

OFFICE OF THE
CORRECTIONS
OMBUDS

ANNUAL REPORT
2021

Prepared by
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Message from the Director

The past year has brought continued growth at OCO as we have expanded our staff and therefore our capacity. OCO staff investigated over 1,500 cases and published significant, substantive, systemic issue reports on critical topics such as access to mental health services, concerns from the transgender incarcerated population, suicides in custody, work release reform, and delays in cancer diagnosis and treatment.

Not only has another year passed, but it is the end of my three year appointment as the first ever Director of the Office of the Corrections Ombuds. I could not be more proud of my work at OCO. I often reflect back to the beginning when I was working out of a single office in the Insurance Building with just the enacted legislation as a framework and a budget, and all the work that has happened since, from hiring staff to finding office space to creating investigation processes to publishing reports. And in the midst of that three years, we all experienced and responded to a global pandemic that continues to this day.

I am proud of who is employed at OCO, the people whom I have had the great pleasure and honor to work with and learn from. From the beginning I prioritized hiring directly impacted persons with lived experience either within the correctional system or as a family member of an incarcerated person. I strongly believe that people who have been directly impacted by incarceration have the greatest insight into the system and are the best positioned to make recommendations for positive change. When I am asked about the office from interested parties around the nation, I always point to this as the single greatest factor in the office's success.

I am proud of the investigation reports that we have published and their impact. Every topic that I could have wanted to address in this role—from reforming the grievance procedure, to suicide and mental health care, to cancer treatment, to administrative segregation and the disciplinary program, to use of force, and more—OCO staff have published a report with systemic recommendations or the report is in progress. I can say beyond a shadow of a doubt that OCO reports have made a clear and positive impact on DOC's policies and practices.

I cannot take credit for the legislation that created this office, but I am proud of the impact that this office has had on DOC just by its very existence. We have ourselves seen and we have heard from incarcerated persons that DOC culture has changed just by the fact that OCO exists. With just a call to OCO's hotline, an incarcerated person can speak to a live OCO staffperson who can review the situation, provide self-advocacy advice, and quickly send an email to ask questions, dig further, and prompt DOC staff response and action.

To be clear, OCO is not the answer to every problem, nor can OCO staff help every person's situation. OCO staff often have to turn down complaints where sufficient evidence does not exist to substantiate the allegation, which speaks to the need for

greater collection and availability of evidence, such as camera footage. OCO also does not currently have capacity to take on every case where persons feel that even if DOC has not in fact violated policy, the policy itself is unjust. But we do what we can to help every incarcerated person with a complaint against a DOC action who has tried to resolve the issue internally and, for whatever reason, cannot.


As I close out three years at OCO and look to the future, I am still concerned regarding all aspects of DOC's healthcare and ensuring that incarcerated persons receive necessary medical, mental, and substance use treatment. As noted in last year's annual report, I still have a vision for DOC that follows the healthcare model – when someone enters DOC's door, they are treated with the same concern, respect, and care as someone who enters a hospital. Every action from every DOC staff who comes into contact with that person should be made through a trauma-informed lens, with the intention of helping that person heal. Every decision from an organizational standpoint should be made under the guiding principle of “how does this agency action help the person achieve wellness?” Ultimately, the goal should be to release people who are more well – physically, emotionally, and mentally – than they were when they entered.

I am hopeful for DOC's future under the leadership of Secretary Strange, but it will take time for change to happen in every prison, in every unit. In the meantime, OCO staff will continue to work every day to catch the people who fall through the cracks, who are mistreated through individuals' actions, or for whom the grind of bureaucracy results in injustice.

Thank you for the honor to serve as the Director of the Office of the Corrections Ombuds over the past three years. Thank you to the many community members – primarily family members of incarcerated people – who fought for years to pass the legislation to create OCO, and thank you to the legislators and Governor Inslee for creating the office and continuing to support its work.

Together, we can better support and respond to the needs of persons in the care and custody of our state.

Sincerely,


Joanna Carns, Director

A Note Regarding the COVID-19 Pandemic

It goes without saying that the COVID-19 pandemic has had a hugely negative impact on our communities, our country, and the world. At the time of this writing, the United States population experienced over 42 million cases of COVID-19 and almost 700,000 deaths due to the disease.¹ Rates of depression and anxiety in the general community increased.² Healthcare staffing shortages, already a problem, worsened due to burnout and fatigue.³

A prison system is both a microcosm and a worst case scenario for an infectious disease. Few places are as densely populated and with the least ability to minimize human interactions than a prison unit. Whereas many in the greater community have been able to continue work or education virtually, individuals in the prisons found their access to programming limited or completely cut off, impacting their mental health and potentially even their release. The worst impact of all is likely the rift in family connections. Incarcerated individuals already experience isolation and separation from their family members and loved ones; the pandemic forced the closure of visitation for over a year and even now, minor children are still not permitted to visit.

As of this writing, WA DOC reported 6,572 confirmed cases in the incarcerated population and 13 deaths. Of its staff, DOC reported 1,893 confirmed cases and four deaths. We acknowledge the tremendous suffering that the pandemic has caused.

OCO staff pivoted in March 2020 to begin conducting monitoring visits of facilities related to COVID and we have uplifted concerns regarding the DOC's COVID response through over a dozen published reports.

However, the availability of the COVID-19 vaccine has marked a turning point, both globally and in WA DOC. I credit WA DOC for taking great steps to ensure access to the vaccine for incarcerated individuals. I support and applaud Governor Inslee's decisive action to require the COVID-19 vaccine for all state employees.

The ravages of the COVID-19 pandemic continue to reverberate, and likely will for some time. For some, the loss of health, programming opportunities leading to release, and family connections may not recover. I hope that as DOC's vaccination rates increase and the worst threat of COVID-19 diminishes, DOC will not just return to its pre-COVID normal, but take every action to restore the opportunities and connections that many lost over the past year and a half.

¹ <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

² Vahratian A, Blumberg SJ, Terlizzi EP, Schiller JS. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:490–494. DOI: <http://dx.doi.org/10.15585/mmwr.mm7013e2>

³ <https://www.nytimes.com/2021/07/01/health/covid-nurses-doctors-burnout.html>

Executive Summary

- In FY 2021, OCO opened 1,535 cases, representing complaints from or regarding 1,115 incarcerated individuals. In addition, OCO received an average of between 700-800 calls for assistance each month through its hotline.
- Complaints related to a person's **medical care** continue to top OCO's categories of concern in FY 2020, as they have since OCO opened. Complaints range from failures to provide necessary accommodations and medical equipment, to missed appointments for health services, to allegations that a person's death was due to medical neglect.
- **Monroe Correctional Complex** has consistently topped OCO's list of the institutions from which OCO received the most complaints resulting in investigation. The **Washington Corrections Center for Women** was the second highest source of complaints when analyzing the rate of complaints.
- OCO continues to be concerned regarding all aspects of DOC's healthcare and ensuring that incarcerated persons receive necessary medical, mental, and substance use treatment. The following are broader topics of recommendations based on OCO's individual and systemic investigations over the past fiscal year:
 1. DOC should continue working towards creating a rehabilitative environment that reduces trauma for incarcerated persons, including de-escalation trainings, antiracist trainings, and firm limits on the use of solitary confinement.
 2. DOC should create policies, procedures, and practices that respond to the needs of persons engaging in self-harm and that prevent individuals from dying by suicide.
 3. DOC should provide increased access to mental health services to all incarcerated individuals who need them.
 4. DOC should provide appropriate and necessary treatment for individuals' medical needs.
 5. DOC should apply a trauma-informed and gender-responsive lens to programs, services, staff training, and conditions of confinement, particularly for persons incarcerated at the Washington Corrections Center for Women and the Mission Creek Corrections Center for Women.

6. DOC should provide a more supportive, safe, and affirming environment for transgender and gender non-conforming incarcerated persons.

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 2021

Category	Allotment	Expenditure
<i>Salaries and Wages</i>	697,123	711,112
<i>Employee Benefits</i>	259,908	282,494
<i>Professional Service Contracts</i>	0	5,728
<i>Goods and Services</i>	137,600	133,248
<i>Travel</i>	60,000	9,899*
<i>Capital Outlays</i>	0	(12)
<i>Grants, Benefits, and Client Services</i>	0	0
Total	\$1,154,631	\$1,142,468**

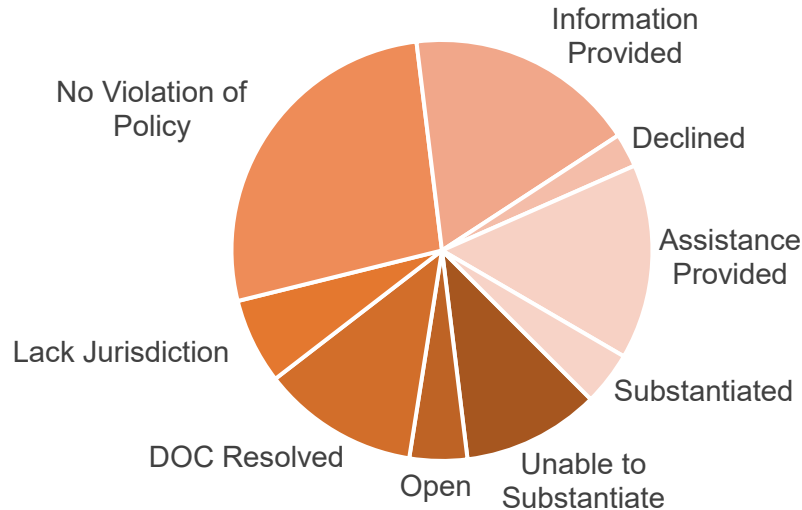
*During this fiscal year, the state was experiencing the COVID-19 pandemic, which limited OCO travel.

**On OCO's budget allotment expenditure report that it receives from OFM, this is the total presented, even though the actual numbers appear to sum to \$1,142,469. This is most likely a rounding issue.

III. OCO Investigation Stats

In FY 2021, OCO opened **1,535 cases**,⁴ representing complaints from or regarding **1,115 incarcerated individuals**. In addition, OCO received an average of between **700-800 calls each month** through its hotline.

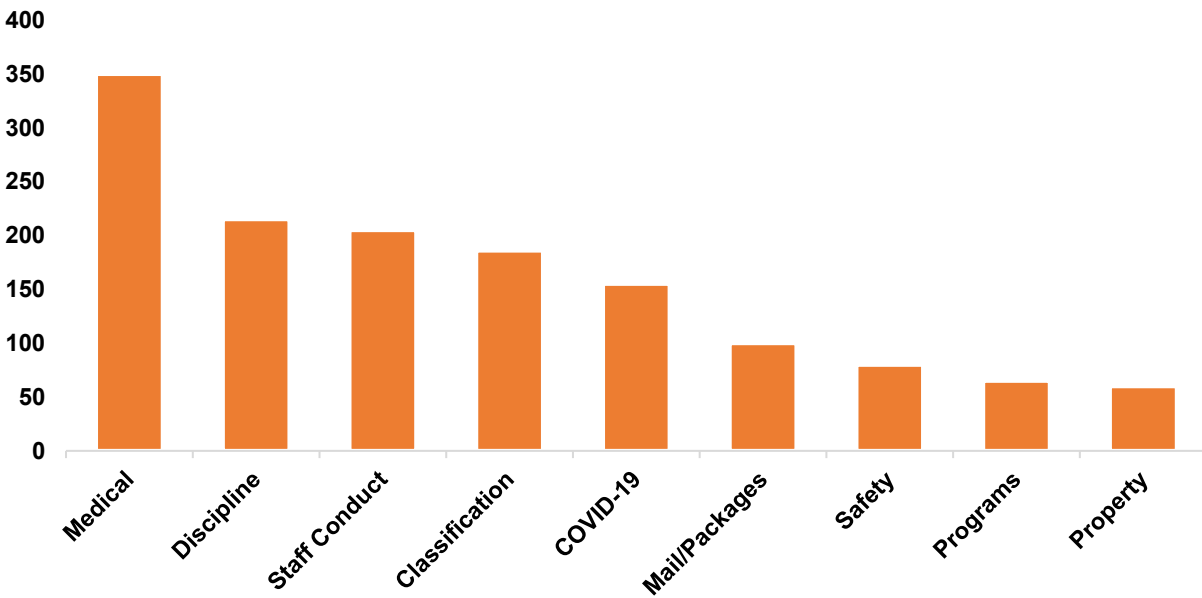
Current Case Status for Cases Opened in FY 2021 (as of 9/14/21)



Case Status	Explanation
Assistance Provided	OCO, through outreach to DOC staff, was able to achieve full or partial resolution of the person’s complaint.
Declined	Status from OCO’s old database that is no longer used in favor of one of the more descriptive labels. Cases in this category could have been closed for any of the rationales given in the other labels.
DOC Resolved	Case resolved by action of DOC staff prior to OCO involvement.
Information Provided	OCO provides self-advocacy or other relevant information.
Lack Jurisdiction	Complaint does not meet OCO’s jurisdictional requirements (not about an incarcerated individual, not about a DOC action, or person did not reasonably pursue grievance/appellate procedure)
No Violation of Policy	After reviewing all relevant documents and DOC policy, OCO staff determine that DOC policy was not violated.
Open	Case is still active in OCO’s caseload.
Substantiated	OCO can substantiate the allegation and/but the issue was not resolved.
Unable to Substantiate	Insufficient evidence exists to support the complainant’s allegation.

⁴ The number of cases is approximately half that of the prior year; this is due to the fact that in FY 2021, OCO tightened its procedures for when and under what criteria to open cases for investigation, in line with the jurisdictional boundaries set forth in RCW Chapter 43.06C.

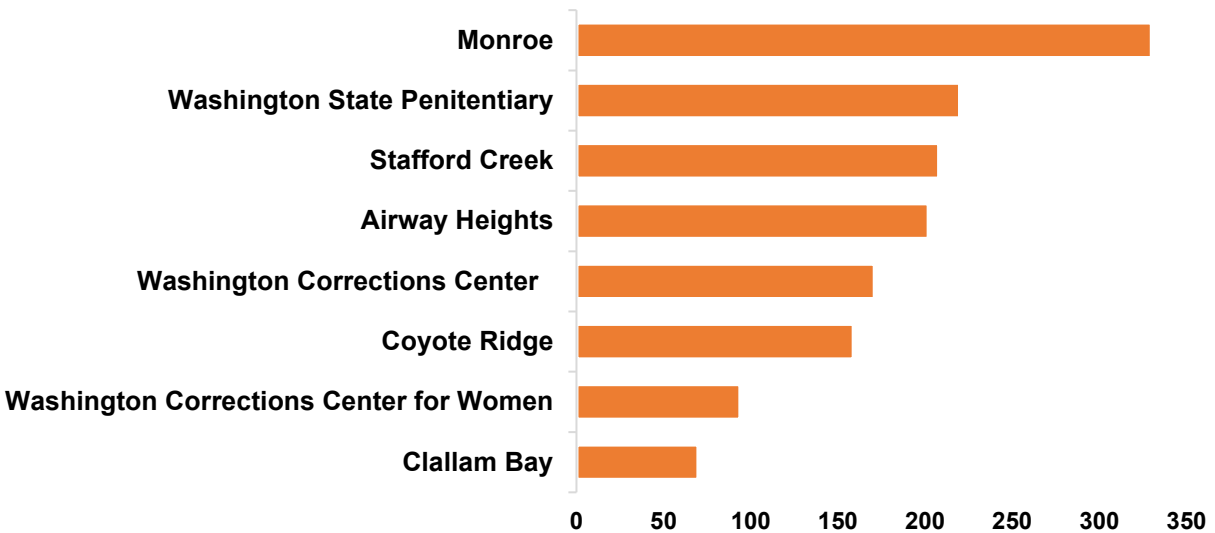
Most Frequently Reported Topics of Cases Opened in FY 2021



Complaints related to a person’s **medical care** continued to top OCO’s categories of concern in FY 2021, as they have since OCO opened. Complaints range from failures to provide necessary accommodations and medical equipment, to missed appointments for health services, to allegations that a person’s death was due to medical neglect.

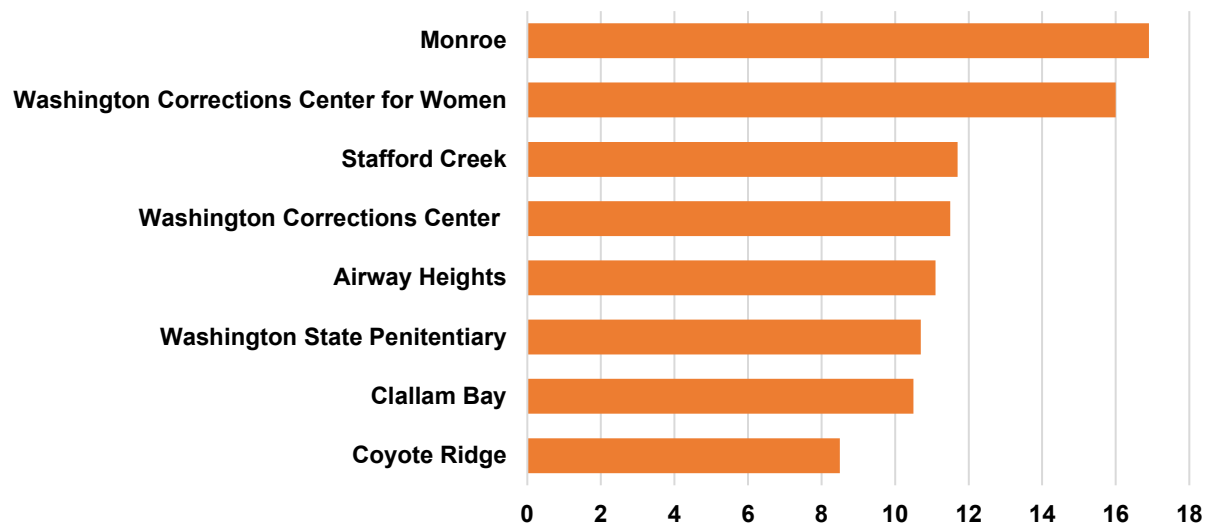
Disciplinary issues eclipsed even Staff Conduct as an issue of concern.

Most Frequently Reported Institution of Incidents Prompting OCO Investigations in FY 2021



Monroe Correctional Complex has consistently topped OCO's list of the most frequent source of complaints to OCO. OCO notes that Monroe houses both a higher percentage of persons with serious medical and/or mental health needs, in addition to housing one of the larger populations in the state.

Institutions by Rate of Complaints per 100 Incarcerated Individuals - FY 2021



Monroe Correctional Complex continues to be the highest source of complaints prompting OCO investigations even when evaluating the rate of complaints by the population.⁵ However, **Washington Corrections Center for Women** is the second highest source of complaints when analyzing the rate of OCO cases compared to the population. OCO is particularly concerned regarding conditions of confinement for transgender persons at WCCW, staff misconduct and general treatment of incarcerated individuals, and the disciplinary process.

⁵ OCO used July 2021 population data accessed from <https://www.doc.wa.gov/docs/publications/reports/400-RE002.pdf>. At the time of writing, the FY 2021 report was not available online to use that data.

IV. Selected Individual Case Summaries – FY 2021

As of Sept 1, 2020, all cases opened by OCO are considered “investigations” for the purposes of RCW 43.06C.040, which requires a public report with a decision on each investigation. The public report is fulfilled through the OCO monthly outcome reports that provide an anonymous synopsis of every case closed in the prior month. All monthly outcome reports published to date are available at <https://oco.wa.gov/reports-publications>.

The following case summaries are examples of times when OCO staff felt that their work made a direct, positive impact on an incarcerated person’s health, safety, welfare, and rights. This list is by no means exhaustive, but is representative of OCO’s daily work.

Institution	Concern	Outcome
AHCC	Family of the incarcerated person had paid off his child support debt. DOC was still taking payment out of his spendable account and the family could not resolve through contacts to DOC.	DOC refunded money taken.
AHCC	Complainant moved to AHCC about two weeks ago and has not received C-PAP machine and also has not received his eye medication. He also has not received all of his property since transferring.	Confirmed individual received his medications and C-PAP, and that additional property was shipped from prior facility to AHCC.
AHCC	Says that he is being racially discriminated against due to denial of CI food factory job based on DOC not being able to find evidence of his high school diploma.	OCO located diploma. Explained actions taken and asked that he follow up if any other concerns persist. Elevated concern of discrimination to OCO Equity Specialist.
CBCC	An incarcerated man in IMU with a history of significant mental health concerns had begun experiencing symptoms of mental illness again. When found engaging in self-harm during a mental health crisis, DOC staff put him in restraints and transported him down a flight of stairs to the COA. He was infraacted for stiffening his body during this transport.	DOC agreed to dismiss this infraction because his psychologist agreed that he was experiencing a mental health crisis at the time.

Institution	Concern	Outcome
CRCC	During a COVID monitoring visit an OCO staff member was approached by an incarcerated person with hearing loss who reported that movies being shown did not have closed captioning.	OCO alerted the ADA Compliance Manager, who took steps to remind all facilities that closed captioning must be operational and turned on for all movies.
CRCC	Complainant is concerned he is not getting proper treatment or medication for an eye condition. He is worried that he will lose eye if not treated soon. He expressed concern that his eye is infected and is bleeding.	DOC scheduled eyecare appointment and confirmed treatment provided after OCO involvement.
CRCC	Complainant wants an accommodation for a talking watch due to vision disability.	Confirmed that ASR request for this accommodation will be submitted for ARC consideration.
CRCC	Complainant's wife and children were permanently terminated from visiting. Request for OCO assistance in appeal.	DOC approved complainant and wife for video visits.
LCC	Reporter states that there was retaliation by DOC staff that resulted in a WAC 558 serious infraction (staff interference). Asks that we review the infraction and its validity because he stated that he was not aware that the letter he wrote to the Grievance Program Manager would count as a grievance.	Reached out to Disciplinary Program Manager, who overturned the infraction as the letter to the GPM should not have counted as a grievance against the five total limit.
MCC	Complainant has ongoing health needs due to allergies and HIV and often has to declare medical emergencies to see medical providers. Each time he is charged a co-pay and shouldn't be because these are ongoing medical issues and should have continuous coverage.	DOC refunded copays. On-going issue addressed at DOC HQ and at facility level.
MCC	Medical concern. Complainant's concern relates to Labor & Industries claim. DOC did not file claim at time of complainant's injury and DOC has since refused to do so, as so much time has passed since the incident.	Multiple discussions with HQ, Labor & Industries, and facility. DOC Health Service Manager notified OCO that claim is being initiated.

Institution	Concern	Outcome
MCC	Complainant has been having an ongoing issue with coughing up blood. He was supposed to have an outside appointment to address the issue and it got cancelled last minute with no reason indicated. DOC has not told him when he will be able to go see the specialist again. He is worried this will get worse.	DOC rescheduled specialist appointment after intervention by OCO.
MCC	Delay of over a year allowing her and fiancé to marry.	Chaplain informed OCO of the wedding date and time. OCO called fiancé with the news. She was overjoyed.
MCC	Mailroom policies not being followed in the rejection of books written entirely in a foreign language. Policy states that publications in languages other than English must be reviewed by the Headquarters Correctional Manager.	The publications were initially rejected because they were completely in a foreign language. The facility has acknowledged the error in misreading policy, and OCO was advised that in the future these types of publications will be forwarded to headquarters for review.
MCCCW	Complainant's ERD is coming up. She is worried she'll relapse upon release so she wants to get started on the Suboxone program. The only way to do this would be to go back the WCCW which has been denied.	DOC will transfer her to WCCW for MOUD (medication for opioid use disorder) induction.
SCCC	She has repeatedly applied for gender-affirming surgery. DOC began screening her for the procedure, but then stopped without explanation. She also reports that she isn't getting mental health care for gender dysphoria.	Ensured appointments scheduled for gender dysphoria work-up and mental health to discuss care and provider options. Confirmed process is now moving forward again for GD treatment & gender-affirming surgery.

Institution	Concern	Outcome
WCC	CO gave complainant a UA that came back positive for meth. The CO told him it would be sent to the lab for re-testing. A few days later, the complainant asked him if he would still like his UA to be sent to the lab. He said yes and filled out the paperwork. Sergeant said that he should have signed it immediately after he had given the UA. Complainant says that this is a violation of DOC Policy 420.380 because they didn't process the specimen following the chain of custody assurance.	DOC overturned the infraction.
WCC	Complainant not receiving adequate diagnostics and medical care for injury to left eye following use of force incident with DOC staff.	DOC conducted full assessment of left eye, results of which showed refractive error that is correctable with glasses. Patient does not qualify for DOC-provided glasses but can self-pay
WCC	Complainant attempted to raise concerns related to her son's safety and keep-separates but the CPM was rude to her. Her son is being transferred to a facility where he has a keep separate.	Contacted DOC and they changed his unit. Son appears to be adjusting and does not have current safety concerns.
WCC	Complainant says that he has skin cancer on his forehead and it presents itself as an open wound above his right eye. He says that it bleeds at night when it rubs against his pillow and it has not been healing. Says that he was supposed to have surgery in November but has been postponed because of the pandemic.	DOC secured appointment for procedure within the next month.
WCCW	Complainant terminated herself from TC due to what she felt was a toxic and vindictive environment. She received a 557 which is a loss of five custody points. She qualifies for minimum custody however she is housed in CCU.	DOC moved the person to medium custody due to points then back to minimum. Due to the issues she has raised DOC HQ will implement new TC processes.

Institution	Concern	Outcome
WCCW	Complainant reported that naked women in the bathroom are visible from the dayroom. Multiple COs have said they can't fix it and it's not their problem. Complainant received infraction for a 210 because she went to seek out a shift lieutenant for assistance.	DOC overturned the infraction.
WCCW	Complainant was attacked by another inmate who came up to their tier. Both were taken to segregation and complainant was charged with an assault and fighting infraction. The person who attacked her only received a fighting infraction.	DOC dismissed the assault charge and the person was able to move from segregation a few days early and resume programming.
WCCW	Complainant has two injured ankles and uses a wheelchair. They will not give her an ADA room and her wheelchair will not fit in the cell. She refused to crawl on the ground to her bunk and was given five infractions. She had been forced to crawl to her bed for weeks.	Alerted DOC. She was seen by medical and issued HSRs. She was then moved to a different cell and her infractions were dismissed.
WCCW	Complainant was not given male staff to take a UA and was infringed for refusing. He was not offered a mouth swab per policy.	DOC violated policy 490.700, which states that a mouth swab will be conducted if staff are unable to accommodate the identified gender preferences. This individual did have a preference sheet for male staff on file. DOC overturned the infraction Memo sent to WCCW outlining policy and procedure.
WSP	DOC medical is denying her access to hormone therapy treatment (HRT - Hormone Replacement Therapy). She has appealed the decision of the GDCRC and has done everything she can to self-advocate.	DOC ensured that she is now able to access HRT through her primary care provider.

Institution	Concern	Outcome
WSP	Complainant had a restoration pathway for GCT at WSP that they were following. There was an FRMT that they held without him (although it says he was there). Since transferring to CRCC, they are not allowing the pathway. He would like the good time back.	DOC agreed to restore all 45 days of good time.
WSP	Caller has a concern about his DOSA sentence and time calculation. He has also been held in IMU since coming back to prison, about four months.	DOC recalculated time to the correct ERD, with all of his successful time adjusted. Also uplifted his IMU placement to HQ staff, and he was moved to general population shortly thereafter.
WSP	Ongoing concern. Complainant states that he has symptoms of narcolepsy and is being denied treatment.	After OCO involvement, testing to determine treatment needs was scheduled.
Work Release – Reynolds	Complainant was handcuffed too tight by DOC staff. While en route to WCC from Reynolds Work Release, complainant informed staff four times that the cuffs were too tight and were causing pain. The CO ignored him and then told complainant that he would not pull over to adjust the cuffs. Complainant started having a panic/anxiety attack. He later sought medical attention as soon as possible at WCC and is still experiencing problems with his wrist.	DOC has changed transport procedures. They will now use wrist chains and ankle bracelets if traveling over 30 miles.

V. Significant Systemic/Investigative Outcomes and Recommendations

From September 1, 2020 to August 30, 2021, OCO published **26 individual investigation or systemic issue reports**.⁶ The following are the primary areas of concern and recommendations over the past three years. In addition, OCO is currently working on systemic issue reports related to retaliation against incarcerated individuals, DOC use of emergency restraints, use of force, and the DOC disciplinary system, among others.

1. DOC should continue working towards creating a rehabilitative environment that reduces trauma for incarcerated persons, including de-escalation trainings, antiracist trainings, and firm limits on the use of solitary confinement.

More than any other goal, changing the culture of DOC to a more supportive, rehabilitative, trauma-informed environment should be the primary objective of DOC's administration. Changing DOC's culture would significantly reduce the number of complaints to OCO, if not all of them, as DOC staff shifted from a primarily security mindset to a counseling/assistance mindset. It would reduce harm to both incarcerated persons and DOC staff, and have ripple effects to their families and the greater community. It is the only path to truly helping people leave prison better than when they entered, and it is in the best interests of public safety, as healthier returning citizens—mind, body, and soul—will result in fewer future crimes against persons.

As part of this culture change, DOC needs to focus on increasing its use of de-escalation tactics to reduce uses of force that cause harm to both incarcerated persons and DOC staff, as well as engage in antiracist trainings to ensure that implicit bias does not impact how DOC staff engage with incarcerated persons of color. Further, given the clear negative effects of solitary confinement on people's physical and mental health, DOC needs to firmly limit the amount of time that someone spends in solitary confinement. OCO published reports on **several concerning uses of force against black men at Stafford Creek Corrections Center** and the **overuse of extended time in administrative segregation for individuals pending investigations**. The following are key recommendations from those reports, but interested readers should read the full reports and DOC response on the OCO website.

- DOC staff should expand its current training on using de-escalation tactics instead of force.

⁶ All reports, including recommendations and the DOC response to those recommendations, can be found on the OCO website.

- Use of force incidents should be reviewed within 30 days and prior to disciplinary hearings, if at all possible.
- DOC should offer regular training for custody staff centered around race equity and racial bias/discrimination.
- DOC should create a hard deadline that persons must be released from solitary confinement within 30 days, whether through release to general population, transfer, or transition to a housing pod within IMU that allows for improved conditions.

2. DOC should create policies, procedures, and practices that respond to the needs of persons engaging in self-harm and that prevent individuals from dying by suicide.

Incarcerated individuals frequently have histories of trauma, mental health diagnoses, or substance abuse. These issues, combined with confinement and social exclusion, can result in feelings of hopelessness and increased risk of self-harm. Because of this, suicide remains one of the leading causes of death in the U.S. prison population. **OCO has previously published reports analyzing all suicides in DOC custody in 2019 and 2020.** The following are a summary of the recommendations, but interested persons should read the 2019 and 2020 reports for more information.

- DOC should convene a multi-disciplinary, cross-departmental workgroup to review all suicides as a group to evaluate any trends and consider developing any necessary additional processes to prevent suicides in the future. OCO should be included in those workgroups.
- DOC should review the overall therapeutic environment for all patients, particularly those at risk for suicide. At-risk patients need to be surrounded by caring, empathetic staff who respond in a trauma-informed manner. DOC should consider using other incarcerated individuals as peer support to help with feelings of isolation. Providing books, a tablet, or other mentally-engaging activities may assist in redirecting a person's thoughts.
- DOC should promote continuity of care by developing policies and processes unique to the incarcerated population in violator status.
- DOC should work with local jail administrators to revise its form to better facilitate the communication of critical mental health and suicide risk information for all individuals transferred to DOC.

- DOC should strengthen the processes for identifying those at risk of self-harm. Existing intake forms should be reviewed and updated to include multiple ways of eliciting mental health histories, intellectual disabilities, and feelings of depression or suicidality. In addition, staff should be required to ask suicide screening questions each time they come in contact with an incarcerated individual in violator status, rather than only on intake.
- DOC should adopt a collaborative care approach for patients with medical and co-existing mental health diagnoses.

3. DOC should provide increased access to mental health services to all incarcerated individuals who need them.

Over a third of incarcerated persons report having some history of a mental health problem, with 14% reporting an incident of serious psychological distress within the prior 30 days.⁷ The rate of experiencing serious psychological distress is three times the rate of the general population.⁸ Having a mental health condition while incarcerated can result in exceptional difficulties beyond those already associated with incarceration. These include obtaining adequate treatment, disparate treatment, misperceptions and stigma, and increased vulnerability. OCO published a **systemic report on mental health access, treatment, and services**, with the following being a summary of its recommendations:

- DOC should ensure that staff conducting mental health screenings have caseloads that allow for thorough review of each case and that screenings and assessments occur in suitably confidential areas.
- DOC should ensure that quality, timely mental health treatment services are available to anyone in DOC custody who demonstrates a clinical need for treatment.
- DOC should ensure that an individual's mental health status is considered throughout the disciplinary process, including when reviewing infractions, determining guilt, and imposing sanctions.
- DOC should develop comprehensive policies that address
 - Residential Treatment Units (RTUs)

⁷ <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

⁸ Ibid.

- Individual Behavior Management Plans (IBMPs)
- Individuals in violator status
- DOC should reduce the frequency of placement and length of stay in any segregated housing for individuals with mental health conditions.
- DOC should provide additional mental health and de-escalation trainings to staff to increase positive and effective engagement with individuals who have mental health conditions.

4. DOC should provide appropriate and necessary treatment for individuals' medical needs.

Incarcerated individuals experience chronic conditions and infectious disease at higher rates than the general population.⁹ For a variety of reasons, individuals entering prison may experience comorbidities and complex conditions that require both immediate and long-term treatment. The COVID-19 pandemic presented its own particular healthcare challenges and also impeded scheduling individuals for necessary treatment in the community. At the same time, DOC has experienced significant shortages in its healthcare staff and **DOC continues to lack an electronic health records system.**

Over the past year, OCO published key reports regarding **delays in cancer diagnosis and treatment, failures in the medical care of an individual at Airway Heights Corrections Center, and reports related to DOC's response to the COVID-19 pandemic.** The following recommendations are a summary of OCO's concerns, but interested persons should read OCO's published reports on DOC healthcare.

- Ensure improved diagnosis and treatment of cancer from the earliest possible stages. 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.
- Create improved quality assurance processes across DOC healthcare services, including a strengthened internal audit process, external accreditation, regular facility-level quality assurance meetings, and a feedback loop so that health services administrators are made aware of medical error incidents and trends of concerns at each facility.

⁹ <https://bjs.ojp.gov/content/pub/pdf/mpsfpi1112.pdf>

- Conduct a review of current scheduling practices at each facility and determine better measures to ensure medical appointments are scheduled, held, and rescheduled if needed.
- Conduct a review and create a process for greater consistency in decisions made by health services staff across DOC, as well as by the Care Review Committee. Implement standardized criteria for treatment decisions and make these criteria transparent.
- Conduct a review and determine how to provide greater transparency and criteria for DOC staff's decision to not follow an outside specialist's recommendations.
- Continue to provide training for medical staff on health care for transgender persons.
- Given ongoing staffing deficits, create contingency plans for when staffing reaches a critical level and individuals with more serious health care needs may not be adequately served at their present institution.
- Related to the COVID-19 response, DOC should increase incarcerated individuals' self-reporting of COVID-19 symptoms by ensuring that conditions in isolation and quarantine are not just humane, but desirable, to better enable staff to stop the spread of the disease and prevent potential deaths.

5. DOC should apply a trauma-informed and gender-responsive lens to programs, services, staff training, and conditions of confinement, particularly for persons incarcerated at the Washington Corrections Center for Women and the Mission Creek Corrections Center for Women.

Versions of the following recommendations were previously published in OCO's 2019 and 2020 annual reports. Due to the COVID-19 pandemic, work that was planned by DOC to address these recommendations was predominately halted. OCO recommends the immediate restart of forward progress to implement gender-responsive, trauma-informed practices for incarcerated women.

- DOC should implement the Gender Informed Practices Assessment (GIPA) and ensure that it addresses the needs of the transgender and gender-nonconforming population in addition to women.
- 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 all staff working with persons incarcerated at the Washington Corrections Center for Women and the Mission Creek Corrections Center for Women receive gender-responsive, trauma-informed training to better meet the needs of the incarcerated population. All staff at all facilities should receive training on gender and sexuality, race, and disability.
- DOC should ensure that all incarcerated persons have access to gender- and culturally-responsive clothing and personal care items that support a person's sense of self and humanity (e.g. undergarments and clothing that support a person's chosen gender, and personal care items that are culturally-appropriate).

6. DOC should provide a more supportive, safe, and affirming environment for transgender and gender non-conforming incarcerated persons.

Transgender persons are more likely than the general population to experience incarceration and once they are in carceral settings, they are more likely than cisgender persons to experience sexual victimization and harassment.¹⁰ **OCO gathered concerns from transgender and gender nonconforming persons incarcerated in the Washington Department of Corrections, published in a report available on OCO's website.** The following is a summary of some of the concerns raised by transgender and gender nonconforming persons that they have reported to OCO staff.

- Transgender women report feelings of unsafety in male prisons, as well as harassment after coming out as trans and/or nonbinary. Transgender and gender nonconforming persons report being disproportionately placed in restrictive housing, such as solitary confinement or close observation areas.

¹⁰ <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Incarceration-Violence-Oct-2016.pdf>

- Incarcerated individuals report inadequate access to mental healthcare, hormone replacement therapy, gender affirming surgery, and other gender-responsive healthcare.
- Trans individuals reported not being provided strip searches by staff of the gender identified on their preference form¹¹, as required by both DOC policy and the Department of Justice PREA¹² standards.
- Incarcerated individuals report experiencing anti-trans discrimination and targeted harassment by DOC staff, including burdensome restrictions on otherwise normal friendships and purposeful misgendering by DOC staff.
- Clothing policies and protocols do not fully meet the needs of gender diverse prisoners. DOC bathrooms and showers present ongoing concerns and safety risks for transgender individuals.
- Transgender and nonbinary prisoners report failures in the PREA reporting and investigation process. They feel the PREA system does not adequately protect them and that reporting incidents results in greater danger and harm. They also report that DOC does not offer enough support recovering from a reported PREA incident.

VI. Community Outreach and Input

In the pandemic era, community outreach has shifted from the personal to the virtual. In March of 2020, OCO initiated first daily and then weekly calls to address community members' concerns about the COVID pandemic. In May 2021, with the number of outbreaks reducing, OCO shifted to twice monthly calls centered around established topics, such as OCO published reports. Currently, OCO is again reviewing its community outreach and engagement strategies and seeking new ways to both engage with the community and share OCO's work.

In FY 2021, OCO engaged with non-incarcerated stakeholders and the community through a variety of methods, including:

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

¹¹ DOC form # 02-420 is completed if an individual identifies as transgender, intersex, and/or gender non-conforming. The form includes a question about whether the incarcerated individual feels safe being in general population at their current facility. There is also a section for people to identify the gender of staff for safe searches (more in the Strip Searches section below.)

¹² PREA = Prison Rape Elimination Act

12/17/20	Online
3/25/21	Online
7/1/21	Online
9/16/21	Online

Presentations and/or notes are available on oco.wa.gov/public-meetings

- OCO staff attended all bimonthly DOC Statewide Family Council Meetings (and often attended the biweekly COVID Statewide Family Council calls).
- OCO staff attended almost all local family council calls (many of which occurred weekly or biweekly during this time).
- OCO staff regularly conduct facility visits through their work and speak with as many incarcerated individuals as possible, as well as attend tier representative meetings.
- OCO Early Resolution Ombuds/Race Equity Specialist Q Turner conducted visits to LCC, CCCC, MCCCW, SCCC, CBCC, and CRCC to meet with BIPOC incarcerated individuals to gather information related to their experience in prison and uplifted concerns to DOC management.
- Per RCW 43.06C.040, Director Carns gathered stakeholder input into OCO's activities for the prior year.¹³ The following are the two responses received:
 - For the most part, I think the OCO does a fantastic job. I appreciate the OCO's reports (with the published recommendations and DOC responses) more than words can even express. I would, however, like to see the OCO be more rigorous and well-versed in relevant case law, relevant Governors' executive orders, and relevant academic studies when working with DOC to reform specific policies instead of letting personal intuition and beliefs of OCO employees guide priorities and conclusions in some areas (e.g. standards for prison mainline meal nutrition, assessments of the effects of excessive censorship on the well-being of the incarcerated and their families, etc.). I think the OCO also lets trendy identity politics priorities, one, take up too many of its limited resources and, two, saturate the language it uses in many of its reports, but there's probably no way around that given the current social zeitgeist and physical geographical location of the OCO office. It is at least worth suggesting that OCO employees be mindful of the fact that excessive

¹³ Director Carns sent an email to SWFC members on September 15, 2021 with a link to a Google form survey to capture their input on OCO activities in the prior year; Director Carns also sent the link to the OCO email listserv on September 18, 2021.

zealousness concerning this sort of thing has caused the OCO at least one embarrassing moment on social media in the past year. I would like to see the OCO advocate for equity without engaging in anything that looks like virtue signaling or excessive ideological zealousness, since such approaches can actually undermine the good work of advocating for equity by alienating what might otherwise be a receptive audience. Basically, don't tell the public how woke the OCO is. SHOW the public in actions, not performative words or knee-jerk reactions.

- The way DOC has treated inmates throughout the Covid epidemic is cruel and inhumane.



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

October 27, 2021

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

Dear Ms. Carns:

The Washington Department of Corrections appreciates the value of the Office of the Corrections Ombuds, a resource within the Governor's Office, to prompt systemic change, better correctional practices and further the voice of incarcerated individuals and their loved ones.

As seen on page 9 of this year's Ombuds annual report, the department is pleased to see many of the complaints submitted to the Office of Corrections Ombuds have been resolved through active engagement with those in the department's care and custody as well as support from your office. The department is committed to improving its practices to create a safer and more humane correctional agency.

Within calendar year 2021, the department has continued advancing its efforts on crucial operational issues, to include the issues outlined within the 2021 Ombuds' Annual Report. Among the accomplishments and strides made is the creation of a Women's Prison Division, led by newly named Assistant Secretary Jeannie Darneille and reporting directly to the deputy secretary. This new division will focus on female gender responsive programming and services that will better inform the way the department addresses the unique needs of the female incarcerated population and better prepares them for a more successful reentry. In addition, I believe this will pay great dividends as we move into gender responsive services in general.

I am excited that the department had two progressive policy proposals focused on less restrictive settings – graduated reentry and a coaching and mentoring model of community supervision, both of which were endorsed by the Washington Legislature, resulting in funding and statutory changes. Both efforts focus on community-based justice efforts, aimed at decreasing institutional time and reducing jail or prison-based violation sanctions. The graduated reentry expansion creates eligibility for individuals to serve a select period of their sentence under electronic home monitoring with enhanced services supports, housing vouchers and community navigators. The program was previously funded to serve less than 200 individuals, and the expansion will now allow more than 1000 per year. Funding and direction were provided to decrease caseloads and train officers to develop individual case plans and more robustly support those who are most high risk.

The Washington State Department of Corrections is expanding transfers to graduated reentry and electronic home monitoring, following the direction from the Legislature. The department recently increased the time during which incarcerated individuals are eligible for promotion to minimum-2 custody, expanding it from four years until release to six years. Both actions follow the principle of housing individuals in the least restrictive environment necessary and providing more normalization while providing for transition back into the community.

The department has formalized the end of disciplinary segregation within the state's correctional system. We know and recognize that data demonstrates that disciplinary segregation has not been proven as an effective sanction of deterrent to negative behavior.

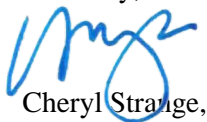
Additionally, I have established and named the first director of person-centered services, a new position, designed to provide the viewpoint of a person with lived experience who can help bring about the needed changes to move to human centered design in its services, and this position will provide valuable contributions to the department including involvement in the review and creation on DOC policies and practices.

As the new secretary of the Washington Department of Corrections, I recognize the complexities of this work and celebrate that we have come a long way in many areas but equally recognize that we have much further to go.

The Office of the Corrections Ombuds has helped to highlight the need for a more comprehensive approach to meeting the needs of incarcerated individuals. The department hopes, through its supplemental funding requests, to continue its work with Amend on transforming rehabilitative work and correctional culture within the state's correctional system. Funding was also requested to support shorter stays in restrictive housing and capital resources to provide additional physical capacity and staff resources for increased access to mental health and psychiatric care to those in its care and custody. Finally, there is a significant financial request to support a comprehensive approach to healthcare delivery for those in the care and custody of the department, which is an area highlighted in your 2021 annual report and the ongoing work we have accomplished with the Office of the Corrections Ombuds.

The department remains dedicated to provide quality care and services to those entrusted to the state's custody. I look forward to continuing to collaborate with the Ombuds Office as we work together for safer communities benefitting all Washingtonians.

Sincerely,



Cheryl Strange,
Secretary

cc: Sonja Hallum, Senior Policy Advisor, Office of the Governor
Sean Murphy, Deputy Secretary
Julie Martin, Chief of Staff
Mike Obenland, Assistant Secretary
Sara Kariko, Chief Medical Officer
Scott Russell, Interim Assistant Secretary
Karie Rainer, Mental Health Director
Melena Thompson, Executive Policy Office Director
Deborah "Jo" Wofford, Gender Responsive Administrator
Jeremy Barclay, Engagement & Outreach Director