



FAMILY COUNCIL MEETING MINUTES

Date/Time/Location: Date June 1st 2019; 10:00-11:30 a.m.; CRCC Board Meeting Room

Teleconference Details: If you cannot attend in person you can attend by calling [1-800-509-6344](tel:1-800-509-6344), and then enter the pass code 5118170 followed by the pound sign.

MEETING ATTENDEES

Department Co-chair: Asst. Supt. Michelle Duncan

Family Co-Chair: Tracie Ramirez

MARCIA CORBET, LISA TENY, LESLIE GATHERER, LISA ROGERS, ERIC ROGERS, BRITTANY CRAWFORD, MARY RAMOS, DEBORAH JACKSON, JOANNE TODD, DEBORAH STRICKER, PERRY BALDRIDGE, NANCY BALDRIDGE, BETHANY DUSCHLENE, STEPHANIE BEIDMAN, TIANNE SCHURR, AMY GRUBAUGH, ANNETTE FRITZ, MARTY FRITZ, DENISE ISAACSON, LINDA

MEMBERS: BRENT, VERONICA MOZQUEDA, MARIA PEREZ

DOC PARTICIPANTS: SUPT. JEFFREY UTTECHT; CAPT. THOMPSON; MAGGIE EDLER CPPC; OFFICER DIANE LAYMAN, OFFICER GARY QUARLES, OFFICER JONMIKEL STEVENSON, SGT. LORRIE COLLINGS, OFFICER JOHN PARK, OFFICER BRIAN LEIGHTON

FAMILY GUESTS: PHONE: CARRIE CORBET ELIZABETH DELEON, KEHAULANI WALKER

Family/Council Secretary: Carra Morgan

Facility Secretary (LFCs only): Tammie Barajas AA3

Guest: MARYBETH FLYGARE HSM

WELCOME

AGENDA

- 10-10:05 INTRODUCTIONS
- 10:05-10:20 LFC SECRETARY REVIEW OF PRIOR MEETING MINUTES AND PENDING ACTION ITEMS
- 10:20-10:45 STATEWIDE REVIEW OF MEETING MINUTES
- 10:45-11:15 PRESENTATION GIVEN BY MARYBETH FLYGARE
- 11:15-11:30 OPEN DISCUSSION

TOPIC	DISCUSSION/KEY POINTS
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<p>INTRODUCTIONS AND REVIEWING APRIL MEETING MINUTES</p>	<p>APPLICATIONS WERE GIVEN (HARD COPY) TO ALL PARTICIPANTS – FILLED OUT AND TURNED IN AT MEETING.</p> <p>APRIL MEETING MINUTES WERE HANDED OUT TO THOSE WHO WANTED A HARD COPY.</p> <p>REVIEWED PREVIOUS MEETING MINUTES AND ACTION ITEMS.</p>
<p>STATEWIDE REVIEW OF MEETING MINUTES</p>	<p>MARIA PEREZ, CRCC REPRESENTATIVE TO THE STATEWIDE FAMILY COUNCIL, LED THE REVIEW OF THE STATEWIDE MEETING.</p> <p>THE STATEWIDE FAMILY COUNCIL ADOPTED NEW GROUND RULES FOR THEIR MEETINGS. WE HAVE BEEN ASKED TO ADOPT THESE NEW RULES AT OUR FACILITY MEETINGS. THE NEW GROUND RULES WERE DISTRIBUTED AND REVIEWED BY ASSOCIATE DUNCAN. FAMILY COUNCIL WAS ASKED IF THERE WERE ANY ADDITIONAL GROUND RULES THEY WANTED TO ADD AND NO ADDITIONAL RULES WERE BROUGHT FORWARD.</p> <p>THE STATE MEETINGS USE A PARKING LOT SYSTEM FOR ANY QUESTIONS THAT ARISE DURING THE MEETING THAT CANNOT BE ANSWERED RIGHT AWAY. WE WILL BE USING THE PARKING LOT SYSTEM FOR ALL FUTURE MEETINGS.</p> <p>UPDATED VISITING GUIDELINES WERE DISCUSSED AND HAVE BEEN POSTED ONLINE. CHANGES: 5 SECOND KISS, 10 SECOND HUG, TOUCHING OVER THE CLOTHING UP TO THE ELBOW AND VISITORS CAN TAKE HOME DRAWINGS FROM EVENTS.</p> <p>THE DOC LEGISLATIVE UPDATE INFORMATION WILL BE SENT OUT WITH THE MEETING MINUTES.</p> <p>ASSOCIATE DUNCAN STATED WE WOULD BE VOTING FOR THE FAMILY CO-CHAIR AND SECRETARY POSITIONS AT THE NEXT MEETING.</p> <p>ASSOCIATE DUNCAN ALSO EXPLAINED THE NEW VOTING PROCESS THAT WAS ESTABLISHED AT THE STATEWIDE FAMILY COUNCIL MEETING AND WILL IMPLEMENTED AT THE LOCAL LEVEL. IT IS A PROCESS WHICH IS A MAJORITY VOTE (50% +1) PROCESS. THIS ALLOWS AND SUPPORTS FULL PARTICIPATION OF ALL FAMILY COUNCIL MEMBERS. VOTING WILL BE A THUMBS UP, THUMBS DOWN, THUMBS SIDWAYS. THOSE THAT VOTED THUMBS DOWN OR SIDWAYS WILL BE AFFORDED THE OPPORTUNITY EXPLAIN THEIR POSITION. THE GROUP WILL RE-VOTE AND THE GROUP WILL SUPPORT THE FINAL VOTE.</p>

TOPIC	DISCUSSION/KEY POINTS
<p>PRESENTATION GIVEN BY MARYBETH FLYGARE HEALTH SERVICES MANAGER</p>	<p>MARYBETH CONDUCTED A POWERPOINT PRESENTATION. THE PRESENTATION WAS SENT OUT VIA EMAIL TO ALL FAMILY COUNCIL MEMBERS AFTER THE MEETING.</p> <p>WHAT IS PROVIDED BY CRCC HEALTH SERVICES?</p> <p>CRCC HAS FULL TIME PRACTITIONERS THAT EXAMINE, TREAT AND PRESCRIBE ANY NECESSARY MEDICATION OR OTHER MEDICALLY NECESSARY SERVICES OR ITEMS INCLUDING LAB AND X-RAY. AN EXTENDED OBSERVATION UNIT FOR PATIENTS SUFFERING FROM ACUTE ILLNESS OR INJURY. WE ALSO PROVIDE EMERGENT CARE AND STABILIZATION PRIOR TO TRANSPORT AND ARE STAFFED 24/7 WITH LICENSED NURSING PERSONNEL. A MEDICAL AND MENTAL HEALTH PROVIDER ON CALL 24/7. A PILL LINE TWICE A DAY AT MSC FOR THE ADMINISTRATION OF PRESCRIBED MEDICATIONS. A FULL DENTAL CLINIC CURRENTLY</p>

STAFFED BY ONE FULL TIME DENTIST, TWO DENTAL HYGIENISTS AND MULTIPLE ASSISTANTS. WE ARE CURRENTLY RECRUITING A SECOND DENTIST. A MENTAL HEALTH TEAM INCLUDING AN MD, ARNP, PSYCHOLOGIST, PSYCHOLOGY ASSOCIATE AND A SOCIAL WORKER. ON-SITE OPTOMETRY AND DENTURIST. WE ARE CURRENTLY WORKING ON RECRUITING FOR PHYSICAL THERAPY. ACCESS TO OFF-SITE SPECIALISTS AS NEEDED.

CHANGES TO CRCC HS SERVICES:

CURRENTLY OFFERING NARCAN AT RELEASE TO PATIENTS IDENTIFIED FOR A RISK OF OPIOID OVERDOSE UPON RELEASE. WILL BEGIN OFFERING MEDICATION ASSISTED THERAPY FOR PATIENTS DIAGNOSED WITH OPIOID USE DISORDER THIS FALL. PILOT SITES OFFERING TREATMENT BEGINNING JUNE 1, 2019. EXPANDING TREATMENT FOR PATIENTS WITH HEPATITIS C FALL OF 2019.

PAIN MANAGEMENT IN DOC

MOST ACUTE USE OF NARCOTICS SHOULD BE FOR LESS THAN 14 DAYS. THE MAXIMUM DURATION OF ACUTE OPIOID TREATMENT IS 60 TREATMENT DAYS IN ANY 365 DAY PERIOD UNLESS APPROVED BY CRC AS CHRONIC OPIOID USE. NON-CANCER/END OF LIFE PATIENTS MUST FAIL FIRST LINE ALTERNATIVES PRIOR TO BEING PRESCRIBED NARCOTICS LONG TERM. NON DRUG PAIN CONTROL: PT, ICE/HEAT, EXERCISE PROGRAM

OTC MEDICATIONS: IBUPROFEN/ACETAMINOPHEN

NON-NARCOTIC MEDICATIONS: ANTIDEPRESSANTS, NSAIDS

ADAPTIVE STRATEGIES: MEDITATION

TREATING OTHER MENTAL HEALTH CONDITIONS

HSR'S ARE A METHOD FOR HEALTH SERVICES STAFF TO COMMUNICATE ESSENTIAL INFORMATION FOR MANAGEMENT OF PATIENTS TO NON-CLINICAL STAFF. HSR'S ARE ISSUED BY MEDICAL, MENTAL HEALTH AND DENTAL PROVIDERS IN ORDER TO PROVIDE MEDICALLY NECESSARY CARE. VARIOUS DEVICES OR SUPPLIES NOT ON THE USUAL PROPERTY MATRIX OR EXCEPTIONS TO USUAL CUSTODIAL MANAGEMENT REQUIREMENTS MAY BE MEDICALLY NECESSARY AS DEFINED IN THE DOCC HEALTH PLAN.

HSR'S SHALL CONFORM TO THESE STANDARDS:

MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION

PROVIDE A MEDICALLY NECESSARY SUPPLY, DEVICE OR ACCOMMODATION

CONFORM TO POSTED CRITERIA AND OTHER APPLICABLE DOC PROTOCOLS

IF THE REQUESTED HSR DOES NOT MEET STANDARD CRITERIA AN EXCEPTION MAY BE GRANTED ONLY BY THE PERTINENT CARE REVIEW COMMITTEE (CRC) OR CLINICAL DIRECTOR.

ALL CARE PROVIDED FALLS UNDER THE GUIDELINES OF:

DOC HEALTH PLAN

DEPARTMENT CLINICAL PROTOCOLS AND GUIDELINES

DOC-DOH HEALTH, ENVIRONMENTAL AND SAFETY STANDARDS

PHARMACEUTICAL MANAGEMENT AND FORMULARY MANUAL

WHAT ABOUT QUALITY?

COORDINATED QUALITY IMPROVEMENT PROGRAM (CQIP) PLAN

MEDICATION INCIDENT REPORTING PROCEDURE
CARE REVIEW COMMITTEE
FORMAL CLINICAL OVERSIGHT FOR ALL LICENSED PERSONNEL WITH ANNUAL TRAINING AND COMPETENCY REQUIREMENTS:
DOC OPERATIONAL AUDITS
DOH COMPLIANCE AUDITS
FEDERAL PREA COMPLIANCE AUDITS
OFFENDER GRIEVANCE PROGRAM

WHAT IS THE DOC HEALTH PLAN AND WHAT DOES IT COVER?

MEDICAL AND SURGICAL SERVICES THAT ARE MEDICALLY NECESSARY INCLUDING HOSPITALIZATION.
PREVENTATIVE CARE
MENTAL HEALTH SERVICES
DENTAL CARE THAT IS MEDICALLY NECESSARY
EMERGENCY CARE 24/7
SKILLED NURSING CARE AND HOSPICE (SAGE UNIT AT CRCC)
MEDICATION MANAGEMENT (PER DOC FORMULARY)
DURABLE MEDICAL EQUIPMENT
OPTICAL AND HEARING CARE

WHAT IS NOT COVERED UNDER THE DOC HEALTH PLAN?

CHEMICAL DEPENDENCY TREATMENT
ANY TREATMENT THAT IS NOT MEDICALLY NECESSARY:
TREATMENT FOR COSMETIC PURPOSES (WARTS, DRY SKIN, ACNE)
VITAMINS
SHOES OR CLOTHING THAT DOESN'T HAVE A MEDICAL PURPOSE
INSOMNIA AND SNORING

PER DOC POLICY PATIENTS WILL BE CHARGED A COPAYMENT OF \$4.00 FOR MOST HEALTH SERVICE VISITS. NO COPAYMENT WILL BE CHARGED FOR VISITS INITIATED BY A HEALTH SERVICES PROVIDER OR DOC STAFF MEMBER.

WHAT ABOUT CHEMICAL DEPENDENCY (CD) TREATMENT IN DOC?

COVERED UNDER DOC POLICY 580.000 PER RCW & WAC MANDATE:
WITHIN AVAILABLE RESOURCES, THE DEPARTMENT WILL PROVIDE A MULTI-PHASED TREATMENT CONTINUUM OF PROGRAMS FOR PATIENTS WITH SUBSTANCE ABUSE DISORDERS.

WHAT DETERMINES MEDICAL NECESSITY?

MEDICAL NECESSITY IS DEFINED BY WAC 137-91-010
TO BE CONSIDERED MEDICALLY NECESSARY THE CARE PROVIDED MUST MEET ONE OR MORE OF THESE CRITERIA:
IS ESSENTIAL TO PRESERVE LIFE OR LIMB
REDUCES INTRACTABLE PAIN
PREVENTS SIGNIFICANT DETERIORATION OF ADLS
IS OF PROVEN VALUE TO PREVENT ONE OF THE ABOVE (FLU & SHINGLES VACCINE)

DELAY OF CARE WOULD MAKE FUTURE CARE DANGEROUS OR SIGNIFICANTLY LESS LIKELY TO SUCCEED
REDUCES SEVERE PSYCHIATRIC SYMPTOMS TO ALLOW PARTICIPATING IN PROGRAMMING
IS DESCRIBED AS DEPARTMENTAL POLICY OR HEALTH CARE PROTOCOL (TB SCREENINGS)
FROM A PUBLIC HEALTH PERSPECTIVE, IS NECESSARY FOR THE HEALTH AND SAFETY OF A COMMUNITY.

CARE IS DIVIDED INTO 3 LEVELS:

LEVEL 1- MEDICALLY NECESSARY

ANY CARE THAT MEETS THE DEFINITION OF MEDICAL NECESSITY.

LEVEL 2- MEDICALLY NECESSARY UNDER CERTAIN CIRCUMSTANCES

CARE MAY BE NECESSARY UNDER CERTAIN CIRCUMSTANCES. REQUIRES AUTHORIZATION FROM CARE REVIEW COMMITTEE, CHIEF MEDICAL OFFICER OR FACILITY MEDICAL DOCTOR.

LEVEL 3- NOT MEDICALLY NECESSARY

ANY CARE THAT FALL OUTSIDE OF LEVELS 1& 2. LEVEL 3 CARE IS NOT AUTHORIZED TO BE PROVIDED.

WHAT IF FAMILY OR THE PATIENT WANTS TO PAY FOR LEVEL 3 CARE?

DOC POLICY 600.020 OFFENDER PAID HEALTH CARE DEFINES CIRCUMSTANCES UNDER WHICH PATIENTS MAY HAVE THE RIGHT TO PURCHASE HEALTH CARE SERVICES THAT ARE NOT COVERED BY THE OHP. PATIENTS CAN SEND A HEALTH SERVICES KITE FOR MORE INFORMATION. OFFENDER PAID HEALTH CARE GOES THROUGH RAMONA CRAVENS.

WHAT CAN THE PATIENT DO TO FACILITATE HIS CARE?

KEEP NECESSARY OTC MEDICATION ON HAND IN THEIR CELL (TYLENOL, IBUPROFEN, NAPROXEN, ANTACID AND ALLERGY MEDS). WORK WITH AND COMMUNICATE WITH THEIR HEALTH CARE TEAM:

SEND A HEALTH SERVICES KITE

SIGN UP FOR SICK CALL IN THEIR UNIT

DECLARE A MEDICAL EMERGENCY IF NECESSARY

WATCH CALL OUT AND COME TO APPOINTMENTS

BE RESPECTFUL

UNDERSTAND THE LIMITATIONS OF THE DOC HEALTH PLAN

WHEN CAN HEALTH SERVICES STAFF TALK WITH FAMILY MEMBERS?

HEALTH SERVICES STAFF MEMBERS CANNOT DISCUSS A PATIENT'S CONDITION OR CARE WITH A FAMILY MEMBER UNLESS THERE IS A SIGNED RELEASE OF MEDICAL INFORMATION ON FILE. ALL CALLS FROM FAMILY MEMBERS ARE DIRECTED TO THE HEALTH SERVICES MANAGER FOR A RESPONSE. ALL RELEASE OF MEDICAL INFORMATION FORMS REQUIRE A PASSWORD CHOSEN BY THE PATIENT AND SHARED WITH THE FAMILY MEMBER PRIOR TO ANY PROTECTED HEALTH INFORMATION BEING SHARED. THE PASSWORD STAYS THE SAME EVEN IF THEY MOVE FACILITIES UNLESS THEY PUT AN EXPIRATION DATE ON IT WHICH WOULD BE SIX MONTHS. IF A PATIENT BECOMES SERIOUSLY ILL THE EMERGENCY CONTACT ON FILE FOR THE PATIENT WILL BE CONTACTED WHETHER THERE IS A RELEASE ON FILE OR NOT.

<p>OPEN DISCUSSION/ PARKING LOT</p>	<p>CAN YOU BUY HYGIENE THROUGH UNION SUPPLY? NO UNFORTUNATELY IT CAN ONLY BE ORDERED THROUGH THE COMMISSARY.</p> <p>FRUSTRATIONS WITH VISITORS VOLUNTEERING TO LEAVE AT ONE TIME THEN LATER OTHER PEOPLE LEAVING THEN THERE ARE OPEN TABLES THAT HAVE TO REMAIN OPEN DUE TO NO MORE PROCESSING OF VISITORS. WE ARE WORKING ON FINDING A GOOD ANSWER BUT HAVE NOT FOUND A PERFECT SOLUTION YET. SOME SUGGESTIONS FROM LFC WERE A RED/GREEN LIGHT LIKE THEY HAVE AT MCC OR AHCC.</p> <p>LFC WOULD LIKE A TAMPON MACHINE IN THE BATHROOM.</p> <p>LFC WOULD LIKE TO ADD THE TEDDY BEAR PROGRAM/BEEKEEPING/KNITTING TO A FUTURE AGENDA.</p> <p>LFC WOULD LIKE TO ADD THE MAIL ROOM SGT. TO A FUTURE AGENDA</p>
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NEXT MEETING AUG. 3RD, 2019
DATE: _____

LOCATION: CRCC

- LIST OF ACRONYMS: LFO - LEGAL FINANCIAL OBLIGATION
 OBF - OFFENDER BETTERMENT FUND
 CRCC - COYOTE RIDGE CORRECTIONS CENTER
 KUBI – KIDS UNITED BY INCARCERATION
 T4C – THINKING FOR A CHANGE PROGRAM

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