly physical should be done for every resident to prevent any serious medical issues.

Culture at DOC among staff, change in ability to sanction with the severity that has become so common, elimination of behavior logs as they are written now.

Equality of both women and men in the correctional system. These people are in the system that is broken in the sense that punishment is life long. Everyone deserves to have a choices of change and reform. Most will make good choices if the right programs and right people are there to nurture them. Those that can't change due to issues like mental illness and society's pitfalls they fall into. Need different programs. It's a lot like education not everybody learns the same way. So I will say equality and programs with qualified staff good healthcare/wellness that wrap around them and there families. Then a mentor system on the inside guiding them back into society. also a mentor system in each community.

Equality of both women and men. In all areas of there daily life's.

Identify areas in DOC that impact offender health, welfare or safety and make recommendations for change.

What are the top THREE systemic issues within the DOC that you would like to see OCO address?

17 responses

Opacity, inadequate programming, inadequate re-entry prep. The state could do well to copy what the Gig Harbor Rotary Club is doing for returning citizens from WCCW.

1. Rewrite Legislative guidance to DOC.
2. Challenge everything DOC does does or does not do against a formulated and agreed upon Best Practices
3. ReOrganize DOC structure - integrate it's procedures and chain of command vertically and horizontally vice the current "stove pipe" organization on which everyone "stays in their lane."
4. Cadre should be subjected to performance evaluations based on achievement of measurable goals.

Family visitation and community supports, pre-release vocational education, trauma-informed treatment and recovery

Medical; Quality of Food; DOC staff accountability

align and change the contact and visitation policies to acknowledge and support family relationships; focusing therapeutic resources at DOC to support healing prosocial relationships

- #1 - Medical treatment of all inmates. All aspects, including how long it takes to be seen, treated, and how good that care is. This needs to include mental health.
#2 - The Offender Betterment Fund (OBF).
a. Investigate if the OBF is being used as its name implies. Are all funds actually going towards betterment for inmates? Why does DOC pay Recreation and Law Library staff out of this fund? Aren't Recreation and law libraries required by law?
b. Change the name to Inmate (IBF)

#3 - Are all DOC policies and procedures being followed and adhered to by DOC personnel? Is there a reliable process for inmates to contact your office with their concerns? Can this be confidential?

Barriers to Communication: JPAY, Mailroom; Access to Education;

Preparing those in prison for reintegration into society
Interaction of those in prisons and their families (including inexpensive communication by telephone)
Review of those in prison for potential release

grievance process, medical care (CRC process and HSRs in particular), increased QA measures for both custody and treatment staff

Grievance process, OBF abuse-oversight is needed, unfair practice such as fraudulent write ups and transfers or loss of property due to retaliation. Losing, throwing away or abusing prisoners property. Identifying and exposing the punitive side of DOC and making it a fairer system. Our RCW plainly states that the loss of your freedom is your punishment yet DOC seems to be a place where there is never ending punishment, I think they sit around and try to figure out ways to keep people in prison or ding them for earned time; that goes for community corrections, work release and GRE. They just cant get enough of punishing people. Don't get me started on the increased use of sanctions that take away family connection. Was that 3? Help I cant stop!

Transparency on the money the state makes on the inmates. Increasing wages, increasing taxable amount for needs, finding 3 parties that do not take advantages of families. Video visits need to be reliable.

1. Lack of confidential handling of OCO correspondence and communication by DOC facilities' mail rooms is alleged by inmates at different facilities. Fear of this lack of confidentiality is causing some inmates not to contact your office and creating fear of retribution with others. While retribution takes many forms, the mail room remains a place where mail often goes missing or is delayed. The DOC 450.100 "Mail for Prison Offenders" does not list OCO as part of the legal mail that is confidential. Without specific direction to treat OCO mail as confidential, mail rooms will not do so. The policy was updated 12/27/2017 and includes the HQ Ombudsman, but not the OCO. Mail room staff and supervisors as well as superintendents and their associate superintendents, upper level COs who have responsibility for ensuring legal mail is kept confidential must receive training. The requirements need to be posted at kiosks and in units for inmates.

2. Mail room problems are a major systemic issue at MCC. The problems have been brought at the local family council as well as through emails to Obenland, Padilla, Hathaway and Hopkins regarding "returning mail to sender" when the incarcerated individual is at an EFV, which means there is no notification to the inmate. One family member described legal mail being returned when her loved one was at an EFV. Obenland stated he did not approve of that process of returning mail to sender when an individual is at an EFV, regardless of whether it is legal mail. My son has had all types of mail "returned to sender" while at EFVs as well as other times, for no known reason. An ongoing problem has been with educational materials and feedback on coursework from Ohio University. The latest problem occurred when the mail room first reported they had not received the course materials, which was shown to be untrue by the fact that DOC Nguyen had signed for the Ohio U course materials July 11. The acting EDCC Dean Miles sent staff to pick up the package, and were told it wasn't there. He then went there himself, and was told the package had been returned to Ohio U because it was missing our son's DOC number. Also untrue as I verified with the mailing label. Justin Kish, Ohio U adviser, emailed me and told me the materials had never been returned to Ohio U. My son received the materials July 31. Then, there are the missing publications and books. I spend a great deal of time verifying that the companies delivered these magazines and books, which are not returned to the vendor. My son receives no notice unless the items are "rejected." The mail room seems to not have accurate records or logs of materials received, returned to sender or rejected. They seldom provide the required notice to inmates or the sending entity. When inquiries are made, the standard response is "if we received it, you would get it." Not true evidently.

3. One major problem is that the library has had no staff for a long time. It has been years since inmates at Monroe have had inter-library loans. Librarians are hired through the Secretary of State's Office. They're poorly compensated Library Techs who must go through extensive DOC training but then leave soon after arriving. Some inmates say it is the harassment they face by DOC staff. Also, donated books and periodicals have to be processed and without staff, it can't be done. Fill-in

library staff do show up periodically to allow some activities, but without staff, there are no inter-library loans. No inmates can work in the library as clerks because there is no librarian there to supervise them. I emailed back and forth with the state librarian but without staff, there's no resource. Also, the law library at WSRU has no typewriters or computers or any other way for inmates to file appeals or other legal work. There seems to be no movement to add in computers or typewriters, which limits legal rights of inmates.

Help all inmates access programs and activities that help them. Continue to stress the need to move away from the punitive model that permeates the system. Retribution against inmates, volunteers, loved ones and organizations needs to stop. We need respect, mercy and justice to become the model in Washington prisons. DOC needs to resolve to change how it treats inmates and members of their networks. We need to smooth the way to help inmates get education and other programming, help with medical, mental and addiction problems, encourage social groups, get reading materials of all kinds, streamline compassionate release through the Extraordinary Medical Placement for the extremely sick, old, disabled and dying inmates. In short, ensure the rights of prisoners and their loved ones are not trampled upon.

Phones, mattress and allowable limit on personal food. If you order store and receive a food package there is no way to be in compliance. this changes from facility to facility so items muse be thrown away.

Staff hiring (qualifications, nepotism, family members working same shift same facility, hiring staff under 21) Staff training or lack there of, Lack of planning for release and resident programs not being a financial priority for the agency.

First to me is the staff/admin needs sensitivity training. With equality and racial awareness. This person are there to learn to become a new person that can go back to society to become good citizen. Second would be that the union can not protect bad employees this is a issue that works against helping people be good and you being a role model. Third I'm putting making a better family/sponsor care system all of these adults and children are affected by the incarceration. Sorry but there just has to be another area that needs to be addressed is healthcare/ behavioral health of not only the incarcerated person and the family.

Programs that are sensitive to both women and men. Staff and DOC treatment of these people as human being with knowledge and compassion. That staff and DOC have to be held accountable for there work and helping them change in person that want to return to society. There are others issues that need addressing also.

Medical and Mental Health Treatment Services provided for offenders; (Only the most seriously mental ill offenders are given any mental health treatment, even though they request services). Changes in offender meals for a more balanced and healthy diet for incarcerated individuals. Look into how and who receives programming that will allow an individual to obtain treatment, educational or job training programs while incarcerated. Currently how these programs are distributed and who can attend is skewed. When it comes to job training programs and CI the majority of the individuals in these positions already have skills.

OCO currently publishes reports on its website - www.oco.wa.gov. After reviewing these reports, what additional information would you like from the office?

Pardons for drug related offenses

Statistics on complaint resolution with follow-up to see if change is enacted.

basis for administrative denials of contact and visitation between individuals living at DOC and their family members by relationship type; for e.g. how many spouses, parents and grandparents, adult siblings, minor siblings, adult children, minor children, and other relatives, by the basis of denial; for e.g., own prior hx at DOC, prior DV, comparable profile or class of victim, already approved for a visitor at a different institution, etc.

Details of findings on significant issues the OCO investigates. (Status updates)

I like the reports

quarterly reports about what your office is working on

NA

Continue gathering feedback from tier reps, incarcerated groups and others connected as support individuals, groups and organizations. Post a feedback loop with issues that have been resolved by facility to make sure they don't find another way to emerge. Include groups worked with and/or family member designation, for example. How you're ensuring confidentiality is occurring with all your communications. What safeguards do you employ with your own staff, volunteers and contractors? Perhaps that information regarding protocols should be posted.

Continuing what you have started with continued updates. The only thing I didn't see was the whole program of the GRE.

The OCO has been busy thank you. As with most things DOC we need follow up because they say they will and don't.

A little more specifics would be beneficial.

In addition to OCO's current community outreach efforts to (1) conduct quarterly public stakeholder meetings, (2) attend all of the family councils - including statewide family council - on a regular basis (at least 2-3 times per year), (3) regularly meet with the institutional tier rep groups, (4) attend Reentry Council, Children of Incarcerated Parents and other coalition group meetings, and (5) reach out to the Black Prisoners Caucus and other incarcerated groups as possible, what additional community outreach or engagement would you like to see OCO do?

Announce your availability in the subforum for WA prisons on prisontalk.com.

I'm unaware of an OCO presence at the most recent MCC Family Council

County-based outreach to Law & Justice Councils

Stakeholder support at Legislature hearings

incarcerated adults and children in DOC custody even if at DCYF institutions, WSPAC, DCYF oversight board

Verbal update on significant investigations.

We appreciate the proactive approach of the OCO and extensive efforts to have frank discussions with concerned groups such as Quaker Voice

Meet w/ people who are not DOC appointed tier Reps. You have the ability to walk around the facilities and talk to whomever you want, utilize that privilege. Get out and speak to the non-profits that engage w/ DOC. Examples are colleges inside and out such as UBB, FEPPS other community colleges that partner w/ DOC inside, programming entities, work source, Goodwill, Post prison education, Pioneer Industries, Native reentry

Foster relations with Religious organizations and recruit reliable volunteers.

Continue attending the meetings at family councils, tier rep groups and the other incarcerated groups. Surveys are a great idea. Again, confidentiality issues abound with DOC staff, especially mail room staff. Reporting on progress with that issue and other problems would be great.

Meeting with the volunteers at each prison

I would like to see some work with the community officer and community leaders.

I would like OCO to start looking at the GRE program and community officers.

No other thoughts on this area.

Have you communicated with OCO staff regarding a concern and what was the result? If needed, how can we improve?

N/A

I have. You know the result

Na

No communication over specific concern

yes, process if ongoing. a little more transparency about what actions OCO might take.

Yes, but I don't know what happens after I send people to the office. We need to take a second look at the privacy piece in the legislation and if necessary change it with the support and cooperation of the OCO Director.

Quick to respond, issues is still being resolved.

Yes, regarding administrative segregation and how long DOC can continue to hold individuals once they have had hearings and received the decision with resulting conditions. It is passed off as HQ needing to make decisions regarding transfers, but the transfer issue is also punitive. Sometimes it is necessary for the safety of the institution, but it is often used as a punishment. Trans individuals are even more vulnerable in the prison population than others, but those associating with them also are also vulnerable. I continue to be concerned regarding the use of segregation long after decisions are made. I also find the threat of taking inmates' property from them and threatening to destroy it abhorrent. Property on the matrix is but one aspect of an individual's belongings, that include legal paperwork, articles, writings, periodicals, and books to name a few take years to accumulate and even define the person by their interests. Mentally ill are also being held in segregation. Others become despondent and depressed, but are not a priority for mental health. Continue to help those being held in segregation, including admin segregation, to know they have hope.

Mission Creek issues. Only in verbal communications not in written form. Sorry but I have had follow up back at meeting like SFC.

Yes thank you the TCC program still is a concern of mine also.

No I have not communicated with OCO staff

Any other information that you wish to provide regarding OCO's strategic plan for the next two years.

An "external ombuds" only loyalty is to the truth. If the office isn't committed to sanitizing effect of full systemic disclosure then it is part of the problem. There is too much organizational secrecy. Inquiring as to what DOC does or does not do is like throwing a rock into a pool generating zero ripples. They need to be answerable to the public at large via the external ombuds.

Supported reentry

Not at this time.

We are glad your office exists.

Since the Gov's office is the power behind the OCO I'd like to know what they are hearing from OCO and what they think about it.

Is there community enrollment? Volunteer Opportunities?

Build on your strengths, which are solid. Accountability from DOC that progress is being made from each of the facilities is key. What you are doing is making a difference in many lives. Thank you.

I would enjoy the challenge of this project. I worked as a nurse for over 40 Yrs and know well on issues that don't need dic

I would like to be a part of this project for the future of corrections done correctly. Looking at other states and countries program. Getting legislation on reform from the OCO and family side.

No