



Unexpected Fatality Review DOC Corrective Action Plan

Unexpected Fatality UFR-22-015

Report to the Legislature

As required by RCW 72.09.770

June 20, 2022

DOC Corrective Action, Publication Number 600-PL001

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Legislative Directive

Engrossed Substitute Senate Bill [5119](#) (2021)

Unexpected Fatality Review Governance

[RCW 72.09.770](#) requires the Department of Corrections (DOC) to convene an Unexpected Fatality Review (UFR) committee and meeting in any case “in which the death of an incarcerated individual is unexpected, or any case identified by the Office of the Corrections Ombuds.” The department is also required to issue a report on the results of the review within 120 days of the fatality and, within 10 days of completion of the review, develop an associated corrective action plan to implement any recommendations made by the review team. The statute took effect July 25, 2021.

The “primary purpose of the unexpected fatality review shall be the development of recommendations to the department and legislature regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for prisoners in the custody of the department.”

“‘Unexpected fatality review’ means a review of any death that was not the result of a diagnosed or documented terminal illness or other debilitating or deteriorating illness or condition where the death was anticipated and includes the death of any person under the jurisdiction of the department, regardless of where the death actually occurred. A review must include an analysis of the root cause or causes of the unexpected fatality, and an associated corrective action plan for the department to address identified root causes and recommendations made by the unexpected fatality review team under this section.”

Unexpected Fatality Review Committee Report

The department issued the UFR committee report 22-015 on June 10, 2022 (DOC publication 600-SR001). This document includes the required corrective action plan. The department is required to implement the corrective actions within 120 days of the publication of the committee report.

Corrective Action Plan

CAP ID Number:	UFR-22-015-1
Finding:	The Department's WA One risk assessment tool did not identify this individual as needing substance use treatment support, which is contradictory to his documented history.
Root Cause Category:	Inadequate policy/procedure
Recommendation:	Need to review prioritization and hand-off to ensure persons with substance use disorder receive all available treatment as indicated.
Corrective Action:	<ul style="list-style-type: none"> • Meet with substance use disorder contract provider regarding current contract requirements, unmet patient needs, and identify resource gaps for a possible legislative decision package. • Work with Prisons Division to explore expanding access to substance use disorder services, (i.e., group meeting space, movements, callouts, etc.). • Send a message to all DOC staff: <ul style="list-style-type: none"> ○ That the Substance Use Recovery Unit is a Health Services program and should take priority. ○ To encourage identified incarcerated individuals in need of substance use treatment to prioritize treatment over other programs and education. • Request that a Substance Use Recovery specialist or social work representative are included in Reentry Team Meeting prior to Graduated Reentry admission.
Expected Outcome:	Persons with substance use disorder history will proactively be offered a person-centered tailored sobriety support plan while in DOC and in their post release life. Every person in need should have a sobriety plan.

CAP ID Number:	UFR-22-015-2
Finding:	Despite extensive substance use history, there is no documentation this individual was offered treatment from the Substance Abuse Recovery Unit or medical support for opioid use disorder.

Root Cause Category:	Technical failure
Recommendation:	Ensure that metrics and logic for reports are reviewed to verify all necessary diagnostic codes and key terms are included going forward.
Corrective Action:	The DOC Deputy Chief Medical Officer will work with the data governance team to ensure metrics and logic for clinical reports is accurate.
Expected Outcome:	Persons with substance use disorder history will proactively be offered a person-centered tailored sobriety support plan while in DOC and in their post release life. Every person in need should have a sobriety plan.

CAP ID Number:	UFR-22-015-3
Finding:	There were gaps in the process of mentoring and caseload audits for the Correction Specialist assigned to supervise this individual.
Root Cause Category:	Transfer of organizational knowledge and/or inadequate policies
Recommendation:	Recommend adopting best practices for supervisory caseload audits.
Corrective Action:	Update Graduated Reentry Policy 390.590 <ul style="list-style-type: none"> • Conduct statewide training on updated policy expectations within 120 days. • Designate time during on-going unit meetings to review DOC policies that indirectly or directly impact Graduated Reentry work.
Expected Outcome:	All staff are provided training and information on policy and procedures to promote accountability and consistency in service delivery.

CAP ID Number:	UFR-22-015-4
Finding:	The possibility of ongoing personal relationship between the Graduated Reentry participant and Correction Specialist responsible for his supervision was identified.
Root Cause Category:	Human Factors
Recommendation:	Graduated Reentry Division review of DOC 850.030 - Relationships/Contacts with Individuals to: <ul style="list-style-type: none"> • Ensure required forms are completed in accordance with policy. • Document on DOC form 03-039 – Report of Contact/Relationship the appointing authority's determination

	of contact or relationship significance.
Corrective Action:	Review DOC 850.030 with all Graduated Reentry staff and ensure the appointing authority reviews report of contact and determines significance of contact or relationship.
Expected Outcome:	Graduate Reentry staff maintain required professional boundaries with the individuals under their supervision and care.

CAP ID Number:	UFR-22-015-5
Finding:	Random drug testing at the time of the fatality did not include fentanyl for Graduated Reentry participants.
Root Cause Category:	Technical Failure
Recommendation:	Test for fentanyl during all random drug screens.
Corrective Action:	Update the contract to include testing for fentanyl during random drug screening in Graduated Reentry.
Expected Outcome:	Increased safety for supervised individuals and opportunity for intervention if test results are positive.

CAP ID Number:	UFR-22-015-6
Finding:	Correction Specialist deleted text communications with supervised individual losing documentation of supervisory contacts.
Root Cause Category:	Inadequate policies and/or human factors
Recommendation:	Preserve record of communications between DOC staff and Graduated Reentry Program participants.
Corrective Action:	Work with DOC Public Records Unit to retrieve deleted text.
Expected Outcome:	Communications with Correction Specialists and Graduated Reentry participants will be documented and archived.

CAP ID Number:	UFR-22-015-7
Finding:	The Reentry Navigator assigned to work with this individual failed to conduct a Reentry Team meeting prior to his transfer to the Graduated Reentry Program.
Root Cause Category:	Human Factors
Recommendation:	Ensure individuals transferring to Graduated Reentry have an opportunity to have a Reentry Team meeting for case planning.

Corrective Action:	Review percentage of persons who had a Reentry Team meeting versus those who should have had a Reentry Team meeting and develop a plan to close the gap to 100% within 120 days.
Expected Outcome:	All persons transitioning to the Graduated Reentry Program with a known substance use disorder will be offered a Reentry Team meeting prior to their transition from prison.