Department of Corrections
WASHINGTON STATE

FAMILY COUNCIL MEETING MINUTES

Location: MS TEAMS Date: 03/19/2022 Time: 10:00-3:00 PM

Teleconference details:

Meeting Attendees

Department/facility co-chair: Jeff Uttecht Family co-chair: Emijah Smith

Facility/council secretary: Ramona Cravens Family secretary, if applicable: Elise McKinnon

Members present: Paula Bond – MCCW Representative, Jason Rice – WCCW Representative, Felix D'Allesandro – WCC Representative, Gwen McIlveen – CRCC Representative, /Joanne Todd (for Danielle White) – MCC Representative, and Julie Burden – AHCC Representative.

Non-council member attendees: Jacque Coe (DOC), Dr. MaryAnn Curl (DOC), Jeannie Darneille (DOC), Jamie Dolan (DOC), Dianne Doonan (DOC), Michael Eby (DOC), David Flynn (DOC), Lisa Flynn (DOC), Don Holbrook (DOC), Frederick Ivey (DOC), Anita Kendall (DOC), Caroline Melhuish (DOC), Sean Murphy (DOC), Michael Obenland (DOC), Paige Perkinson (DOC), Dr. Karie Rainer (DOC), Rhonda Roberts (DOC), Caitlin Robertson (OCO), Scott Russell (DOC), Sarah Sytsma (DOC), Dawn Taylor (DOC), Dr. Adrian Thompson (DOC) and Heather Williams (DOC)

Agenda

Old business

Topic	Discussion/Key Points	Next Steps
10:00 am – 10:15 am **Welcome/Agenda** *Emijah Smith, SFC Family Co-Chair and Jeff Uttecht, DOC Co-Chair*	Welcome to everyone! Introduction of Statewide Family Council members in attendance. Joanne Todd: MCC interim representative.	
10:15 am – 10:45 am **Deputy Secretary Time** *Sean Murphy, Deputy Secretary*	Secretary Cheryl Strange was not available for today's meeting. • Met with Governor Jay Inslee and leaders of Evergreen College, members of the Sustainability Project, and previously incarcerated individuals (I/I). Discussed benefits and value of education for the incarcerated and staff; • Announced the departure of Equity, Diversity, Inclusion, and Respect (EDIR) director, Dr. Adrian Thompson from the DOC to work with the Department of Enterprise Services to train all state employees; • The joint budget session is coming to an end, to include person-centered medical care, similar to what it is like when people go to a care provider or urgent care facility. Once budget is finalized, a one-pager will be produced and shared on the website and to family councils for distribution. • Restrictive Housing reform. In 2011 there were 1,100 people in Max custody; today, there are about 200 people. Piloting a program called *Hustle 2.0.* • Housing voucher program has been extended from three to six months. • Population count: 12,100 in managed care, 12,900 in community.	

	• COVID numbers: 234 in isolation, and 779 in quarantine (down from 80% of all incarcerated in isolation and quarantine). Family Member: wanted to know if there is a list of education classes and programs at each facility. – Sean Murphy: Will need to work on having something posted. Update: The Spring qarter schedule is in the process of being posted to the DOC website.	
10:45 am – 11:15 am **Review of Action Items** *Jeff Uttecht, DOC Co-chair*	**Review of Action Item List** ***Attachment #1*** • **EFV/Family-friendly survey & Costs** : Lisa Flynn (DOC) & Diane Doonan (DOC). Still working on. Hope to have update at next meeting. • **EFV's** : Don Holbrook (DOC) – looking to have EFV ready to open around April 15th, dependent on COVID issues at each facility. • **Visitiation**: Don Holbrook (DOC) – Having conversations with clinical staff regarding the amount of people, increasing the amount of allotted time and the use of vending machines. This is also depending on COVID status of facilities. • **CI Update**, Jamie Dolan (DOC): **Commissary** – spending limit for all DOC institutions have become equitable for all I/I, as of February 2022. Monroe & Airway distribution facilities are now operational. Some supply chain issues (eg. Hygiene and over the counter), but working to find substitutions. Hiccups have been resolved. ○ Family Member: how are items ordered, especially when items are missing? Can incarcerated individuals prioritize orders to get certain items? Jamie Dolan: Items are pulled by category (which are prioritized by the system utilized by CI) . ○ Family Member: Can I/I prioritize instead of CI? Jamie Dolan: Will need to check with system administrators to see if possible, but from personal knowledge, it seems unlikely. ○ Family Member: Some essential items are not available (eg. Toothpaste). Can families order essentials through Amazon? Jamie Dolan: Toothpaste back in stock. We work to find alternatives as quickly as they are out of stock. ○ Family Member: Would like to be able to order from Amazon when essential items are out of stock. ○ Family member: Do commissary items come from Union Supply? Jamie Dolan: DOC uses up to 20 different vendors. ○ Family Member: Is there a list of vendors on the website? Jamie Dolan: Unsure. ○ Family member: Does DOC receive a commission from Union Supply? Jamie Dolan: CI, a division of DOC, receives a commission. ○ Family Member: is there a pattern to what is out of stock? Jamie Dolan: It is random and based on availability similar to the community. .	

	○ Family member. If item is not in stock, do the incarcerated have to resubmit their order? Jamie Dolan: The incarcerated will have to resubmit and CI will try to communicate via kiosk to let them know. ○ Joanne Todd: Can families go directly to contracted vendors or Amazon to order instead of CI or Union Supply? Jamie Dolan: Wholesale vendors do not accept individual orders; Sean Murphy (DOC): commit to presenting on the vendors that are used and why DOC use them (security standpoint), and also why families are unable to order (as an example) Amazon or why families cannot order directly from approved DOC wholesale vendors. **Removing "offender" from policies**, – Sean Murphy (DOC): Ongoing conversations with the Governor, which includes overhaul of policies and processes, multiple directives to staff, etc. Example give of an issue: DOC's management program used by all staff for all documentation is called "OMNI" (Offender Management Network Information); to change/remove "offender" requires countless resources that DOC currently does not have. The Department is committed to removing "offender", but it will take a while. **Option for families who don't want to share personal information**: Lisa Flynn(DOC): Until "Get Response" is completed, Dawn Taylor is working locally with Community Partnership Program Coordinators (CPPC) for families to receive information from facilities where loved ones are housed. Local listserv instead of "get a response" while waiting for to get a response to come online. If more information is wanted, please reach out to staff on this call. Update: Family email boxes are now available. Please see the attached communication for families. ***See Attachment #2*** **Purchase of hobby craft by family.** Review by incarcerated population currently pending. **Cultural program policy development**: Extended to 6/1/22.	
Extended Family Visit (EFV) Fees Update *Dianne Doonan, Assistant Comptroller*	Per RCW 72.09.470 the fee is required, where incarcerated individuals are required to share in the cost of privileges, including Extended Family Visits (EFV). At some point, the policy changed to allow families to pay, but this is contrary to the current statute. DOC is working to align with the RCW, but to also allow families to continue to pay and to reduce the cost of EFVs. • When families pay, it avoids the process of families putting money on the incarcerated individual's account where mandatory deductions are taken out of the incarcerated individual's account. • Family Member: suggested that the Incarcerated Individual Betterment Fund (IIBF) cover the EFV fee or put into improvements of the EFV Units.	

	• Family Member Where does money go for EFVs? (RCW read by Sean Murphy), routine maintenance, upkeep, etc. Family would like a breakdown. • Sean Murphy: EFV units are in need of care. Will have the units reviewed for improvement prior to opening. Update: We have now created an standardized inventory lists for facilities to ensure are in the EFVs so that families know what to expect to have available to them. This includes kitchen utensils and small appliances, linens, etc. Additionally, Many of the facilities are developing improvement plans to upgrade paint, flooring and furniture to enhance the home atmosphere. • Family member: Why is there a need for a fee? Diane Doonan: RCW requires incarcerated individuals to pay for EFV privileges, DOC exploring how to reduce or eliminate fees, which led to discovering that DOC is not currently in compliance. • Family Member: Suggested to bypass and allow incarcerated individuals to use Trust fund for EFV's. • Family Member: Suggested the use of mandatory savings policy 200.00 so family could contribute to saving accounts. Diane Doonan : Will look at every possible avenue • Family member: SCCC is proposing to move EFV's from 12 to 8 visits. Sean Murphy: Suggested to bring issues of inconsistency to DOC's attention.	

New business

Topic	Discussion/Key Points	Next Steps
11:15 am – 12:15 pm **Introduction of Dr. MaryAnn Curl, Chief Medical Officer** *Jeff Uttecht, DOC Co-Chair and Sean Murphy, Deputy Secretary*	Dr. MaryAnn Curl has worked at many DOC facilities: Facility Medical Director at WSP, SCCC, camps and other major facilities, where her work has included COVID response. She also worked for the Veterans Administration for 16 years as the Chief of Staff, Deputy Chief Medical Officer, front line hospitalist, and geriatrician. Has completed medical mission trips all over the world. • Emijah: What is the relationship between medical and CDC? What is your vision for families in regards to quarantine and isolation? Dr. Curl: Dr. Strict is still here for infectious disease control. DOC is working to create the least restrictive environment, which may mean longer quarantine to prevent bigger outbreak; working on more plans to get outside activity for I/I's (eg. taking off masks outside). Medical/custody personnel involved in creating plan; we do follow CDC/DOH guidelines, though DOC creates guidelines that fit our specific environment.. • Family Member: Why can't families take our masks off and kiss our loved ones? Sean Murphy: This is due to CDC guidelines in congregate care settings. DOC is still required to follow this until the guidance changes. It is important we slowly loosen protocols so we do not put others at risk. • Family Member: Concerns regarding TB outbreak at SCCC and lack of communication. David Flynn (DOC): When an I/I tests positive, David Flynn, Scott Russell, or	

	Ken Taylor will reach out to families. DOC will also look at having a one-pager regarding "what to expect/next steps" for I/I who have an abnormatlity on a chest x-ray . Sean Murphy: Communications team worked on getting the information about the TB issues out as fast as possible. However, the department recognizes how scary the TB diagnosis is. DOC will continue testing at SCCC. • Emijah: Suggested a one-pager to also be sent to families (and other diagnosis) as it is helpful to minimize anxiety. • Family Member concerned TB/COVID not being communicated to individual or family. • Family Member: concern regarding how TB testing is being conducted at facilities. Update: See TB memo's that were sent out by SCCC on March 14, 2022 ***Attachments #3 & #4***	
Emergency notifications – policy and process. *Scott Russell, Deputy Director*	Policies links for reference: • DOC 620.200, Death of Incarcerated Individuals: Per RCW 70.02.020 healthcare providers may not disclose information to anyone else without written consent. • DOC 640.020 Health Records Management: Only the Incarcerated Individuals can initiate the release of information (ROI) by using Form 13-035, Authorization for Disclosure of Health Infirmation ***(Attachment #5)*** for verbal communication for families to receive medical information. Information on how the I/I puts into this form was reviewed. Additional clarification: . o The 13-035 is not something families can complete/send to the facility. o Reminder: DOC cannot force I/I's to complete the form. A workgroup has been created to evaluate orientation program. The 13-035 form is going to be posted in all waiting rooms of DOC health clinics, and if not already happening, each facility to have the 13-035 form reviewed during their orientation program. Also to work with providers to have them go over the form with I/I, not just during emergent times. • Elise McKinnon: Will this be included at counseling sessions or medical appointments; how is notification made to family? How do we call to get in to get information? Scott Russell: took down questions for follow-up Update with answers to questions: **Can the ROI form be completed with I/I during counseling sessions or with a medical provider?** Here are two ways for the request: 1) if the patient authorizes the Classification Counselor (CC) to engage in the process the CC can assist; The I/I will need to scheduling a time to meet with the counselor to do so. The CC would then need to send the form to the	

	facility Records Health Information Technician (RHIT). 2) Sending a communication requesting (medical Kite) to meet (placed on a call out with the RHIT. A Medical Assistant can also be scheduled for assistance to review the completion of the form. **How is notification made to family?** The family will be notified by appropriate facility personnel via the information provided on the ROI/emergency contact list as they may not be the same, when medical emergency level arises as identified in DOC Policies 640.020 and 620.200. This is done by telephone (land line, cell), email, etc. **How do families call to get information if/when they have the ROI?** Go to DOC.WA.GOV. Click *Prison Facilities*, choose the facility location the I/I is at, and click on *Contact & Location*. The Health Services phone number is located on the left side of the page. Families can then speak to the appropriate health services staff. • Family Member: Concern regarding loved one's durable Power of Attorney (POA) and mental health. Dr. Curl: gave some explanation regarding guardianship vs, durable POA vs. ROI; the durable POA is only for incapacitation. • Family member: What is the plan to ensure clinical practitioners' competency, that they follow procedures, including the ROI? Dr. Curl: Four ways: 1) To select individuals who come in with a sense of professionalism and competency (formal education & competency training), 2) onboarding (reproducible plan for training, which includes CORE training [which is required for all DOC staff]), 3) ongoing training, and 4) expect implementation and inspect that implementation. Dr. Curl's plan is currently in various stages. • Family Member: What is the plan to inspect/frequency? Dr. Curl: This is ongoing. Frequency will be due to severity of the issue.	
Visit program updates; future planning *Don Holbrook,* *Deputy Assistant Secretary*	Working on April 15th to open EFVs. It all depends on if there are any increased cases of COVID-19 (cluster will not affect visiting, but facility-wide will); Family Member: would like updates as we get closer to a decision. • Family Member: Can there be visiting outside? Sean Murphy: due to safety and security, this can be difficult, but can be looked at. • Family Member: Would like to reframe visits from privilege to a necessity for mental health. Sean Murphy: Expressed that this is important and listed in visitation benefits. • Family Member: When will the number of people during one visit increase? Don:in the next couple of weeks there should be an update. • Family Member: is there a way to get special accommoda-	

	tions for larger families? Don: This is handled a the local facility; Mike Obenland: to have Don and Dr. Strick work on this issue, in conjunction with the Safe Start team. • Family Member: Is there a statewide bathroom protocol for incarcerated individuals as there are some I/I who are only allowed to go at the top of the hour. Sean Murphy: Don will look into as consistence is important and bathrooms should always be available. • Family Member: Families are testing prior to and after EFVs. What about staff and I/I?. Don Holbrook: incarcerated individuals not tested unless it is indicated. Staff are tested once per week. Additionally, when patients who were held in the EFV due to TB , the EFV's are sanitize after the I/I is moved out. Update: Effective April 1st, 2022, the COVID-19 Prison Visit Appointment Request form was updated to allow for up to five visitors. However, only three visitors are authorized for visits scheduled through April 14, 2022. For more information, please go to: Visiting | Washington State Department of Corrections	
Vendor contracts for personal property *Jeff Uttecht,* *DOC Co-Chair* *and* *Sean Murphy,* *Deputy Secretary*	Tom Fithian (DOC) was not available to present. Jeff Uttecht shared that the vendor list was reviewed by committee, recommendations made, and decisions were finalized; Deductions were made so families could order without paying those deductions and the number of vendors were reduced. This was a multi year effort, which was communicated and announced. Sean Murphy: There is complexity of decision making. Tom Fithian (or someone from his team) will be asked to come to the next meeting to help in explaining, specifically musical equipment.	Tom Fithian to be invited to explain why we are, where we are.
12:15 pm – 12:30 pm	BREAK	
12:30 pm – 1:30 pm **Supporting Mental Health during Incarceration/COVID** *Dr. Karie Rainer,* *Director of Mental Health*	See attached PowerPoint, ***Attachment #6*** Mental health concerns are high among incarcerated individuals. DOC wants I/I's to have a positive experience with mental health providers, so when they release, the I/I is more likely to continue with services they are in the community. Mental Health (MH) services are available in all facilities, similar to an outpatient treatment center for services. MH rounds have increased during the first quarter of 2022. • Family member: At reception, who is documenting "profound mental health issues" at facilities? Is it a professional mental health staff? How does DOC ensure staff have the understanding on how to report these issues with incarcerated individuals? Dr. Rainier: At reception, a mental health professional does the initial screening of incoming incarcerated where the I/I is asked about their history of mental health, treatment history, history of suicide attempts, suicidal ideation, trauma, education background. MH staff conduct behavior observations during interview and review medication lists while in jail. DOC relies on individuals to self-report. If further care is needed, referrals are made for more indepth	

	care. As COVID reduces, we are returning to "normal". DOC is also having to prioritize to meet the needs of incarcerated individuals, to be proactive rather than reactive. Hoping to resume Group treatment. • Family member: Staff are overworked, stressed, feeling unsafe/uncomfortable. If staff/COs are stressed, how are they able to see incarcerated individuals needs? Sean Murphy: Staff have multiple programs that can be utilized, e.g. staff counselor, the Employee Assistance Program. • Family Member: Video of the norweagen model, where the incarcerated are in single cells and private bathrooms, and had significant decrease in suidal ideation/suicide attempts. Sean Murphy: Unfortunately, DOC does not have the resources at this time for single cells/private bathrooms for all I/I. • Family member: Infractions are increasing because of mental health issues related to the stress of COVID-19. Sean Murphy: The infraction process is required by law. The Hearing staff are more aware and have been asked to consider leniency due to the added stress. DOC wants to prevent infractions if able.	
Cell/Housing Unit Assignment process; racialbalancing; safety concerns *Mike Obenland, Assistant Secretary*	Policy DOC 420.140, Cell/Room Assignment drives cell assignments. See attached PowerPoint, ***Attachment #7*** Emijah: The intent of the question is there are concerns of safety and that decisions are/are not race-based. What is the process for evaluating incarcerated individual issues? Mental Health, Dr. Rainier: There are screenings at Reception; If immediate care is needed, it is offered as soon as possible or a referral for routine care is made where a more thorough interview is conducted, with regard to housing – if there are housing needs. Sean Murphy: resources for single-cell living with individual bathroom is limited, reduced population overall is the goal.	
Equity, Diversity, Inclusion and Respect: DOC's plans for the future *Dr. Adrian Thompson, EDIR Administrator*	See PowerPoint presentation ***Attachment #8*** Staff and incarcerated individuals are both being considered in EDIR policy changes Elise McKinnon: What is the scope and process of training staff? Dr. Thompson: There is an electronic training system that is required for staff. However it is multi-faceted, with multiple touchpoints, multiple work efforts, multiple feedback points. Changinging mindsets, allowing for growth. Donna Jarammilo: How is AMEND project being implemented? Sean Murphy: DOC is at the beginning stages of AMEND and working to understand how it will be impletmented. Will ask Courtney Grubb to speak about this at next meeting. Update: More information regarding Amend can be found here: Amend: Changing Correctional Culture | Washington State Department of Corrections	To have Courtney Grubb at next meeting to discuss AMEND.
1:30 pm – 1:45 pm **Family Council Policy Revision Updates**	Review of due dates for DOC 530.155 *Family Councils*. See Policy Revision Flowchart 01.22.22 ***Attachment #9***	

Jeff Uttecht, DOC Co-Chair and Emijah Smith, Family Co-Chair	Jeff suggested that there be a work group among families for recommended changes for updates. Emijah: It is unknown if the timeline was set with SFC input, however, LFCs are gathering data but meetings aren't exactly within timelines. Asked if DOC can post information out regarding input. Lisa Flynn: Anyone can submit feedback. All LFC contact information is on the LFC/SFC website. Additionally, families can email feedback to DOC staff, where those emails can be forwarded to Emijah (LFC DOC C-chairs, Lisa Flynn, Jeff Uttecht, Ramona Cravens, etc). Dawn Taylor can also use the facility family e-mail mailboxes. Lisa agreed to have this sent to all local facilities to post.	

New Business

1:45 pm – 2:45 pm **Round Table/ Open Discussion** *SFC/LFC and DOC*	• Emijah – requested agenda items to be posted during meetings. Jeff Uttecht – Yes this can be done. • Family Member: Question about JPay contract and the injunction. Sean Murphy – will have a hearing on April 1, with a judgement. • Family Member: Frustration with JPlayer and video visit problems. Why the inconsistency with the program and why are we giving them another contract? Sean Murphy: Will look into what is going on and will get back with the family member. • Family Member: Who monitors turning on/off video visits? What is the process for ending/suspending visits? Mike Obenland: Only a few administrators across the state have that access. • Family Member: Cell assignments, who is ultimately responsible for assignments? Mike Obenland: Protocol is complicated. For any outbreak issue, DOC moves [COVID]positives away from [COVID] negative people. • Family Member: Who should we contact if a loved one is having housing issues? Mike Obenland: Please reach out to the Superintendent of the facility. • Family Member: Would like therapy for families due to enduring mental health issues and retaliation. • Family Member: Can there be access to the Operational Memorandums for each facility on the website? Sean Murphy: An OM is how policy is implemented at each facility and would take a multitude of man-hours to complete. At this time, DOC does not have the funding for extra staff to fulfill this request. • Family Member: When will vending machines be available again for use during visitation? Don Holbrook:. At this time, there is no date. Still having ongoing conversation Leadership staff and clinical staff. • Family Member: Is the CI contract online? Sean Murphy: unknown Update: The Correctional Industries contract with Union Supply Group will be uploaded to the DOC website. This contract is for the Monthly Property Program and the Food Package Program.	

	There are no contracts in place for commissary. Commissary utilizes a variety of vendors to procure over 400 products. • Family Member: Can military time on the Agenda be changed to standard time for the next meeting. Sean Murphy: Yes. • Family Member: Infractions are driven by law. What RCW is that? Sean Murphy: Not sure at this time. Will need to get back with you. Update: Please see WAC 137-28 for Disciplinary Process https://apps.leg.wa.gov/WAC/default.aspx?cite=137-28 and WAC 137-25-025 for Serious Infraction List https://app.leg.wa.gov/WAC/default.aspx?cite=137-25-030 • Family Member: There are issues with Chat, there are families with phones who want to ask questions and are unable to raise their hand. Update: When on a cell-phone, use of "hand raising" can be accomplished by pressing "✱ 6" to raise and also lower hand. • Family Member: Poor sound with video visits. Sean Murphy: To have JPAY/agency representative on next call. Mike Obenland: to also have agency representative. • Family Member: Who decides what level of outbreak facilities are at? Sean Murphy: It is depending on the number of positive cases which determines status (limited cluster, facility cluster, etc.). • Emijah: When and where will the body scanners be implemented? Sean Murphy: Pilot project to be at WCC/WCCW. Everyone who enters the facility will have to go through body scanners; to include staff, volunteers, incarcerated, and visitors. • Paula Bond: What is the status of the review of women in incarceration report as it was supposed to be shared immediately. Sean Murphy: GIPA report is on schedule for release in April. Once received, it will be reviewed and condensed for easier reading. • Family Member: Concerned about being targeted by other SFC members in the chat function of this meeting. Sean Murphy: DOC will not respond or use the Chat function during the SFC meetings. • Family member: What can we donate to the women for reentry? Jeannie Darneille: To followup with family member via email after meeting. • Family Member: If visitors are unable to go through body scanners, will there be a pat-down option for medical-related issues? Sean Murphy: Yes, there will be implemented policies and procedures for such exceptions • Elise: Who are the current stakeholders involved in designing processes in response to GIPA report? Jeannie Darneille: Did not have list with her. Some examples of stakeholders: nonprofit advocacy, legal partners, mental health partners who work with incarcerated/former incarcerated, etc; all the Family Council to be engaged in process, focus groups on formerly incarcerated women, religious community, transgender, womens organizations, etc. Elise: Will families be involved, to include those currently incarcerated?	To have J-Pay and agency repsresentative at next meeting. Request for follow up of GIPA report for next meeting.

	Sean Murphy: currently incarcerated and families will be included. • Elise: Requested a list of GIPA stakeholders for the next SFC meeting. Jeannie: The list is still being worked on. Once DOC receives the GIPA report, we will know more. • Family Member: Would like a legislative update on Earned Release Time. Are there plans for bills for next year? Sean Murphy: The department is working on next year's plans. Or families can follow up with the legislator who sponsored the bill. • Family member: Toothpaste and dental floss were not available via the Store for a period of time. Does DOC consider dental care part of health and wellness? Can toothpaste and dental floss be put on the list of things that are needed. Dr. Curl: The department is dedicated to ensuring dental care is prioritized; DOC is constantly looking if resources are adequate and is also having discussions about hiring more hygienists. • Family Members: Do the incarcerated get supplements? Sean Murphy – Had a discussion with Senator Claire Wilson to look into redoing the bill regarding indigent items, to take to the legislature next year. • Family Member: Who is training contract staff? Dr. Curl: contract staff onboarding is specific to the discipline they will work in. For those under Dr. Curl, mentorship, mastery programs ensure more than a checklist, but a mastery of skills. • Family member: Hearing people have been applying at the LFC member & not hearing back. Who is monitoring the applications for approval for the family council? Taking over a month to get approved. Bethany DuSchene (DOC): Spoke with the LFC office. Relayed that the LFC is fielding a multitude of requests, which is causing delays. Lisa Flynn: Please have them reach out to us and we will look into.	
2:45 pm – 3:00 pm **Closing** *Emijah Smith, SFC Family Co-Chair and Jeff Uttecht, DOC Co-Chair*	Thank you for your participation on this Saturday. Enjoy the rest of your day.	

Next meeting location: MS TEAMS Date: May 21, 2022 Time: 10:00-3:00 PM

Comments: This meeting was recorded. If you would like to see all questions as they were asked verbatim, a YouTube video will be posted as soon as it is processed by DOC's IT department.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Family council co-chairs

Department of Corrections
WASHINGTON STATE

FAMILY COUNCIL ACTION ITEMS

Reference	New Action Items Opened	Assigned To	Date Opened	Date Due	Date Closed
	Name of Issue Discussed in Meeting: **Key Points/Discussion: Description of issue** **Update: Update from each meeting till closed**	**Owner of Issue**	**mm/dd/yyyy**	**mm/dd/yyyy**	**mm/dd/yyyy**
Process	EFV/Visit Family Friendly Survey 01/17/22 update: Surveys are going until 1/31/22 and information will be tallied.	Lisa Flynn/Dawn Taylor/Liz Hainline	09/18/2021	04/01/2022	
Policy	EFV Costs/sign-up process 01/17/2022 update: Continuing to gather a few pieces of feedback to make decision by 04/01/2022.	Lisa Flynn/Liz Hainline/Dianne Doonan	10/15/2021	04/02/2022	
Policy	DOC 530.155 Revision/Work groups 2/23/2022: Released timeline expectations for family input to Family Co-chair, Emijah Smith.	SFC co-chairs	11/20/2021	08/01/2022	
Process	Expanding number of visitors allowed per individual during visiting. 01/17/2022 update: Will review again prior to visit program reopening.	Don Holbrook/Clinical	11/20/2021	04/03/2022	
CI	CI Commissary Costs/increasing amount of limit/days of delivery 01/17/2022 update: Scheduled for update during March 2022 SFC.	Sarah Systma/Danielle Armbruster	11/20/2021	01/15/2021	
CI	CI Food/frozen boats/quality concerns 01/17/2022 update: Addressed facility specific issues and continue to assess improvements. Next update at March 2022 SFC.	Sarah Sytsma	11/20/2021	01/15/2022	
Communication	Remove the use of the word “offender” 01/17/2022 update: Update postponed to March 2022 SFC.	Sean Murphy	11/20/2021	01/15/2022	**ongoing**

Communication	Option for families who do not want to share their personal emails, but still want communication. 02/16/2022 update: Developing listserv process to provide additional information for families without publicizing personal email addresses. Updated due date.	Jacque Coe	11/20/2021	04/15/2022	
Policy	Purchase of hobby craft by family 01/17/2022 update: Completed security review and looking at possible process, review by incarcerated population pending.	Tracy Schneider/Jamie Dolan	11/20/2021	04/15/2022	
Policy	Cultural program policy development 01/17/2022 update: Extended due date to 06/01/2022 due to delay in start date.	Fred Ivey	11/20/2021	06/01/2022	
Communication	Public calls to receive COVID information	Don Holbrook/Mike Obenland	01/22/2022	03/01/2022	

Reference	Closed Action Items	Assigned To	Date Opened	Date Due	Date Closed
	Name of Issue Discussed in Meeting: Key Points/Discussion: Description of issue Update: Update from each meeting till closed	**Owner of Issue**	**mm/dd/yyyy**	**mm/dd/yyyy**	**mm/dd/yyyy**
Policy	Checking on continuing outside wedding rings after COVID; 11/20/2021 update – meeting pending with policy owner. Ring sizers. 01/17/2022 update: Approved and will be revised in policy.	Dawn Taylor/Charlotte Headley	9/18/2021	12/01/2021	01/17/2021
Family Support	Transportation options/ADA options 01/17/2022 update: Transportation Assistance program begins 02/01/2022.	Lisa Flynn/Dawn Taylor	10/01/2021	12/01/2021	02/01/2022
CI/Union Supply	Purchase of musical equipment by family 02/08/2022 update: Musical instruments added to Union Supply catalog.	Charlotte Headley	11/20/2021	01/15/2022	02/08/2022

Process	Rec/Wellness Survey/Equipment Procurement 01/17/2022 update: All recreation equipment purchases made and pending shipment from successful bidders and commercial vendors.	Tracy Schneider	10/01/2021	11/30/2021	11/22/2021
COVID	Photos in Visit Room 01/17/2022 update: Photos resumed with masks on 01/06/2022.	Sean Murphy/Clinical Team	11/20/2021	12/15/2021	01/06/2022
Communication	COVID information updated for families; 01/17/2022 update: Restored weekly LFC/SFC COVID calls on 1/28/2022	Dave Flynn/Mike Obenland	11/20/2021	12/15/2021	01/28/2022

Distribution: **ORIGNINAL** – Family Council Co-Chairs

Attachment #2

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

March 29, 2022

TO: All Interested Parties

FROM: Mike Obenland, Assistant Secretary
Men's Prison Division

Jeannie Darneille, Assistant Secretary
Women's Prisons Division

SUBJECT: Facility Email Box: Increasing Family Communication

Thank you to everyone who continues to provide us with valuable ideas and feedback on how we can improve communications at the state and local facility levels. The department is launching a new local facility email box for each prison that will be a consistent channel for families to receive facility-specific information.

The mailbox will be used to receive facility specific information and communications such as announcements, notifications, alerts, meeting links, and messages from the Superintendents. In addition to the facility mailboxes, visitors may sign up to receive messages from the Family Services Unit and other messages with statewide impact by emailing docFamilyServicesUnit@doc.wa.gov.

Families and friends who have not already signed up and wish to receive messages from the facility their loved one is housed, can click here to sign up or can contact the facility Community Partnership Program Coordinator (CPPC). Emails will be sent out from the appropriate facility mailbox:

DOCAHCCFamilies@doc.wa.gov
DOCCBCCFamilies@doc.wa.gov
DOCCCCCFamilies@doc.wa.gov
DOCCRCCFamilies@doc.wa.gov
DOCLCCFamilies@doc.wa.gov
DOCMCCFamilies@doc.wa.gov
DOCMCCCWFamilies@doc.wa.gov
DOCOCCFamilies@doc.wa.gov
DOCSCCCFamilies@doc.wa.gov
DOCWCCFamilies@doc.wa.gov
DOCWCCWFamilies@doc.wa.gov
DOCWSPFamilies@doc.wa.gov

If you have any questions, please reach out to the Family Services Unit at docFamilyServicesUnit@doc.wa.gov .

dt:lf:MO,JD
cc: Lisa Flynn, Correctional Programs Administrator
Dawn Taylor, Corrections Manager
Sean Murphy, Deputy Secretary
Cheryl Strange, Secretary
Jacque Coe, Communications Director
Paige Perkinson, Programs Specialist
Eric Jackson, Deputy Assistant Secretary
Jeff Uttecht, Deputy Assistant Secretary
Don Holbrook, Deputy Assistant Secretary
Jo Wofford, Gender Responsive Manager
Family Services Unit

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

March 14, 2022

TO: All SCCC Staff
All SCCC Incarcerated Individuals and Families

FROM: Ron Haynes, Superintendent – Stafford Creek Corrections Center
Lara Strick, MD, MS – Washington State Department of Corrections

SUBJECT: Tuberculosis Update and Staff Testing

Stafford Creek Corrections Center (SCCC), Gray's Harbor Public Health, and Washington State Department of Health continue to work together to assess tuberculosis (TB) exposure and transmission at SCCC.

The Centers for Disease Control and Prevention (CDC) is helping with the investigation to identify individuals who had probable TB exposure. Many people already participated in widespread testing for TB in January 2022 when testing was initially offered. To date, eleven people have been placed on treatment for confirmed or probable active TB disease, but continued evaluation is ongoing. Many individuals with latent TB infection have also been placed on treatment. The Occupational Health and Wellness Unit and DOC Health Services expect to have agency and contracted staff onsite for additional TB evaluations starting March 15th to test staff and incarcerated individuals identified by CDC who have had probable exposure.

SCCC staff identified as having probable TB exposure have already been individually contacted by email and phone and asked to complete a TB evaluation. A letter will also be sent to the address on file with Human Resources. TB evaluations will be available at SCCC March 15-18 from 5:00-10:00 AM and 1:00-3:00 PM at entry to the facility. If you have not been contacted this past week, you may still request a TB evaluation, but you were not identified as having an exposure to one of the known cases of TB disease.

As it takes time for the body to react to a TB test, it is important for staff and individuals in population identified with probable TB exposure to receive this follow-up evaluation. If you were tested in January, you still need to have a repeat evaluation for TB. The ongoing investigation by CDC will determine if a third round of TB testing will be necessary.

Knowing the facts about TB helps to understand this disease, which is treatable and curable. The process of identifying individuals exposed to TB and performing testing is not the same as it is for COVID-19. TB testing is done over several months or more, and often requires repeat testing.

As a reminder, there are two types of TB: latent TB infection and active TB disease. Individuals who have had a positive test in the past or have a new positive test, may be asked to get a chest x-ray to assess for TB disease in the lungs. Individuals found to have active TB disease will be treated as clinically indicated. If infected, there is also treatment available to prevent individuals from becoming sick and spreading TB to others.

People with TB infection have no symptoms and cannot spread TB to others. Symptoms of TB disease can include chronic cough, fevers, night sweats, unexplained weight loss, or coughing up blood. At any time, please talk to your personal medical care team if you have concerns or any symptoms listed above. A CDC flyer about TB is attached for your reference.

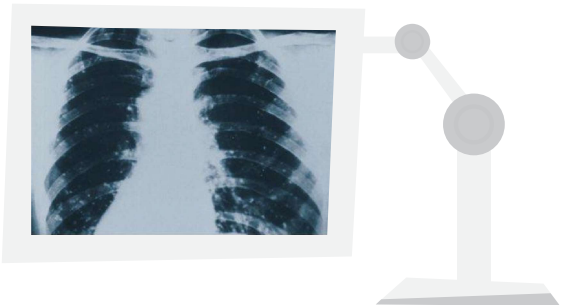
Updates to staff, incarcerated persons, and families will continue. Thank you for your support as we continue to work through this process together.

QUESTIONS & ANSWERS ABOUT TUBERCULOSIS

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

QUESTIONS & ANSWERS ABOUT TUBERCULOSIS

2021



Questions and Answers About Tuberculosis (TB) provides information on the diagnosis and treatment of TB infection and TB disease. Key audiences for this booklet are people with or at risk for TB; people who may have been exposed to someone with TB; people who provide services for those at high risk for TB, such as correctional officers, homeless shelter workers, and emergency responders; and people who want to learn more about tuberculosis. For additional information on TB, please visit the CDC TB website.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination

Attachment #4

TABLE OF CONTENTS

What is TB?

Tuberculosis (TB) is caused by bacteria called *Mycobacterium tuberculosis (M. tuberculosis)*. The bacteria, or germs, usually attack the lungs. TB germs can attack any part of the body, such as the kidney, spine, or brain.

There is good news. People with TB can be treated if they seek medical help.

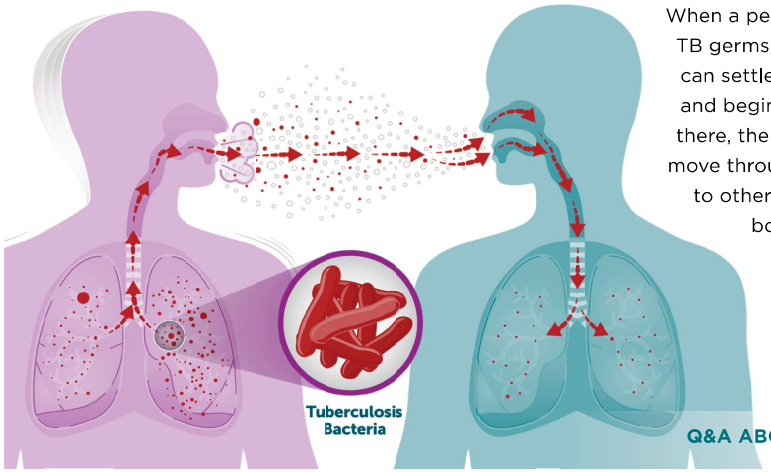
Why is TB still a problem in the United States?

TB is preventable and treatable but remains the world's deadliest infectious-disease killer. Having infectious TB disease means that you can spread TB germs to others. In the last several years, the United States has reported the lowest number of TB cases on record, but too many people still suffer from TB. Even with decreasing numbers, TB continues to be a problem. While the number of TB cases in the United States has gone down, TB rates are still higher among persons in racial and ethnic minority groups compared with White persons. This is because certain racial and ethnic groups are more likely to have TB risk factors that can increase the chance of developing the disease (see page 7).

This booklet answers common questions about TB. Please ask your doctor, nurse, or other health care provider if you have additional questions.

How is TB spread?

TB is spread through the air from one person to another. The TB germs are spread into the air when a person with infectious TB disease of the lungs or throat coughs, speaks, or sings. People nearby may breathe in these TB germs and become infected.



When a person breathes in TB germs, the TB germs can settle in the lungs and begin to grow. From there, the TB germs can move through the blood to other parts of the body, such as the kidney, spine, or brain.

Who is at risk for getting TB?

Anyone can get TB. Some people have a higher risk of getting infected with TB:

- People who have contact with someone who has infectious TB disease
- People who were born in or who frequently travel to countries where TB disease is common, including Mexico, the Philippines, Vietnam, India, China, Haiti, Guatemala, and other countries with high rates of TB
- Health care workers and others who work or live in places at high risk for TB transmission, such as homeless shelters, jails, and nursing homes

What is latent TB infection (LTBI)?

In most people who breathe in TB germs and become infected, the body is able to fight the TB germs to stop them from growing. The TB germs become inactive, but they remain alive in the body and can become active later. This is called latent TB infection, or LTBI for short.

People with LTBI

- Have no symptoms.
- Don't feel sick.
- Can't spread TB germs to others.
- Will usually have a positive TB blood test or positive TB skin test reaction.
- May develop TB disease if they do not receive treatment for LTBI (see page 13).

People with LTBI do not have symptoms, and they cannot spread TB germs to others. However, if TB germs become active in the body and multiply, the person will go from having LTBI to being sick with TB disease. For this reason, people with LTBI should be treated to prevent them from developing TB disease. Treatment of LTBI is essential to controlling TB in the United States because it substantially reduces the risk that LTBI will progress to TB disease.

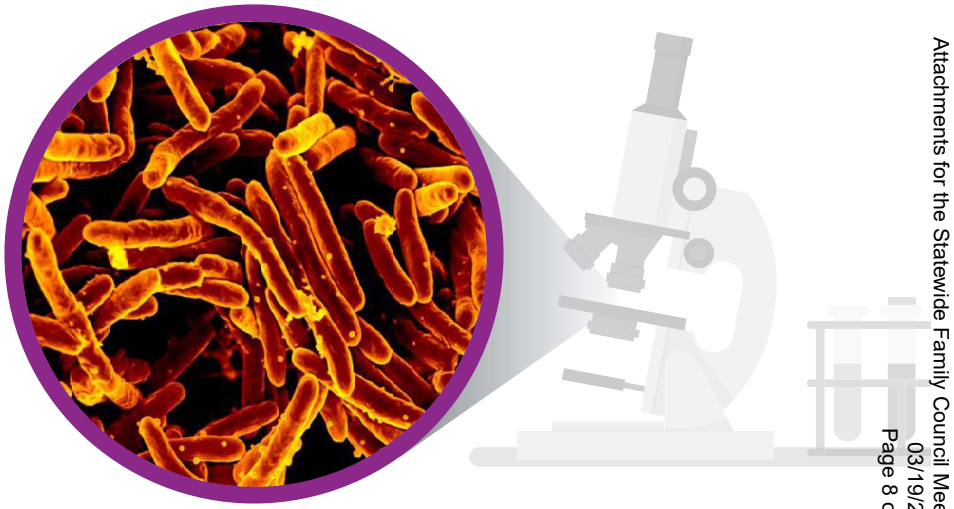
What is TB disease?

If the immune system can't stop TB germs from growing, the TB germs begin to multiply in the body and cause TB disease. The TB germs attack the body, and if this occurs in the lungs, the TB germs can create a hole in the lung. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB germs. Other people have latent TB infection and may get sick years later, when their immune system becomes weak for another reason. Treating latent TB infection (LTBI) is effective in preventing TB disease.

People with TB disease in the lungs or throat can be infectious, meaning that they can pass TB germs to their family, friends, and others around them. People with TB in other parts of their bodies, such as the kidneys or spine, are usually not infectious.

People with TB disease are most likely to spread TB germs to people they spend time with every day. This includes family members, friends, coworkers, or schoolmates.

People with TB disease need to take several medicines when they start treatment. After taking TB medicine for several weeks, a doctor will be able to tell TB patients when they are no longer able to spread TB germs to others. Most people with TB disease will need to take TB medicine for at least 6 months to be cured.



Who is at risk for TB disease?

Many people who have latent TB infection (LTBI) never develop TB disease. While not everyone with LTBI will develop TB disease, about 5–10% will develop TB disease over their lifetimes if not treated. Progression from untreated LTBI to TB disease is estimated to account for approximately 80% of U.S. TB cases. Some people who have LTBI are more likely to develop TB disease than others. People at high risk for developing TB disease generally fall into two categories:

1. Those who have been recently infected with TB germs
2. Those with medical conditions that weaken the immune system including:
   - **HIV infection**
   - **Substance use (such as injection drug use)**
   - **Specialized treatment for rheumatoid arthritis or Crohn's disease**
   - **Organ transplants**
   - **Severe kidney disease**
   - **Head and neck cancer**
   - **Diabetes**
   - **Medical treatments such as corticosteroids**
   - **Silicosis**
   - **Low body weight**

Children, especially those under age 5, have a higher risk of developing TB disease once infected.

What are the symptoms of TB disease?

Symptoms of TB disease depend on where in the body the TB germs are growing. TB disease in the lungs may cause the following symptoms:

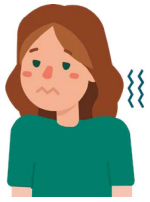
Cough (lasting longer than 3 weeks)

Coughing up blood or sputum (phlegm from inside the lungs)

Chest pain

Fever

Night sweats



Chills

Loss of appetite

Weakness or fatigue

Weight loss

Symptoms of TB disease in other parts of the body may include the following:

- TB of the kidney may cause blood in the urine.
- TB meningitis may cause headache or confusion.
- TB of the spine may cause back pain.
- TB of the larynx may cause hoarseness.

For information on how TB disease is treated, see page 17.

What is the difference between latent TB infection (LTBI) and TB disease?

There are important differences between latent TB infection (LTBI) and TB disease. Knowing the differences can help you understand what to expect if you have LTBI or TB disease. The table below explains these key differences side by side.

A Person with Latent TB Infection (LTBI)	A Person with TB Disease
Has a small amount of TB germs in his/her body that are alive but inactive	Has a large amount of active TB germs in his/her body
Has no symptoms	Has symptoms that may include » a bad cough that lasts 3 weeks or longer » pain in the chest » coughing up blood or sputum » weakness or fatigue » weight loss » no appetite » chills » fever » sweating at night
Cannot spread TB germs to others	May spread TB germs to others
Does not feel sick	May feel sick and may have symptoms such as a cough, fever, and/or weight loss
Usually has a positive TB skin test or TB blood test indicating TB infection	Usually has a positive TB skin test or TB blood test indicating TB infection
Has a normal chest x-ray and a negative sputum smear	May have an abnormal chest x-ray, or positive sputum smear or culture
Should consider treatment for LTBI to prevent TB disease	Needs treatment for TB disease

Should I get tested for TB?

You should get tested for TB if:

- You have spent time with a person known or thought to have infectious TB disease.
- You were born in or frequently travel to countries where TB disease is common, including Mexico, the Philippines, Vietnam, India, China, Haiti, and Guatemala, and other countries where TB is common.
- You currently live, used to live, or are employed in a large group setting where TB is more common, such as a homeless shelter, prison, jail, or nursing home.
- You are a health care worker who cares for patients with TB disease.
- You are part of a population that is more likely to have latent TB infection (LTBI) or TB disease, including people who don't have good access to health care, have lower income, or misuse drugs or alcohol.

In addition, children, especially those under 5, have a higher risk of developing TB disease once infected. Therefore, testing for TB infection in children who may have been exposed to a person with TB disease is important.

What are the tests for TB infection?

There are two types of tests for TB infection: the TB blood test and the TB skin test. Your health care provider should choose which TB test to use. Factors in selecting which test to use include the reason for testing, test availability, and cost. Health care providers are encouraged to use newer TB blood tests to screen for TB infection. Generally, it is not necessary to use both a TB skin test and a TB blood test to test the same person.

TB Blood Tests

TB blood tests use a blood sample to find out if you are infected with TB germs. Two TB blood tests are approved by the U.S. Food and Drug Administration and are available in the United States:

- QuantiFERON®-TB Gold Plus (QFT-Plus)
- T-SPOT®.*TB* test (T-Spot)

You can get a TB blood test at the health department or at your doctor's office. The health care provider will draw your blood and send it to a laboratory for analysis and results. If your health department uses a TB blood test, only one visit is required to draw blood for the test.

Positive TB blood test: This means that you have been infected with TB germs. Additional tests are necessary to determine whether you have latent TB infect (LTBI) or TB disease.

Negative TB blood test: This means that your blood did not react to the test and that you likely do not have TB infection.

TB blood tests are the recommended TB test for:

- People who have received the bacille Calmette–Guérin (BCG) TB vaccine.
- People who have a difficult time returning for a second appointment to look for a reaction to the TB skin test.

TB Skin Test

The TB skin test may be used to find out if you are infected with TB germs. You can get a skin test at the health department or at your doctor's office. A health care worker will inject a small amount of testing fluid (called tuberculin or PPD) into the skin on the lower part of your arm. After 2 or 3 days, you must return to have your skin test read by the health care worker. You may have swelling where the tuberculin was injected. The health care worker will measure this swelling and tell you if your reaction to the test is positive or negative.

Positive skin test: This means the person's body is infected with TB germs. Additional tests are needed to determine if the person has LTBI or TB disease.

Negative skin test: This means the person's body did not react to the test, and that LTBI or TB disease is not likely.

If your exposure to TB germs was recent, your TB skin test reaction may not be positive yet. You may need a second skin test 8 to 10 weeks after the last time you spent time with the person with TB disease. This is because it can take several weeks after infection for your immune system to react to the TB skin test. If your reaction to the second test is negative, you probably do not have TB infection.

What if I have a positive test for TB infection?

If you have a positive reaction to the TB blood test or TB skin test, your doctor or nurse will do other tests to see if you have TB disease. These tests usually include a chest x-ray. They may also include a test of the sputum you cough up. Because TB germs may be found somewhere other than your lungs, your doctor or nurse may check your urine, take tissue samples, or do other tests. Without treatment, latent TB infection (LTBI) can progress to TB disease. If you have LTBI, you should be treated to prevent TB disease (see page 13). If you have TB disease, you will need to take medicine to treat the disease (see page 17).

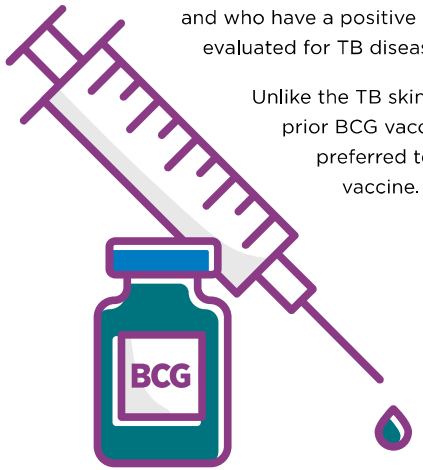
What if I have been vaccinated with bacille Calmette-Guérin (BCG)?

BCG is a vaccine for TB. This vaccine is not widely used in the United States. Many people born outside of the United States have received the BCG TB vaccine.

It is often given to infants and small children in other countries where TB is more common. It protects children in those countries from getting severe forms of TB disease, such as TB meningitis. The BCG TB vaccine is not thought to protect people from getting TB disease in the lungs, which is the most common form of disease in the United States.

In some people, BCG TB vaccine may cause a positive TB skin test when they are not infected with TB germs. However, there is no way to know if a positive skin test reaction is caused by BCG vaccination or caused by true TB infection. When using the skin test, people who have been vaccinated with BCG and who have a positive skin test reaction should always be further evaluated for TB disease as if they were not vaccinated with BCG.

Unlike the TB skin test, TB blood tests are not affected by prior BCG vaccination. Therefore, TB blood tests are the preferred test for people who have received the BCG vaccine.



If I have latent TB infection (LTBI), how can I avoid developing TB disease?

Without treatment, latent TB infection (LTBI) can progress to TB disease. If you have LTBI, you should be treated to prevent TB disease even if you do not feel sick. Treatment of LTBI is essential to preventing TB because it substantially reduces the risk that LTBI will progress to TB disease.

Treating LTBI is effective in preventing TB disease. There are several options for the treatment of LTBI. There have been advances in shortening the length of LTBI treatment from 6–9 months to 3–4 months. Short-course LTBI treatments are effective, are safe, and have higher completion rates than longer treatments.

If you have LTBI and you are in a high-risk group (see page 7), it is even more urgent that you take medicine, so you don't develop TB disease. The following TB medications are used on their own or in combination to treat LTBI:

CDC and the National Tuberculosis Controllers Association recommend one of the following treatment options for LTBI:

- Three months of once-weekly isoniazid plus rifapentine (3HP)
- Four months of daily rifampin (4R)
- Three months of daily isoniazid plus rifampin (3HR)

If none of the treatment regimens above is an option for you, there are alternative effective LTBI treatment regimens which include 6 or 9 months of isoniazid. When taking isoniazid, your doctor may have you take vitamin B6 with your medication. Your doctor will be able to determine which treatment option is best for your situation. Your treatment may have to be modified if you have had contact with someone whose TB disease is caused by germs that are resistant to isoniazid or rifampin, two of the most important medicines for treating LTBI and TB disease. This means that those medicines can no longer kill the TB germs.

Sometimes people are given treatment for LTBI even if their TB blood test result or TB skin test reaction is negative. This is often done with infants, children, and HIV-infected people who have recently spent time with someone with TB disease. This is because these groups are at very high risk of developing TB disease soon after they become infected with TB germs.

If you start taking treatment for LTBI, you will need to see your doctor or nurse on a regular schedule. It is important that you take all the medicine as prescribed. The doctor or nurse will check on how you are doing.

What are the side effects of medicines to treat latent TB infection (LTBI)?

Most people can take their latent TB infection (LTBI) medicines without any problems; however, sometimes there are side effects. Some side effects are minor problems. For example, the rifampin or rifapentine medicine may cause orange discoloration of body fluids such as urine (pee), saliva, tears, or sweat, and breast milk. Orange discoloration of body fluids is expected and harmless. This is normal and the color may fade over time. The doctor or nurse may advise you not to wear soft contact lenses because they may get permanently stained. If you have any of these side effects, you can continue taking your medicine.

If you have a serious side effect, **call your doctor or nurse immediately**. You may be told to stop taking your LTBI medicines or to return to the clinic for tests. Serious side effects include:

- Dizziness or lightheadedness
- Loss of appetite
- Flu-like symptoms
- Severe diarrhea or light-colored stools
- Shortness of breath
- Feelings of sadness or depression
- Fever
- Unexplained weight loss
- Brown urine (color of coffee or cola)
- Yellowish skin or eyes
- Rash
- Persistent tingling or prickling sensation of hands and feet
- Persistent tiredness or weakness lasting 3 or more days
- Stomach pain
- Easy bruising or bleeding
- Joint pain
- Nausea
- Vomiting

You should provide a list of current medicines you are taking to your health care provider to avoid drug interactions. Some oral contraceptives (birth control pills) may not work as well when you take them with TB medicines. This is because the TB medicines can sometimes interfere with birth control pills and possibly make the birth control pills less effective. If you are using birth control pills, talk with your doctor before beginning any new medicines. More information on side effects from TB medicine can be found at CDC's TB Treatment: Adverse Events page.

Warning: Drinking alcoholic beverages, such as wine, beer, or liquor, while taking TB medicines can be dangerous. Check with your doctor or nurse for more information.

Everyone who has LTBI needs to know the symptoms of TB disease (see page 8). If you develop symptoms of TB disease, you should see a doctor right away.

People sometimes need help managing the LTBI medicine they must take. The CDC has developed LTBI medicine trackers to help patients organize and manage their LTBI medicine. On these medicine trackers, there is space to write treatment schedules, medication intake, and doctor/clinic contact information. There is also a checklist of signs and symptoms that may develop while taking LTBI medicine.

The three medicine trackers include:

1. **12-Dose Regimen for Latent TB Infection-Medication Tracker and Symptom Checklist** *(available in English, Spanish, Tagalog, and Vietnamese languages).*
2. **4 Months Daily Rifampin (4R) Regimen for Latent TB Infection Medication Tracker and Symptom Checklist** *(available in English).*
3. **3 Months of Daily Isoniazid plus Rifampin (3HR) Regimen for Latent TB Infection Medication Tracker and Symptom Checklist** *(available in English).*

To download or print these materials, visit the CDC TB Education Materials page.

To learn more about LTBI, visit these CDC webpages:

- Treatment Regimens for LTBI
- Deciding When to Treat LTBI
- Treating LTBI with Short-Course Regimens

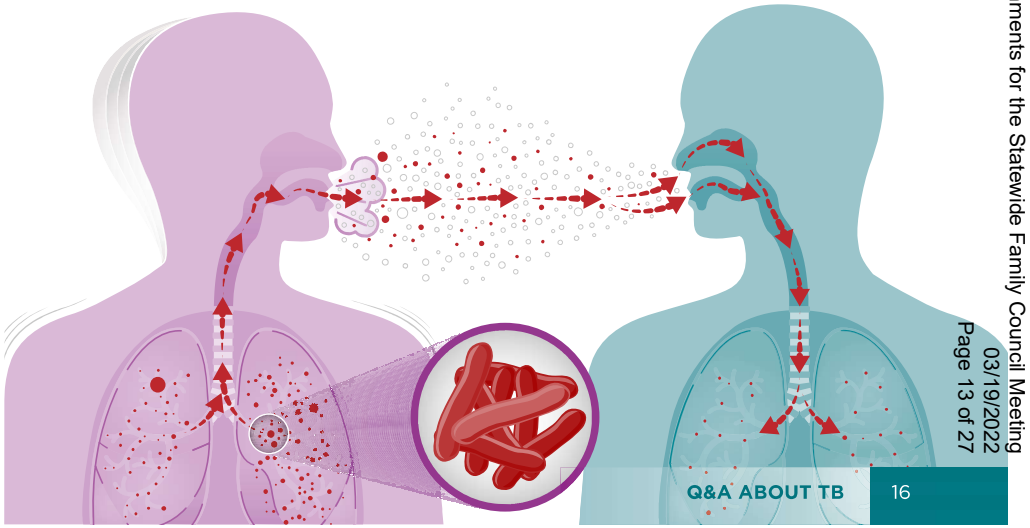
What if I have HIV infection?

If you have HIV infection and latent TB infection (LTBI), you need treatment as soon as possible to prevent TB disease. A person with HIV infection who also has untreated LTBI is much more likely to develop TB disease during his or her lifetime than someone without HIV infection. Among people with LTBI, HIV infection is the strongest known risk factor for progressing to TB disease. All people with HIV infection should be tested to find out if they have LTBI and promptly seek treatment if necessary. There are several effective LTBI treatment regimens available for people with HIV.

If I was exposed to someone with TB disease, can I give TB to others?

If you were exposed to someone with TB disease, you may become infected with TB bacteria, but you would not be able to spread the bacteria to others right away. Only people with infectious TB disease can spread TB germs to others. Before you would be able to spread TB germs to others, you would have to breathe in TB germs and become infected. Then the germs would have to multiply in your body and cause infectious TB disease. At this point, you could possibly spread TB germs to others.

In most people who breathe in TB germs and become infected, the body can fight the germs to stop them from growing. The germs become inactive, but they remain alive in the body and can become active later. This is called latent TB infection (LTBI). People with LTBI cannot spread TB germs to others. People who have LTBI can be treated to prevent TB disease.



How is TB disease treated?

There is good news for people with TB disease! It can almost always be treated and cured with medicine. But the medicine must be taken as directed by your doctor or nurse.

If you have TB disease, you will need to take several different TB medicines. This is because there are many TB germs to be killed. Taking several TB medicines will do a better job of killing all the TB germs and preventing them from becoming resistant to the medicines. "Resistant" means that the medicine can no longer kill the TB bacteria.

The most common medicines used to treat TB disease are

- Isoniazid (INH)
- Rifampin (RIF)
- Ethambutol (EMB)
- Pyrazinamide (PZA)

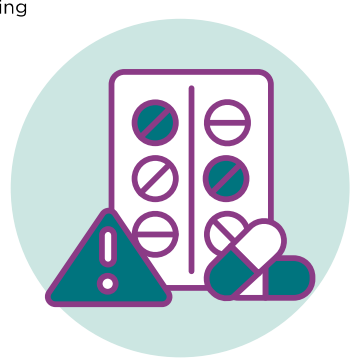
If you have TB disease of the lungs or throat, you are probably infectious. You need to stay home from work or school so that you don't spread TB germs to other people. After taking your medicine for a few weeks, you will feel better and you might no longer be infectious to others. **Your doctor or nurse will tell you when you can return to work or school or visit with friends.**

Having TB disease should not stop you from leading a normal life. People who are no longer infectious or feeling sick are often able to do the same things they did before they had TB disease. If you take your medicines as directed by your doctor or nurse, they should kill all the TB germs. This will keep you from becoming sick again.

What are the side effects of TB disease medicines?

If you are taking medicines for TB disease, you should take them as directed by your doctor or nurse. The TB medicines may cause side effects. Some side effects are minor problems. Others are more serious. If you have a serious side effect, **call your doctor or nurse immediately**. You may be told to stop taking your TB medicines or to return to the clinic for tests. **Serious** side effects include:

- Skin rash
- Blurred or changed vision
- Stomach pain
- Brown urine or light-colored stool
- Tiredness
- Fever for 3 or more days
- Flu-like symptoms
- Lack of appetite
- Nausea
- Vomiting
- Yellowish skin or eyes
- Dizziness
- Tingling or numbness around the mouth
- Persistent tingling sensation in the hands and feet
- Stomach upset
- Joint aches
- Easy bruising or bleeding



Some side effects are **minor** problems. For example, rifampin may cause orange discoloration of body fluids such as urine (pee), saliva, tears, or sweat, and breast milk. Orange discoloration of body fluids is expected and harmless. This is normal and the color may fade over time. The doctor or nurse may advise you not to wear soft contact lenses because lenses may get permanently stained. If you have any of these side effects, you can continue taking your medicine.

Medicine that is prescribed to treat TB disease may interact with other drugs. You should provide a list of current medicines you are taking to your health care provider to avoid drug interactions.

For example, medicine for TB disease can interact with oral contraceptives (birth control pills) and possibly make the birth control pills less effective. If you are using birth control pills, ask your doctor about alternative birth control while you are taking TB medicines. If you are taking methadone (used to treat drug addiction) during TB treatment, you may have withdrawal symptoms. Your doctor or nurse may need to adjust your methadone dosage.

More information on side effects from TB medicine can be found at CDC's TB Treatment: Adverse Events page.

Why do I need to take TB medicines for so long?

TB germs die very slowly. For the treatment of latent TB infection (LTBI), it takes at least 3 months (and possibly longer depending on which medications you are on) to kill the TB germs.

For TB disease, it usually takes 6 months or longer for the medicines to kill all the TB germs. You will probably start feeling well after only a few weeks of treatment, but beware! The TB germs are still alive in your body, even if you feel better. You must continue to take your medicines until all the TB germs are dead, even though you may feel better and have no more symptoms of TB disease.

It can be very dangerous to stop taking your medicines or not to take all your medicines regularly. The TB germs will grow again, and you will remain sick for a longer time. The TB germs may also become resistant to the medicines you are taking. You may need new different medicines to kill the TB germs if the old medicines no longer work. These new medicines must be taken for a longer time and usually have more serious side effects.

If you become infectious again, you could give TB germs to your family, friends, or anyone else who spends time with you. It is **very important** to take all your medicines as directed by your doctor or nurse.

What are multidrug-resistant TB (MDR TB) and extensively drug-resistant TB (XDR TB)?

Sometimes the TB germs are resistant to the medicines used to treat TB disease. This means that the medicine can no longer kill the TB germs.

Multidrug-resistant TB (MDR TB) is caused by TB germs that are resistant to at least two of the most important TB medicines: isoniazid and rifampin.

A more serious form of MDR TB is called extensively drug-resistant TB (XDR TB). XDR TB is a rare type of TB that is resistant to nearly all medicines used to treat TB disease.

If you do not take your medicines as directed by your doctor or nurse, the TB germs may become resistant to certain medicines. Also, people who have spent time with someone who is sick with MDR TB or XDR TB can become infected with these multidrug-resistant TB germs.

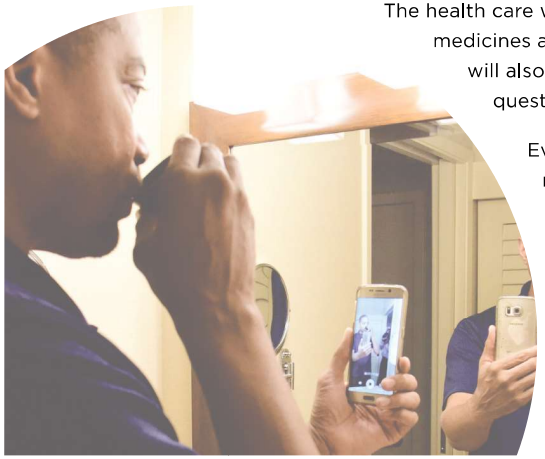
Drug-resistant TB is more common in people who

- Have spent time with someone with drug-resistant TB disease.
- Do not take all their medicines as directed by their doctor or nurse.
- Develop TB disease again after having taken TB medicines in the past.
- Come from areas where drug-resistant TB is common.

People with MDR TB or XDR TB must be treated with special medicines. Treatment takes much longer than for regular TB and the medicines may cause more side effects. People with MDR TB or XDR TB are at greater risk of dying from the disease. People with MDR TB or XDR TB must see a TB expert who can closely observe their treatment to make sure it is working.

What is directly observed therapy (DOT)?

The best way to remember to take your medicines is to get directly observed therapy (DOT); this is especially true for treatment of TB disease. If you get DOT, you will meet with a health care worker every day or several times a week. You will meet at a place you both agree on, or by electronic methods. Meeting in person can be at the TB clinic, your home or work, or any other convenient location. You will take your medicines at this place while the health care worker watches. Some TB programs now use electronic methods of DOT for both TB disease and latent TB infection (LTBI). Electronic DOT (eDOT) is an alternative to in-person DOT. If eDOT is available in your area and you qualify for eDOT, a health care worker will watch you take your TB medication remotely over a smartphone or other video-capable electronic device. DOT, whether in-person or using an electronic device, helps you remember to take your medicines and complete your treatment. This means you will get well as soon as possible.



The health care worker will also make sure that the TB medicines are working as they should. This person will also watch for side effects and answer any questions you have about TB.

Even if you are not getting DOT, you must be checked regularly by your doctor or nurse at different times during your treatment to make sure everything is going well. This will continue until you are cured.

How can I remember to take my TB medicines if I am not on DOT?

The only way to get well is to take your TB medicines exactly as directed by your doctor or nurse. This may not be easy! If you have LTBI, you will be taking your LTBI medicines for 3 months or longer. If you have TB disease, you will generally be taking medicine for 6 months or longer.

Getting into a routine can help you remember to take your TB medicine as directed. Here are some ways to help you remember to take your medicines whether you are on LTBI medicine or TB disease medicine:

- Take your pills at the same time every day—for example, you can take them before eating breakfast, during a regular coffee break, or after brushing your teeth.
- Ask a family member or a friend to remind you to take your pills.
- Mark off each day on a calendar as you take your pills.
- Put your pills in a weekly pill dispenser that you keep by your bed or in your purse or pocket.
- Use a medicine tracker to organize and manage your pills. The CDC website has printable LTBI medicine trackers available. On the LTBI medicine trackers, there is space to write your treatment schedule, number of pills to be taken per week, and doctor/clinic contact information. To download or print the medicine trackers, visit the CDC TB Education Materials page.

NOTE: Remember to keep all medicine out of reach of children.

If you forget to take your pills one day, skip that dose and take the next scheduled dose. Tell your doctor or nurse that you missed a dose. You may also call your doctor or nurse for instructions.

How can I keep from spreading TB?

The most important way to keep from spreading TB germs is for people with infectious TB disease to take all medicines exactly as directed by a doctor or nurse. You also need to keep all your clinic appointments. Your doctor or nurse needs to see how you are doing. This often requires another chest x-ray or a test of your sputum (phlegm that is coughed up from deep in the lungs). These tests will show whether the medicines are working. Tests also help to show whether you can still spread TB germs to others. Be sure to tell your health care provider about anything you think is wrong.

If you are sick enough with TB disease to go to a hospital, you may be put in a special room. These rooms use air vents that keep TB germs from spreading to other rooms. People who work in these special rooms must wear a special face mask to protect themselves from TB germs. You must stay in the room so that you will not spread TB germs to other people.

If you are infectious while you are at home, there are things you can do to protect others near you:

- Take your medicines as directed. This is very important!
- Always cover your mouth with a tissue when you cough, sneeze, or laugh. Put the tissue in a closed bag and throw it away.
- Separate yourself from others and avoid close contact with anyone. Sleep in a bedroom away from other family members. Avoid having visitors in the home.
- Do not go to work or school.
- Air out your room often to the outside of the building (if it is not too cold outside). TB spreads in small closed spaces where air doesn't move. Put a fan in your window to blow out (exhaust) air that may be filled with TB germs. If you have other windows in the closed room, open them too so that the fan can pull in fresh air. This will reduce the chances that TB germs will stay in the room and infect someone who breathes the air.

Remember, TB is spread through the air. People cannot get infected with TB germs through

handshakes, sitting on toilet seats, or sharing dishes and utensils with someone who has TB.

After you take the medicines for about 2 or 3 weeks, you might no longer be able to spread TB germs to others. **Your doctor or nurse will tell you when you can return to work or school or visit with friends.**

Remember, you will get well only if you take your medicines exactly as directed by your doctor or nurse.

Think about people who may have spent time with you, such as family members, close friends, and coworkers. The local health department may need to test them for TB infection. TB is especially dangerous for children and people infected with HIV. If infected with TB germs, these people need medicine right away to keep from developing TB disease.

Additional TB Resources

For additional information about latent TB infection (LTBI) and TB disease, please visit the CDC TB website. Patient materials on LTBI and TB disease are also available in multiple languages at CDC's TB Patient Education Materials page and Find TB Resources.

For information on TB patient support and outreach, visit We Are TB. CDC also highlights the personal experiences of people who were diagnosed and treated for LTBI and TB disease, as well as the work of TB control professionals. Visit the CDC TB personal stories page for more information.

Publication Number: 21-1024

For more information
or to order educational materials about TB,
contact your local Health Department
Or visit:
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination
www.cdc.gov/tb
@cdc_TB @CDCTB

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Attachment #5

PATIENT I.D. DATA:
(name, DOC #, birthdate)

Department of Corrections
WASHINGTON STATE

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I, _____, hereby authorize the use or disclosure of my health information as described below. The following individual or organization is authorized to make the disclosure:

(INFO FROM) NAME: _____

ADDRESS: _____

_____

_____

The type and date(s) of information to be used or disclosed are:

_____

_____

_____

_____

Password (required for verbal disclosure)**:** _____

☐ Substance abuse/CD treatment records are also being requested (requires DOC form 14-172, Substance Abuse Recovery Unit Compound Release of Confidential Information, or equivalent)

Purpose for disclosure: _____

I understand that the information in my health record may include information relating to sexually transmitted infections, Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

This information may be disclosed to and used by the following individual or organization:

(INFO TO) NAME: _____

ADDRESS: _____

_____

_____

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department of the entity listed as (FROM) above. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____ (if left blank, authorization will expire upon release from DOC custody or six (6) months from date of signature, whichever is later).

I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524 and RCW 70.02. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and may not be protected by federal or state confidentiality rules. If I have questions about disclosure of my health information, I may contact the RHIA/RHIT/designee of the facility: _____.

_____ _____

Signature of Patient
(Do not sign if form is not complete)

Date
(Patient to complete)

_____ _____ _____

Last four digits of SSN | Date of Birth | DOC Number

Requesting provider: _____ Date mailed/faxed: _____

Attachment #6

MENTAL HEALTH SERVICES

Karie Rainer, Ph.D.
Director of Mental Health

Mental Health Services

Outpatient

- Assessment
- Case Management
- Individual Therapy
- Group Therapy
- Psychiatric Services

Residential Care

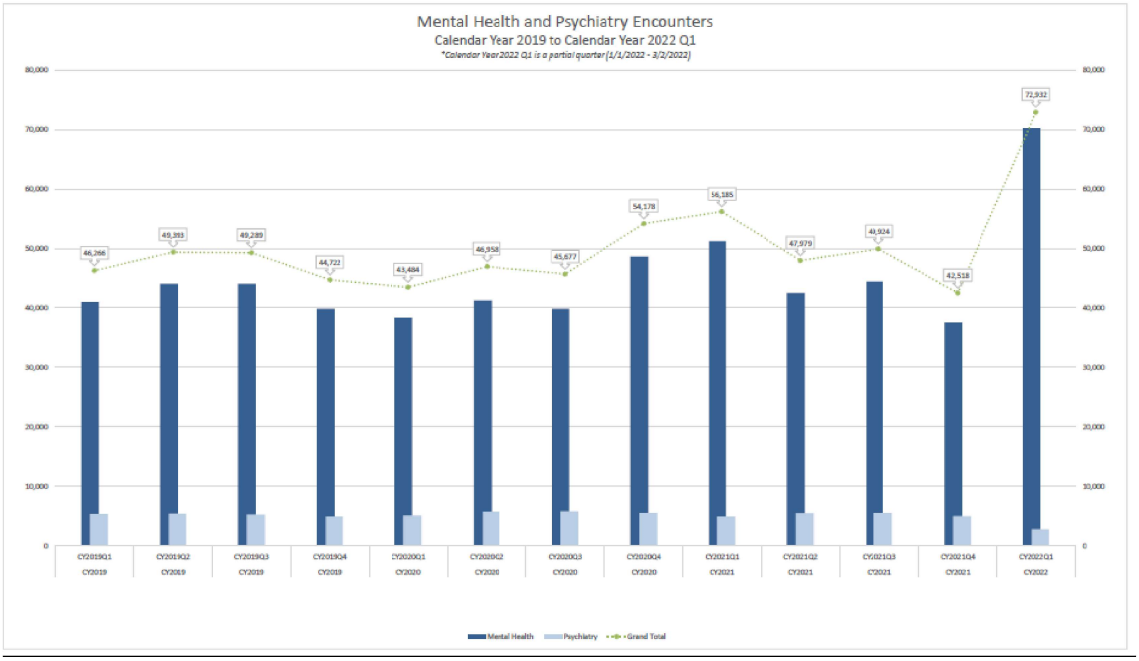
- More protected environment
- More intensive treatment

Attachment #6

COVID Services

- Door-to-door rounds for people in a social isolated environment
- Access to individuals are limited, routine services are often not able to be provided
- Utilization of telehealth modality when possible
- Referrals from staff for people who are struggling
  - Services provided based on assessed need

Recent review of services



- Questions?

- Thank you!

Attachment #7

CELL ASSIGNMENT

Michael Obenland, Assistant Secretary

Men's Prisons Division

- Security Issues
- Risk assessment and housing assignment requirements per DOC 490.820
- Commitment offence
- Separation Concerns per DOC 320.180
- Distance to Facility Services
- Refusal to provide information or false information to influence a cell assignment
- Known Sexual or romantic relationship with another incarcerated
- Incarceration history, including behavior and written statements
- Hygienic Self-discipline

SAFETY

- Gang/STG Validation/Tracking
- Medical, Mental Health & ADA Needs
- Length of incarceration Supervision
- Refusal to provide information or providing false information to influence a cell assignment
- Predatory Victimization Issues
- Criminal History
- behavior, or predatory Intelligence reports of vulnerability, impulsive behavior
- Self Disclosed concerns of the incarcerated
- Height, Weight and Age

Attachment #8

Equity, Diversity, Inclusion, Respect

DOC EDIR STRATEGY

STATEWIDE FAMILY COUNCIL

MARCH 4, 2022

Definitions

Understanding Equity

- Equity can be understood as “fairness and justice” and is different than what we think of when we hear equality.
- Equality means same to all.
- Equity understands that all do not start from the same place, we acknowledge the difference and work to adjust imbalances

Understanding Diversity

- Diversity can be understood as collection of individual attributes that when put together help a group reach a goal or objective in the best manner.
- Most of the time diversity is based in number representation of historical minorities.

Attachment #8

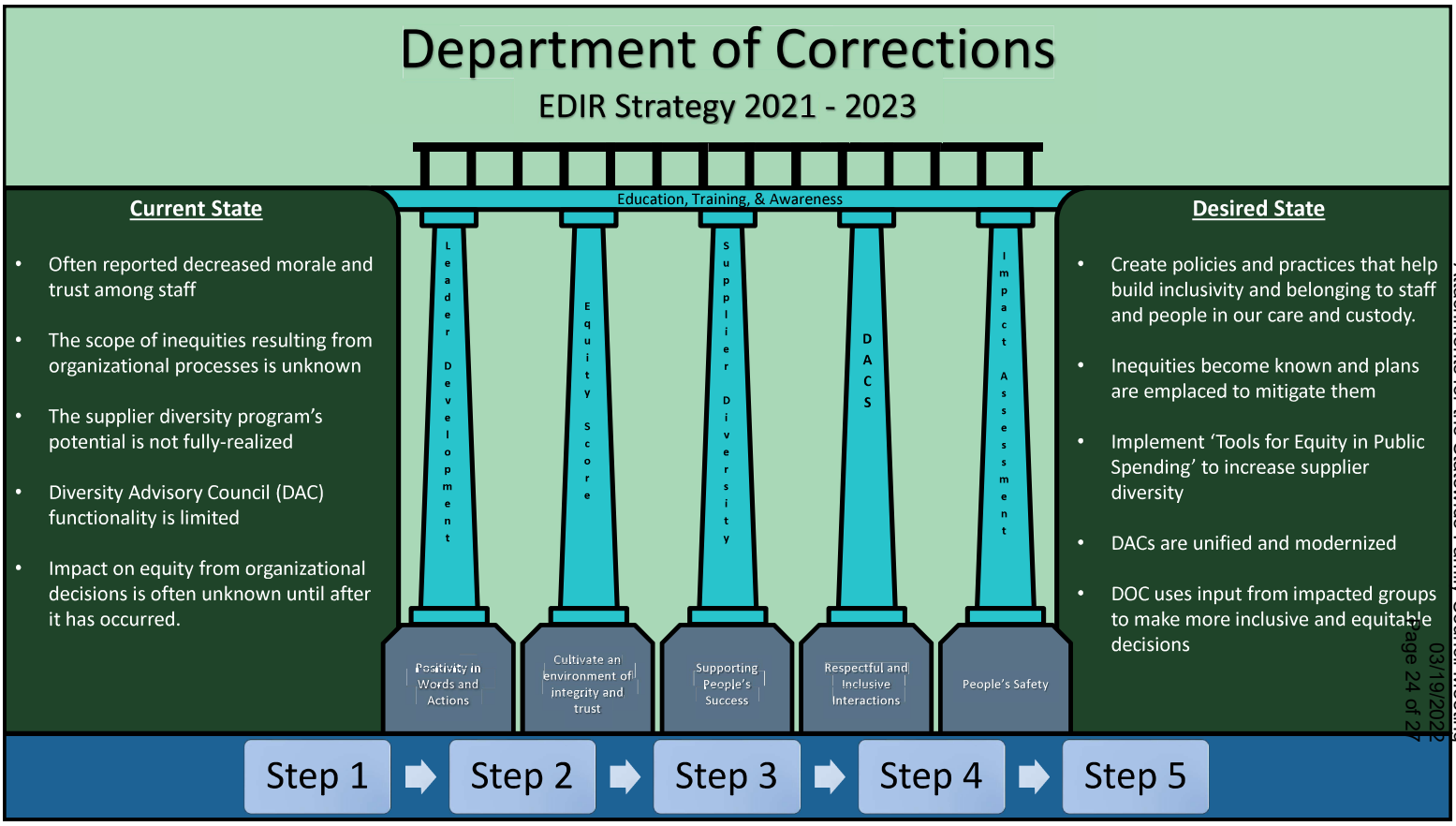
Definitions

Understanding Inclusion

- Inclusion can be understood as being valued, respected and supported for who you are as a person. Inclusion focuses on the needs of all in the group to create the "right conditions" for each person to achieve their full potential.

Understanding Respect

- Respect means that you accept individuals for who they are.
- There is not one way to be accepted or respected, we should accept all folks



Attachment #8

Equity Lens

"an equity lens is a process for analyzing or diagnosing the impact of the design and implementation of policies on under-served and marginalized individuals and groups, and to identify and potentially eliminate barriers."

The problem with "equity lens" is that it can and often does get turned off.

"Looking at who's in the room, who's making decisions, who's getting left out of the conversation doesn't stop being important when you're not paying attention to them. They actually become more important the less you're looking at them." (Medium, 2018)

It is the goal of the department to embed EDIR at every level.

EDIR impacts for our population and their families

Creation of an EDIR policy that highlights training and development for staff to help create a more equitable corrections culture.

Consulting with the Women's Division to better understand collected data around equity and inclusion.

- Constructing methods of gathering feedback from incarcerated women to further evaluate findings.

The reimaged DAC will have the ability to engage with external stakeholder as well as our population (who is for?)

A more equitable minded leadership and staff will ultimately improve the relationships between them our population and families.

Attachment #8

Questions?

Attachment #9

DOC 530.155 *Family Councils*

Policy Revision Feedback process for families

Refer to the following link for the full policy review process:

https://doc.wa.gov/docs/publications/fact-sheets/100-FS002.pdf

Policy feedback should include recommendations for the following areas:

- *Policy* Section I – IV (page 2)
- General Responsibilities
- General Requirements
- Local Family Councils
- Statewide Family Councils
- Election process

Follow the attached link to the public web site for **DOC 530.155** *Family Councils:*

https://doc.wa.gov/information/policies/showFile.aspx?name=530155