FAMILY COUNCIL MEETING MINUTES

Location: Virtual - MS Teams Date: 09/21/2024 Time: 10am-2:30pm

Teleconference details: MS Teams - Meeting ID: 252 781 428 489

MEETING ATTENDEES

James R. Key, Deputy Assistant Secretary
Department/facility co-chair

Sara Leon
Family co-chair

Greg Mansfield
Vice-chair(SFC only)

Charissa Reno, Executive Secretary
Department/council secretary

Vacant
Family secretary, if applicable

Members present: AHCC- Elleen Hargrove; CBCC – Nettie Reed; CRCC – Scarlett Williams; MCC- Jospehine for Danielle White; SCCC-Daphne Nolte, WCC-Felix D'Allesandro; WCCW – Greg Mansfield.
Not present: OCC, CCCC, MCCCW; WSP.

Non-council member attendees:Senator Claire Wilson

Commonly Used Acronyms

SFC *– Statewide Family Council*
LFC *– Local Family Council*
FC *– Family Council*
DOC *– Department of Corrections*
OCO *– Office of Correctional Ombuds*

Prison Facilities:

AHCC *– Airway Heights Corrections Center*
CBCC *- Clallam Bay Corrections Center*
CCCC *- Cedar Creek Corrections Center*
CRCC *- Coyote Ridge Corrections Center*
MCC *- Monroe Correctional Complex*
MCCCW *- Mission Creek Corrections Center for Women*
OCC *- Olympic Corrections Center*
SCCC *- Stafford Creek Corrections Center*
WCCW *- Washington Corrections Center for Women*
WCC *- Washington Corrections Center*
WSP *- Washington State Penitentiary*

AGENDA

Topic	Discussion/Key Points
Welcome	Introduction of James Key as the SFC Department Co-Chair. Welcome to the Family Councils, DOC staff, the OCO, and everyone who joined today.
Agenda Review, Action Item Review, Election Reminder *Charissa Reno, DOC Co-Secretary*	• Agenda reviewed (*Attachment #1*) • No Action items • Updates: Reminder: Local family council elections are held in October. Please work with your local facility and family council members to get those elections completed. Elections for the SFC Family Vice-Chair and SFC Family Co-Secretary will be held in November. Greg Mansfield will take on the role of Co-Chair for the 2025 year. I will send out election meeting invites and notifications in the coming weeks.
Facility Updates	• **AHCC** – Without a family co-chair. No sufficient covered area for visitors waiting to get in. IIBF and facility budget? Field day was a big success. Maybe a newsletter next year to promote field day. Also hats for volunteers for visibilty? Had a tier rep meet-ing. Suggested collapdible wheelchairs for each unit in case of emergency.

- **James Key (DOC)**: The awning is a capital budget issue, and has moved up the list, will continue to work with them but does not qualify for IIBF.
- **James Key (DOC)**: Will continue to have discussions on this. Can there be a temporary pop up tent Ellen?
- **Ellen Hargrove (SFC):** no, has not been discussed, was saying it has to be a permanent structure. Size would also have to be into consideration.

  UPDATE: It was agreed to reconfigure the C2 entry way to accommodate additional visitors. This will increase inside sitting/waiting area to approximately 10 chairs to accommodate visitors inside vs waiting outside during inclement weather. Painting the entryway, relocate suggestion box, remove old food payment equipment, mount new food payment equipment, reduce number of visitor lockers to 25 if possible to increase space – this will not decrease accessibility to visitors personal belongings, remove old desk and replace and move with new/repurposed desk, possibly mount phone to wall in new location, update artwork in entryway, relocate scanner and utilize 2nd door for visitors to enter to increase space.

- **CBCC** – Some of the I/I issues with sponsors for local organizations; TEACH is supported but need sponsors to have meetings. **Sarah Leon (SFC)**: Work with CPPC as this is part of their job description. Securus: Not able to take or send photos; cards and pictures are being copied in black and white.
  - **Sarah Leon (SFC):** copying is a DOC procedure to limit contraband.
  - **Lorne Spooner (DOC):** Reevaluating volunteer policy. Clallam Bay should have more sponsors very soon. Revising application process to streamline for people to volunteer or sponsor. Recruiting for all facilities.
  - **Lorne Spooner (DOC):** re family members of I/I being a sponsor: We will continue to review that. Making sure consisitent and clear direction.
- **CCCC** – NOT PRESENT
- **CRCC** – Doing well. Securus is still a concern. When I/I turns in a help ticket, a technician may show up without notice and I/I may be out in education, etc. Had some challenges with visiting changes. Temp staff and other staff have really improved visits, e.g. with pictures of children on walls. Asked to have tier reps at LFC meetings, but local-level staff not interested. Hoping families can have pictures after EFV. What can be done to keep the temp visit sgt?
  - **James Key (DOC)**: Go to LFC and group you meet with and give them that feedback. Feel free to reach out to the superintendent. How can HQ do something about this?
  - **Cheryl Strange (DOC)**: We have to keep in mind that these are Teamster positions. The CBA governs those positions, and it is about seniority. I think we could use that feedback, however. We do have processes in place to correct behavior.
- **MCC** – Harvest event at TRU. Trailer updates going on as well: 4th EVF trailer remodeled, 5th will be later. Continue to have issue with Evergreen Vending not keeping ma-chines full/not replacing broken machines. Vision appointments are few and far be-tween.

  MSU: wants all 4 units to visit on Mon and Fri, but it is only 2 units. On weekends is just 2 units and busier; Mon and Fri not busy. TRU has got to all 4 units on M-F (asked for clarification from Don). Since changing cable providers there are some technical issues with screens being black. Have to toggle between channels for it to work. How can CI provide jobs if programs are closing?

- **Danielle Armbruster (DOC**) – Have shut down textile site at WCCW. Down to one shop at AHCC. Consolidated into one shop to lower overhead. The goods and services we sell support CI; there is no state funding. II's will be able to learn scanning for Amazon jobs. Can't be done on state network, and D365 software not available on non-state computers. This is being tested onsite so ii's will have opportunity to learn specific skills.

- **MCCCW** – NOT PRESENT
- **OCC** – NOT PRESENT
- **SCCC** – Reimplemented urgent care in May. Seeing 12-14 patients a day. Access to urgent care mean fewer medical emergencies. Two days of violence prevention: 900 invit-ed to attend. Enjoyed sporting events and bbqs. Event included a Wealth of Well-ness tent staffed by 10 incarcerated wellness coaches working side by side with the Stafford Creek medical team. Performed medical screening such as height and weight, blood pressure, and blood sugar readings. Held care circles in light of a trauma event in July. Well received by staff and I/I. Creating a stronger sense of community. Remotes are working. Residents are also requesting a universal re-mote that works on a watch battery also be made available for purchase.
    - **Don Holbrook/ David Flynn (DOC):** Providing access to care and bringing medical care to people, taking action immediately if needed. We will implement at CRCC as well. Care redesigns will be implemented at every facility. Have been working on this the last few years. Everyone is working on this redesign including patients.

IMU: Stafford Creek is receiving a lot of attention for how it's running the Washington Way program to reduce the number of residents being held in solitary confinement. Securus: SCCC having significant issues with Securus. Field manager said it was the perfect storm at SCCC, with different issues including with CenturyLink. Replacing the kiosks as well. It looks like it is going better, but phone calls still leave a lot to be desired. Issues from I/I, requesting that DOC solicit input prior to signing contracts to see how they would be affected by these decisions. Wondering about volunteer policy and the changes.James: There is no change to policy currently however there may be revisions. (Greenhill questions – when we know the information we will provide that information, no decision made yet SEN – will be DCYF related).

- **James Key (DOC)**: There is no change to policy currently; however there may be revisions.
  UPDATE: Volunteer Policy 530.100 was revised 10/1/24
- Green Hill questions re using SCCC as overflow for DCYF youth.– **James Key (DOC**): No decision yet. We will provide that information when have it. Not just a DOC decision.

Mold in the mattresses: **Danielle Armbruster (DOC**): This seems to have been caused by cleaning protocols. Mattresses not being dried properly. SCCC staff are making sure that people are using correct cleaning protocols. Assured that mattresses are clean.

Mail Room: Residents facing challenges when mailing hobby projects. Mailroom sergeant is saying that USPS 1st class is the only option. State policy is ambiguous.

Action Item Update: Received explanation from Rec Managers, they are allowing USPS and FedEx and that expectation was re-enforced. We enter weight, size, and other factors like rigid or lumpy. All that information is used to determine how to send the package. Not all options are available for all packages due to USPS shipping requirements.

	• **WCCW** – MSU is going back to old ways of doing things, a lot of infraction talks. Reflects lack of understanding or confidence in WA Way, using those practices to make it better.
	• **WCC** – 13 family in attendance at last LFC meeting. Lining up fall events. First tour was of-fered a few weeks ago and now setting up another tour for families. Very good for families to see what is going on. Want a lot more money spent from IIBF. Having discussion about this. A lot of people have questions about Securus. There is frus-tration about who to talk to. Same issues keep coming up. Number of people ask-ing for EFVs is increasing. Would like to expand EFV visits from 16 a moth to 24 a month. Rep. Hackney (vice-chair for Capital Budget) would be will-ing to approve funds from Capital Budget if DOC requested. **Trisha Newport (DOC)** was going to look into this, but it wasn't an action item. Per **Sarah Leon (SFC)** , Stafford and WCC have longest wait for EFVs (10-12 weeks). Asked what is happening about opening up more days for EFVs at WCC.
	  ○ **Sarah Leon (SFC)** : What action has been taken on a local level for EFV extra day?
	  ○ **Felix (SFC)**, does not know if it has been discussed, also curious on waitlist option.
	  ○ **Sarah Leon (SFC):** might need a meeting with local facility and HQ on this issue.
	• **WSP** – NOT PRESENT

Secretary Time *Cheryl Strange, Secretary*	Sen. Claire Wilson visited SCCC. Well aware that IMU needs space. **Secretary Strange:** DOC has 4,000 open beds. DOC numbers down but DCYF up. Have of-fered space to DCYF. Just one item on table, but away from decisions. This would be like renting space to DCYF to address capacity challenges. If the Legislature, Courts and Government are in agreement, then there is a potential the space will be used. If DCYF needs SCCC, they will use it. Working on transition document for next Governor. Asked to keep transition docu-ments very brief, so keeping it high level. Past week has been a busy week, kicking off Reentry 2030. Governor signed executive order updating reentry efforts to organ-ize the state agencies that affect housing, healthcare, education, jobs, L&I, etc. Accompanied Governor to WSP to formally close the execution chamber. Somber but celebratory. Event may be seen on TVW. Attended the Centennial Accord. There are twenty-nine federally recognized tribes in Washington, each with its own government. Held government-to-government meeting for two days to discuss issues affecting those groups, including housing, addiction treatment, healthcare, and clean water. Budget – By Dec 20 Gov will release his budget proposals. Budget bill will be signed by the new Gov this year. DOC asked for $321 million in the two year operating budget. Asked $300 million in capital budget. $198 million in policy, etc. Will be a tight fiscal year. Revenue is flat and there is a risk of losing some money. On the bal-lot: Long term care and climate. Office of Financial Management under DOC: Asking for $38 million for custody staffing relief to ensure adequate staffing to cover all staff is asked to do, including training, military leave, and annual leave. $28 million addiction/fentanyl. $31 million electronic health records. Funds for gender-affirming care. $3 million for Amend. $6 million for solitary confinement. It's a lot of money for a small number of people. You can see every detail of the budget proposal on the OFM website.

	IIBF- 90% comes from commission for I/I phone calls and media data, recycling fees, contraband, etc. We purchase satellite, cable, family friendly events, photo program, therapeutic gardens, KUBI camp, lodging assistance, recreational equipment, law libraries, EFV funding, etc. What is the deal with the surplus? Federal trade commission did cap those funds, and we took a conservative approach on spending to ensure those funds would not be lost. 25% of receipts go to crime victim compensation. The IIBF cannot be used for capital projects, as these fall outside the scope of IIBF. Will be retiring in January.
Amend/ WA Way Staff Training Presentation *Courtney Grubb, WA Way Program Administrator; and* *Daniel Cowles, Training and Development Administrator*	*See Attachment #2*
	FM: Purpose of IIBF is to strengthen family and I/I connections. Advocating for IIBF funds to help families with visits. **FM:** Will DOC increase indigent amount from $25 to $50 because basic necessities have gone up so much? **James Key (DOC)** asked for written information. **Dianne Doonan (DOC)** stopped charging IIBF for security two years ago. Local business manager handles local IIBF. **Kehaulani Walker (FM)**: How are you holding staff accountable? **Dan Cowles (DOC)**: All new employees have new staff training and policy training, behavior and general expectations of staff. It is the responsibility of that employee to keep knowledge of policy changes. Lots of institutions are hiring. Let local staff eg. superintendent know who is good and who is less good. Suggests using WA Way questions in job interview, including for visit staff. **Greg Mandfield (SFC):** How WA combining the two principles successfully? Gender responsiveness? **Dan Cowles (DOC)** (Training and Development for DOC) re Washington Way Training: In terms of Core, under a phased implementation to get to the effort you are talking about. In DOC is ramping up training for Amend. In process of making significant change to our acadamey so we have time and effort to make the impactful change we need. Subject matter expert in each facility to get line-level staff trained. Getting feedback from ii's in facilities where Amend is operating. Bringing staff and residents together to work together. We have updated certain tasks like pat searches, that have gender fluency. **Sarah Leon (SFC)**: What is done for the annual retention test? How does the evaluation happen? **Dan Cowles (DOC)**: In concert with Correctional Officer academy, a year-long program that new staff have 4 phases to go through and work with mentors. IN service, a lot of RCW required training that staff is required to do each year and any

	other training that would be impactful to the staff and what they do. All of them have knowledge assessments. Our annual in-service is the opportunity for staff to build on skills based on funding and resources available to us. **Gwen McIlveen (FM)**: What is happening with staff that have not had the training and working with new staff. **Dan Cowles (DOC)**: Staff have annual in service training to help with continue education. **Daphne Nolte (SFC)**: By incorporating both I/I and staff, there has been a noticeable change in climate. Does Amend have that incorporated into it in some way? **Dan Cowles (DOC):** The priniciple of the training is to increase the relationship between I/I and staff, difference between personal and private. Committed to rolling training out. Training now is done exclusively with staff, but would be open to having those interactions with the incarcerated as well. **James Key (DOC)**: Tons of information available on iDOC. WA Way is changing culture and humanizing. It is now okay for I/I and staff to shake hands. **Sarah Leon (SFC)**: Would like to see a survey like "Rate My Professor". I/Is could give feedback re what is working and what is not. **Courtney Grubb (DOC):** Specific to WA Way, SCCC has the Resident Advisory Council, resource team with two peer mentors, as well as CS2 who is all for WA Way. He goes into the facility and asks a lot of questions. **Dan Cowles (DOC)**: Open to input. Perfect time to look at it because the training is being revised. **Greg Mansfield (SFC)**: There is no in person in service. **Dan Cowles (DOC)**: our in service is a combination of both. Depends on a persons job class. **Kehaulani Walker (FM)**: Would there be a chance for the department to allow the public into the classes for what is being taught? Can I sit in the classes for WA Way? Why can't we see what you are doing? Could you do an orientation? **James Key (DOC)**: Currently there is not a process for any public to sit in to the training, but there is vast information online regarding the WA Way. This is doing training on the culture. **Sarah Leon (SFC)**: Any mechanisms to have I/I to have a survey or feedback for good or bad? **Courtney Grubb (DOC):** Specific to WA Way, at SCCC has the resident advisory council and peer mentors, as well as CS2 is all for WA Way and he goes into the facility a lot and ask questions. **Dan Cowles (DOC)**: Open to it, we would have to have the right modality for it with more discussion and what would be the best way for that but good timing to have those conversations.
Patient Centered Care Presentation *David Flynn, Assistant Secretary Health Services; and Zain Ghazal Health Services Administrator; and*	*See Attachment #3*

Candy Tribbett Project Manager – Health Services	
	Catherine Antee (FM): Is there a way to expediate items when dealing with a specialist? **Dr. Ghazal (DOC)**: Kite, provider, then specialist if needed. When we get orders, we try to fill these as soon as possible, with shoes for instance, there would be some challenges with the property matrix but please email. **Greg Mansfield (SFC):** WCCW has amazing staff who want to adopt patient-centered care, but medical director does not practice in the manner we are discussing here. How to support staff when higher up won't help? Is there a way to keep track of the quality of the visit? **David Flynn (DOC)**: We are taking a different approach to the facility leadership: We established a unified leadership team and reinforced that we are implementing the patient-centered model. I am dedicated to this delivery model. If there are issues around care to a patient, we want to know. If staff are not being supportive, we do hear about that and we do go back to those staff who are not supporting this model and ensure they know the expectations and that what is being implemented is the standard. There are multiple ways to monitor. The data is followed by a linked metrics model and are linked from facility to HQ. Moving to schedule every other week, HQ will be having a report out from facility to go over their metrics and model what is working across the board. Requests in to advance our quality assurance and improvement including LEAN. **Daphne Nolte (SFC)**: This is such a useful conversation. Are you bringing diabetes screening to all the facilities? If someone shows signs of prediabetes, what diet do they receive? **Dr. Ghazal (DOC):** Through the same patient model, the screening will flag that information and HS will actively work with them and engage with them to work on their care and what is needed. Actively looking so we can intervene sooner for treatment. The team includes the dietician and an entire team that will work on the concerns.

Roundtable open discussion

Family Member	Discussion/Key Points
Greg Mansfield	If we did end up with free phone calls and the IIBF dried up? **Cheryl Strange (DOC):** We would be seeking funds from the Gov and legislature and have a decision package made to request that
Kehaulani Walker	Would there be a chance that someone from leadership could take time at solitary and see how people are treated there? Could you address this from the executive side? Advocating for rights. **Cheryl Strange (DOC):** We have made some strides to reducing solitary confinement and the way it is used. We used FALCON and ISG to develop a plan to address solitary. It is a costly plan, but have asked for funds to look resources. I am able to speak to this topic at a later date. Please route any questions through our correspondence unit to ensure your questions are address appropriately and timely.
Ellen Hargrove	Concern with Body Scanners, are these scanners emitting ionized radiation? Public Hearing scheduled for Nov 20th.

	Cheryl Strange (DOC): Approved by DOH and much less than x-rays. The DOH regulates the requirements of these and will get back to you on specific information. We did reach out to the body scanner manager and the scanners are non ionizing. **Don Holbrook (DOC):** There is not a high risk of radiation. Same as airport scanners. *Action Item: And we can have the actual data.* *UPDATE: The Department uses two types of scanners:* ○ *Millimeter wave – staff/visitors. No radiation* ○ *Transmission X-Ray – Incarcerated individuals* *Radiation* ○ *The Smiths Detection B Scan emits 0.0000025 rem (0.025 mrem) per scan which is the equivalent of approximately 2.5 bananas.* ○ *In the 2023 WCCW log the most one individual was scanned was 116 times in a year which is equivalent to 29% of a single dental x-ray, ~3% of a single chest x-ray and 0.73% of a mammogram.*
Gwen McIlveen	Is programming part of education or is it one or another? **Danielle Armbruster (DOC):** An I/I does not need to hold a job and go to school at the same time, they can, but they do not need to. I/I can always kiosk their counselor about programming. **Don Holbrook (DOC):** When an I/I comes into a facility and notified of open jobs and we can not force into certain programming or jobs.
Emijah Smith	Purpose of IIBF is to strengthen family and ii connections. Advocating for IIBF funds to help families with visits. **Dianne Doonan (DOC)** stopped charging IIBF for security two years ago. Local business manager handles local IIBF. Will DOC increase indigent amount from $25 to $50 because basic necessities have gone up so much? **James Key** asked for written information.
Sarah Leon	What is the department doing to comply with RCW that states that referral to an outside treatment is necessary? **David Flynn (DOC):** We submit the referral and we have patients that go to appointments ever single day. Our prison partners are making sure our patients are getting appointments, and there are affects to prison operations to get patients to their appointments. We also get a report on cancelled appointments that is followed up on. We do have telehealth and may be able to expand that in the future.
Greg Mansfield	Compliment: Catherine Smith is the a good and wonderful doctor, left regular position at WCCW but has continued treatment to high need patients. **David Flynn (DOC)**: There is an enforced care delivery model. Dr Curl and all HQ are dedicated to this. Everything being implemented at state is tested in at least two facilities. Want to model best practices of one facility to all facilities. Standardization is essential to care, especially with electronic records. Prediabetes: team-based approach plus education. Engage patients early for own self care. WCCW has a peer-led HOPE team to do outreach. WOW has had a nutrition workshop. Residents can choose any topic they want. DOC sees the value in telehealth appointments.1115 waiver under Medicaid. **Dr Ghazal (DOC)** – We have dedicated med assistants to facilitate telehealth appointments as appropriate. EFV packets were initially put on hold because they needed additional documents, overseas or challenge to get documents, 30 days or packet closed. Could they reach out for additional time? **Lorne Spooner (DOC):** That is something we can consider and I will be able to address with team on Monday.

Gwen McIlveen	When infracted and items taken away before hearing and appeal, and are taken in a different custody. They are still waiting to get back to right custody level and missing programming etc. Has this been looked in to? **James Key (DOC):** We do have co located MSU in certain locations. To my knowledge some of their property should come to them, but when the infraction is dropped they would go through a facility plan based on that and may or may not be moved back to other custody level location. It may be specific to the institution.
Sarah Leon	There were some concerns about last year's changes to Recreation policy (540.105) regarding implementation of hobby policy and specifically the paper size. Then a memo dated 9/28/23 recended the changes effective immediately, and now the policy was revised 6/24 without notification. No memo stating 11x14 is being enforced again. Per policy, exceptions can be made if items exceed the dimensions of hobby box- Who can address the exception of the paper? **James Key (DOC):** Are you saying the institution is not abiding for the policy or is wanting an exception to? I am not aware of any recention. Please send to me with the information you talked about and we can look into it.
Karen	Doesn't the contract say that the incarcerated has a seurvey once or twice a year and if the level of satification is not high enough is there penalty to securus for that? **James Key (DOC)**: we will look at that. *Update: Vendor will achieve an aggregate average satisfaction of > 85%. Failure to meet this standard will result in Securus being required to provide the Department a performance enhancement plan, detailing the actions that will be taken at 30, 60, and 90 days to improve customer satisfaction. A follow-up survey will then be inniated to determine if performance has improved.*
Kehaulani Walker	One of the biggest topics talked about is Securus. There are performance issues with Sercurus. Securus issues need to be addressed and communications is the big-gest things brought to DOC. Shout out to David Flynn's medical team for supporting families.
Catherine Antee	Current application for EFVs is ambiguous. Team may need to reword the required documents. Birth certificates or marriage certificates (ie. Marriage cert isn't required for me since I am the mother) **Lorne Spooner (DOC):** Will have a discussion with the team
Daphne Nolte	Travel and lodging policy, when will it be rolled out and are you getting stakeholder input? **Dianne Doonan (DOC)**: Currently working on policy and evaluating the suggestions. Three family members actively working with DOC on the policy. Not certain when it will be completed. Want to get the policy right and create standardized processes.
Sarah Leon	Why aren't the meetings being recorded any more? **James Key (DOC)**: will look into it. Can we look at this again? **Trisha Newport (DOC):** The legal risk, personal ID info and medical information were being shared and might get into HIPPA concerns and it would be public records. AG made a suggestion to stop recording. I/I privacy *Update: The department has taken a position that we will not record any meetings that are not required to be recorded by law. This is for a couple of different reasons. One, the retention. It is very very significant. Two, we do not have the capacity inter-nally from an IT perspective to store unnecessary media. We are a general fund state agency, and have a third of the IT resources that most other correctional agencies have. We have much less than all other state agencies comparatively. The meetings do not meet the criteria requiring this to happen.*

Greg Mansfield	Could the SFC meetings be posted on the FB page? Include others that have lived experience and can be included. *Update: This is being discussed with communications.*
Felix D'Allesandro	Follow up with Representative Hackney re funding for more EFVs. (Hackney attended the 7/20/24 SFC meeting during the EFV presentation and expressed interest in supporting DOC with more EFVs) **Trisha Newport (DOC)**: 9/10 meeting, asked some questions and confirmations. Highest wait times for EFVs. Looking to have another conversation with him. **James Key (DOC)**: Working on the processing end and the numbers for the EFV and getting information and then we will get together. **Sarah Leon (SFC)**: James, Felix and I to have a meeting to discuss **Sarah Leon (SFC)**: IIBF is for maintenance for EFV, can't be used to build more units **Trisha Newport (DOC)**: Muddy as some funds for EFV lower level would be IIBF but most would be capital projects as they are more involved. DOC has more than $800,000 in deferred maintenance.
Daphne Nolte	Hearing about unhappiness about not having a color copy for cards **James Key (DOC):** That is not a possibility at this time and will be continued to be copied in black and white.
Family Member	Why is the population being sent out to a provider when the provider has no idea why the I/I is there or what they are being seen for? **Dr Ghazal (DOC)**: If it is a specific person please reach out. We recognize this as part of the improvement with PCMH and are actively reaching out to I/I when they have an appointment coming up. We have to be aware of safety and security, but will work with them on preparation of the appointments. I/I is asking the provider the purpose of the visit, and the provider not knowing why the I/I is there. **Dr Ghazal:** This is part of the communication gap that we are trying to fix. **David Flynn (DOC):** We did purchase 18 electronic scanners to be able to communicate to our providers more effectively. Communicaton is greatly improved
Sarah Leon	Why are the meeting minutes taking so long to be posted? **James Key (DOC):** Aware of that and there are many factors that go into getting the meeting minutes done. If there are topics that need to be researched it does take some time to get that done.
Kehaulani Walker	Is there a way that we can request in person meetings? **Danielle Armbruster (DOC):** Is there a preference to all in person or hybrid? **Kehaulani Walker (FM):** Hybrid would be great. **Sarah Leon (SFC):** Even one in-person meeting a year would be great **Danielle Armbruster (DOC):** We can bring to the Monday morning meeting and see what that looks like. *Update: After review of the request, it has been determined by Executive Leadership to continue all statewide family council meetings via virtual meeting.*
Felix D'Allesandro	Assessment for drug programs and GRE and the quality being terrible. **David Flynn (DOC):** We did contract for specialists to come in for SARU and created a corrective action plan and are working with staff based on those recommendations and working towards improvements to SARU.
Andrea Triggs	Need more training on GRE processes

Daphne Nolte	Having the meeting minutes sent to family members first then a second part where the minutes posted online **James Key (DOC):** We can have a discussion about what can be done to get the information to the LFC reps.

Next meeting location: Virtual – MS Teams Date: 11/16/2024 Time: 10 am – 230pm

Comments: _____

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 16-01, RCW 42.56, and RCW 40.14.

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

Training

How has the training process changed since implementation of Amend/Washington Way?

- Training in both pre-service academy and all agency annual in-service are incorporating Amend/WA Way Principles and information specifically about the program.
- Fiscal Year 2024 (July 1, 2023 – June 30, 2024) included 8 hours of training required of all agency facility staff specific to this topic
- Fiscal Year 2025 (July 1, 2024 – June 30, 2025) includes 4 hours of training specific to this topic
- All new agency staff attend an introduction to Washington Way during pre-service

What Certifications do the trainers have?

- While there are no specific certifications related to the training of Amend/Washington Way, DOC has invested in ensuring both our Master Instructors and Curriculum writers composing the curriculum are well versed in the Amend/Washington Way program.
    - Staff have been sent to both Norway and San Francisco to receive both immersion and direct education on the program and its principles
- All trainers participate in a train the trainer session with master instructors to best understand the curriculum.
- Staff who are doing the work in facilities and are subject matter experts have been voluntarily facilitating trainings.
- All training is done via a facilitation guide that ensures the topics presented and facilitated are done so with completeness and fidelity

What metrics are in place to ensure that trained staff are implementing the principles they are getting taught?

- DOC continues to track data in a multitude of areas that could be directly correlated with these principles.
- An increase in negative interactions and reports related to such (infractions, grievances, outside complaints) would show either systemic increases, or decreases in such behavior, or allow the agency to identify specific areas, or individuals.
- DOC can also track an increase in the documentation of positive interactions, such as Behavior Observation Entries entered regarding incarcerated interactions.
- A year-to-year comparison of these metrics, along with others could provide an agency overview of the cultural change the agency is moving toward.

Two Years of PCMH

WHAT HAVE WE GAINED STATEWIDE?

DOC Statewide Family Council, September 21, 2024

Patient Centered MEDICAL HOME

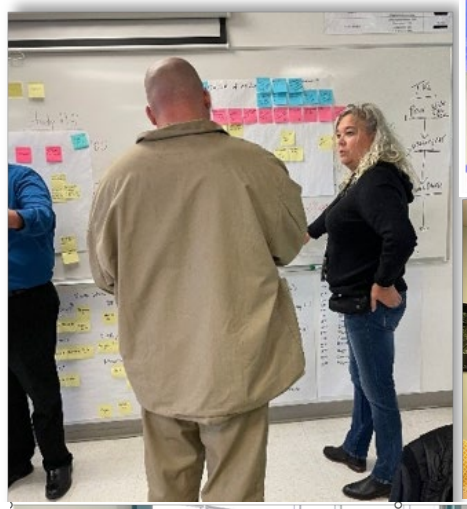
Presented by:
David Flynn MPA, Assistant Secretary Health Services
Zain Ghazal MD MBA, Health Services Administrator
Candy Tribbett BSBM, PMP, Project Manager

Assistant Secretary Message

Health Services has spent the last two years developing the foundation of the Patient-Centered Medical Home as our approach for transformative healthcare delivery while fostering a culture of empathy and respect.

As we continue our PCMH journey to provide exceptional care, I am excited to share the latest steps we are taking to enhance our healthcare system. Our focus is on a patient centered approach, where every decision and improvement we make is designed to prioritize the needs, experiences and outcomes of our patients. By promoting collaboration innovation and curiosity, we aim to create a healthcare environment where every individual feels valued supported and empowered.

Although there has been quantifiable progress through our care delivery redesign, there is still much to achieve. Health Services is dedicated to the continued expansion of the PCMH to make a meaningful impact in the lives of those we serve.



Department of Corrections
WASHINGTON STATE

About PCMH

The patient centered medical home is a model of care that puts patients at the forefront of care. PCMHs build better relationships between patients and their clinical care teams.

Research shows that PCMHs improve quality and the patient experience and increase staff satisfaction.

Desired Outcomes for Our Patients

Patient Centered MEDICAL HOME

Focus on patient

Ensure each team member **operates at the highest level** of their knowledge, skills, abilities and license within their assigned roles and responsibilities.

Stay healthy

Patients who are treated in PCMHs tend to receive **preventative services and screenings** at a higher rate than patients not in PCMHs, helping keep them healthy.

Have a better experience

When attributes of team-based care are described to people, they say **it is the type of care they want to receive**.

Better communication

Communicate with patients and their families/caregivers. The model emphasizes **enhanced access** so patients can get clinical advice when needed.

Better managed chronic care conditions

PCMHs are **especially helpful for patients with complex chronic conditions**. Research shows that these conditions are managed better in a medical home.

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Source: Benefits to Practices, Clinicians and Patients - NCQA

Our Approach

Setting the foundation with our clinical teams and changing culture

Training our Clinical Teams

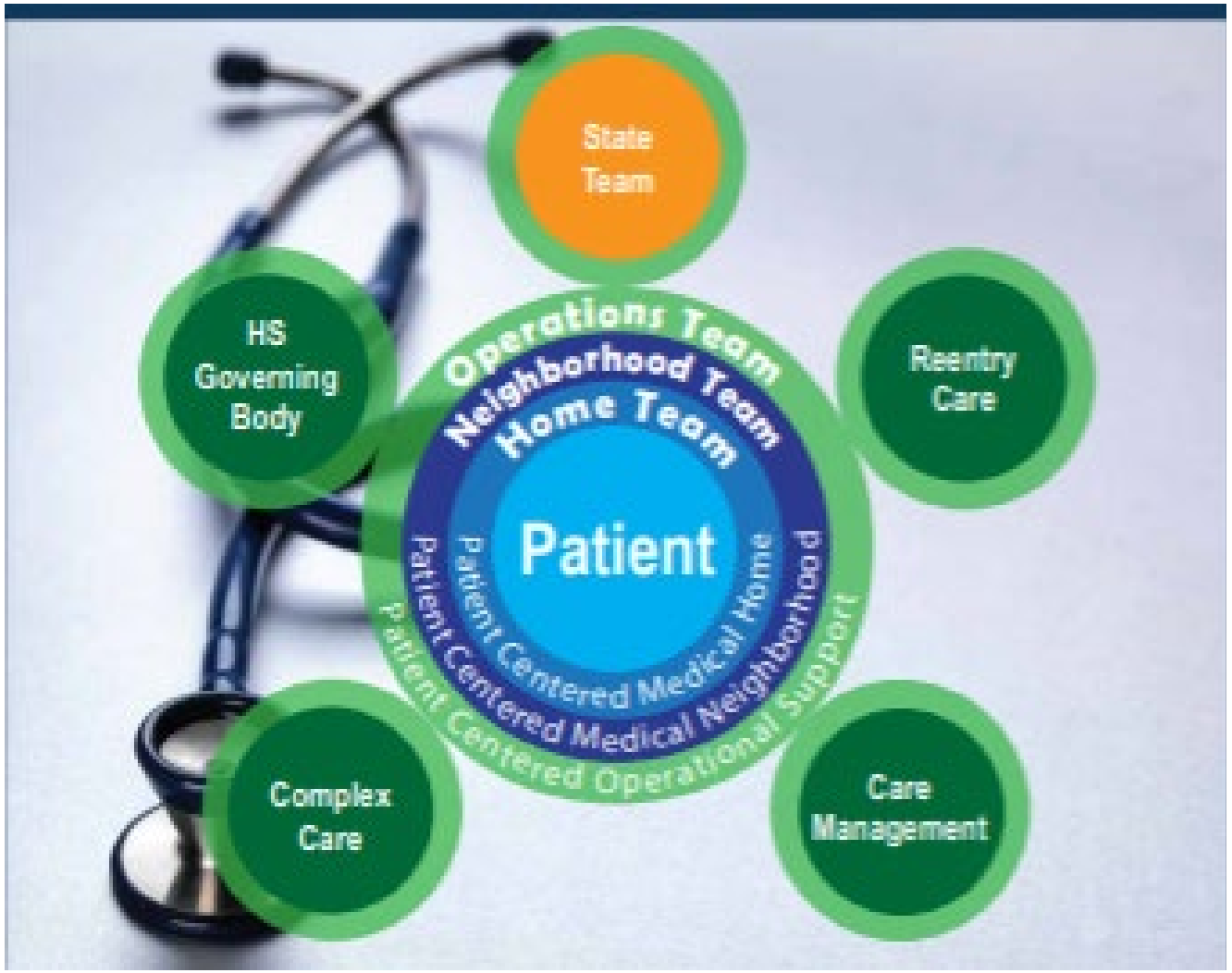
Lean Fundamentals course for clinical and non-clinical leaders teaches practical application of key elements of the Lean methodology

Designing Improved Care Delivery Methods

Hands-on learning and practice focused on staff-driven experiments and improvements to solve facility clinic challenges

Healthcare improvements	Designing new ways to **improve patient outcomes** and clinical operations Plan, Do, Check, Act continuous improvement framework
Safety and appearance of clinical spaces	Promote safety and quality by optimize clinical spaces in a way that **respects the patients we serve** and all staff that work there. Sort, Set in Order, Shine, Standardize, and Sustain methodology
Clinical Team Communication	Ensure that expected results and **patient outcomes are being achieved** and to take corrective action if needed. Creating transparency, standardization and **inspire new ideas to improve patient care**. Daily Management System framework

DOC's PCMH Care Model



Highlights & Successes

How our clinical teams and leadership are engaged in our healthcare transformation

15 HS Leadership
Daily Management training

11 Clinics + 76 Facility Staff & Leaders
5S events

Over 54 PDCAs
Tested at 8 different facilities

21 Facility Leaders
Lean Fundamentals training

90 Facility Staff and Leaders
PCMH Care Design events & coaching

48 PDCA Check-in Sessions
Lean coaching & implementation support

12 Facilities Visited
Events & Coaching

13 Practice Patterns
Care Design PDCA

100+ Staff & Leaders
In attendance at Culture Huddles

Health Services moved closer toward building a Patient Centered Medical Home

Below is a breakdown of our 2023-2024 efforts link to the six PCMH program concept areas defined by the National Committee for Quality Assurance (NCQA)[1].

Team-Based Care and Practice Organization:
Helps structure a practice's leadership, care team responsibilities and how the practice partners with patients, families, and caregivers.

- Lean Fundamentals training
- Visibility board design & testing
- Kite management (quicker response to I/I)
- Off-site transport

Knowing and Managing Your Patients:
Sets standards for data collection, medication reconciliation, evidence-based clinical decision support, and other activities.

- Nursing standing orders
- Nurse-first visits
- OMNI coding & data integrity
- Chronic disease care management

Patient-Centered Access and Continuity:
Guides practices to provide patients with convenient access to clinical advice and helps ensure continuity of care.

- Teamlet formation through co-location
- Nursing & MA duties
- Nurse-first visits
- MA rooming & agenda setting
- Provider documentation time reduction
- Medical emergencies
- Duplicate orders reduction
- Provider inbox sort defects reduction
- Schedule template
- MAT line process design & improvements
- Intake physicals backlog reduction
- Shared Medical Appointments, Healthy Living Peer Group, Wealth of Wellness
- Nurse Urgent Care
- Unit-based Care
- Skill-Task alignment
- Off site trips mistake proofing (reduce cancels)

Care Coordination and Care Transitions:
Ensures that primary and specialty care clinicians are effectively sharing information and managing patient referrals to minimize cost, confusion, and inappropriate care.

- Chronic disease care management
- Mental health documentation time reduction
- Clinical Pharmacists Managed Care Visits

Performance Measurement and Quality Improvement: Improvement helps practices develop ways to measure performance, set goals, and develop activities that will improve performance.

- Target sheet training & implementation
- Visibility walls & huddles
- Data collection, time observations, tally sheets

Care Management and Support: Helps clinicians set up care management protocols to identify patients who need more closely-managed care.

- Nurse-first visits
- Chronic care gaps closure

1. NCQA Program Concept Areas: https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medicalhome-pcmh/pcmh-concepts/
2. Patient Centered Medical Home - PCMH Model Resources - All Documents (sharepoint.com)

How has patient experience improved?

Not every improvement can be seen but it can be experienced, even if indirectly

Kites for Care

Improved kite management

Receives response and resolution in less days. Some facilities reverse kite the same day of day after it is received, for most requests.

Reverse kite responses directly address the patient's request.

Testing Facility: AHCC, CBCC, CRCC, MCC, SCCC, WCC, WCCW, WSP

Urgent Care

A redesign of sick call

Often receives care the same day.

Requests for care made easy. Completes a "passport." No kite for care. No waiting for "scheduled" appointment.

Receives education on appropriate NUC use.

Patients can be seen by a nurse for 50-75% of sick and urgent care needs. Ideally, this leads to the patients waiting less time to meet with their PCP for routine and complex care appointments.

Testing Facility: SCCC, CRCC, WCCW

How has patient experience improved?

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Nurse First Visits

Patients with complex care receives comprehensive medical review

- Nurse visit in 14 days of arrival to home facility
- Receives a comprehensive medical review and Durable Medical Equipment/Health Services Requests
- Patient determines their heath care goals with nurse.
- Enhanced experience because care needs are coordinated by the nurse and provider before the scheduled provider visit.
- Receives complete care during their first provider visit.

Testing Facility: SCCC, WCCW, WSP

Nurse Standing Orders

Nurse provides care

- Common condition treated during a Nurse visit
- Experience shorter waiting period to access to care
- Ability to access care after hours and on weekends and holidays

Testing Facility: SCCC, WCCW, WSP

How has patient experience improved?

Medical Assistant Patient Rooming

Greets patient and orients them to visit

Asked what they what they seek to accomplish from the visit.

Identifies the most important health concern(s) to cover.

Encouraged to be open about any concerns that they have about their treatment or condition.

Asked questions to verify information pertinent to overall health

Vitals are taken and health is reviewed, prior to provider visit

Testing Facility: CBCC, WCCW, WSP

Working to the highest level of license

Reducing administrative burden and realigning tasks

Testing OA3 support for nurses to act as ward clerks for document retrieval and filing

Task realignment to MAs for HSRs, Kites, etc. to maximize provider time for patients

Testing Facility: SCCC, WCCW,

How has patient experience improved?

Patient Centered MEDICAL HOME

Offsite Appointments

Ensuring patient, providers, and transport team are ready for appointment

Receives timely offsite medial care

Less cancelled appointment by offsite providers due to DOC preparedness or communication – Pre-visit labs, preparation and medication discontinuation

Appointment cancelation and reschedules are managed by clinical staff without impact to patient.

Partnership with Custody Teams

Testing Facility: MCC, SCCC, WCCW

Return Trips information

Post- appointment care needs are communicated to care team timely

Patient's provider receives medical records from offsite providers timely.

Treatment continues uninterrupted after patient return

Improved communication with Offsite provider offices

Testing Facility: AHCC, CBCC, CRCC, MCC, SCCC, WCC, WCCW, WSP

How has patient experience improved?

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Medical Emergencies

Reducing declared emergencies

- More sick call appointments available daily.
- Provided other opportunities to access to care [1].
- Experiences less interruption to scheduled medical appointments, programing, and activities which are often cancelled during medical emergencies.
- Provided education for paths to seek care appropriate to needs

Testing Facility: AHCC, CBCC, CRCC, MCC, SCCC, WCC, WCCW, WSP

Appointment Schedule Redesign

Scheduling Template
(Mixed Model Line)

- Appointment availability matches patient population care needs.
- Increased appointment availability per movement hour or more care in living units.
- Medical appointments provided by more than the doctor; care is provided by the appropriate care team member (provider, nurse, clinical pharmacists, care manager, or a team-based approach)
- Achieved by understanding patient care needs, time needed for each appointment type, and building a clinic schedule that aligns.

Testing Facility: AHCC, CBCC, CRCC, MCC, SCCC, WCC, WCCW, WSP

How has patient experience improved?

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Intake Physicals

Reducing delay and providing timely intake physicals

Patient receives first physical within 14 days of arrival to intake facilities.

Increased number of physicals conducted in a clinic day.

Care needs are addressed sooner.

Moved to home facility in less days of arrival to intake facility.

Reduced total patient population allowing a bed for each person (WCC)

Less peer-to-peer violence (WCC)

Testing Facility: WCC, WCCW,

Unit Based Care

Scheduled appointment in living units or redesign of sick call

Care, as appropriate, is received in living units by nurse or provider

Increased number of daily appointment because schedule is not depended on movement schedules or limitations.

Appointment is scheduled sooner.

Care needs are addressed sooner.

Testing Facility: AHCC, CBCC, CRCC, MCC, SCCC, WCC, WCCW, WSP

How has patient experience improved?

Not every improvement can be seen but it can be experienced, even if indirectly

Team Based Care

Improving communication to enhance patient care

Patient care needs are coordinated by the healthcare team (provider, Medical Assistant, Registered Nurse, care manager, clinical pharmacist, etc.) to ensure all care needs are met

Patient care is provided by more than the doctor; medical appointments are with the appropriate care team member (provider, nurse, clinical pharmacists, care manager, or a team-based approach)

Testing Facility: AHCC, CBCC, CRCC, MCC, SCCC, WCC, WCCW, WSP

Clinical Pharmacists Managed Care

Patient visits

Patient appointments with Clinical Pharmacist to manage medications

Improving patient compliance to treatment by streamlining treatment to reduce the number of medications a patient must take

Testing Facility: SCCC, WCCW

How has patient experience improved?

Not every improvement can be seen but it can be experienced, even if indirectly

Healthy Living Peer Group

Group appointments

Peers with common medical needs meet as a group and share with each other.

Engages patient in managing their care.

Receives education on managing chronic care (diabetes, hypertension, healthy eating) by one of the healthcare team.

Participates in an activity, such as glucose checks, medication reviews, commissary receipts review of carbohydrates, and health goal setting.

Testing Facility: WSP

Wealth of Wellness

Patient outreach for health screenings

Peer Leaders partner with clinical team to match patient population care needs

Voluntary participation for health screenings

Available to all patients that attend the scheduled event

Can request hypertension screening, diabetes screening, and mental health screening

Connected to care following screening results

Testing Facility: SCCC

How has patient experience improved?

The PCMH Team will continue to incorporate more clinical teams into the model, moving outward from the Home Team to those on the State Team

Coming Soon!

Behavioral Health Care

Primary care and behavioral health coordination

Embedding Mental Health Providers into PCMH enabling holistic approach to patients

The PCMH Team will continue to incorporate more clinical teams into the model, moving outward from the Home Team to those on the State Team

Testing Facility: WCCW, WCC, MCC

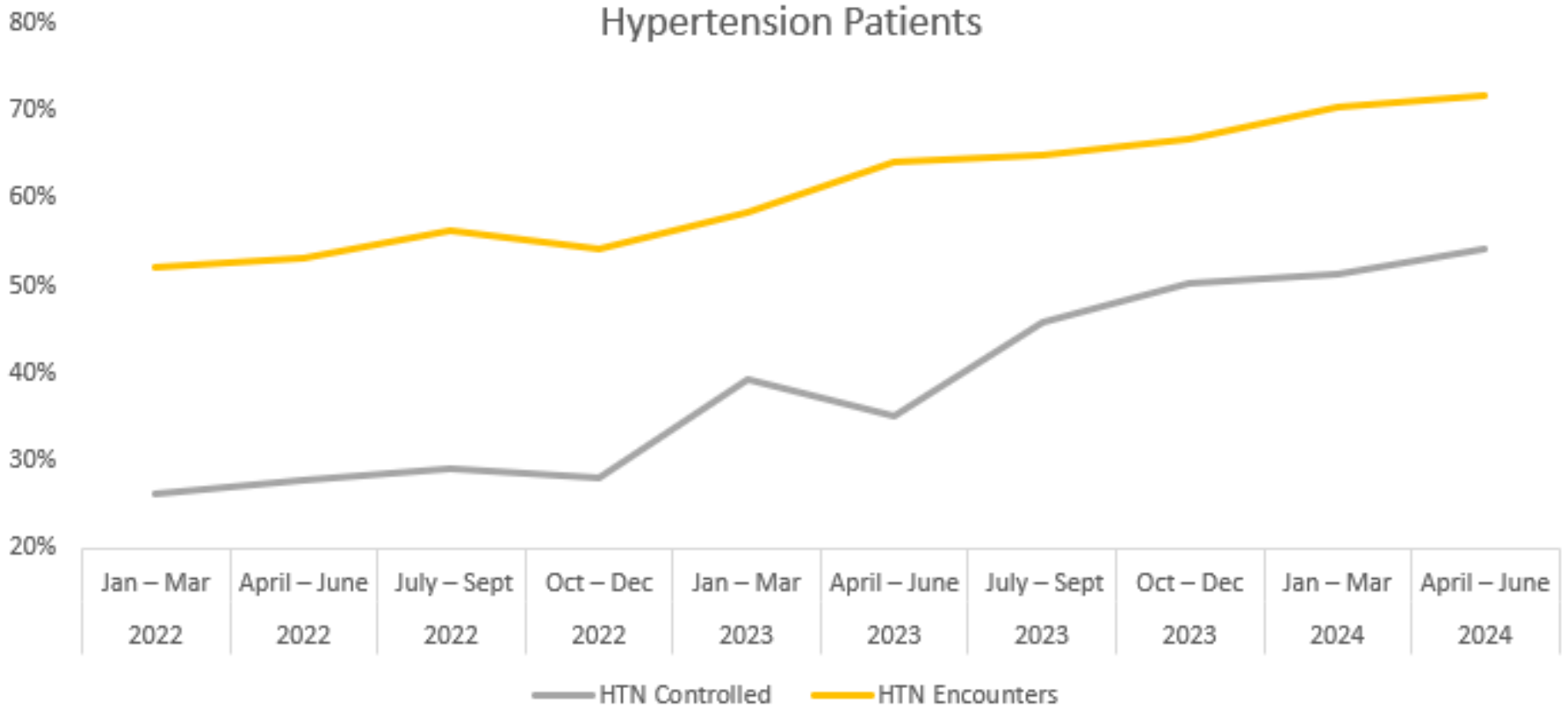
Pharmacy Services

Service coordination to improve medication services to the patient

Incorporating Pharmacy Services into PCMH to ensure patients receive medication timely

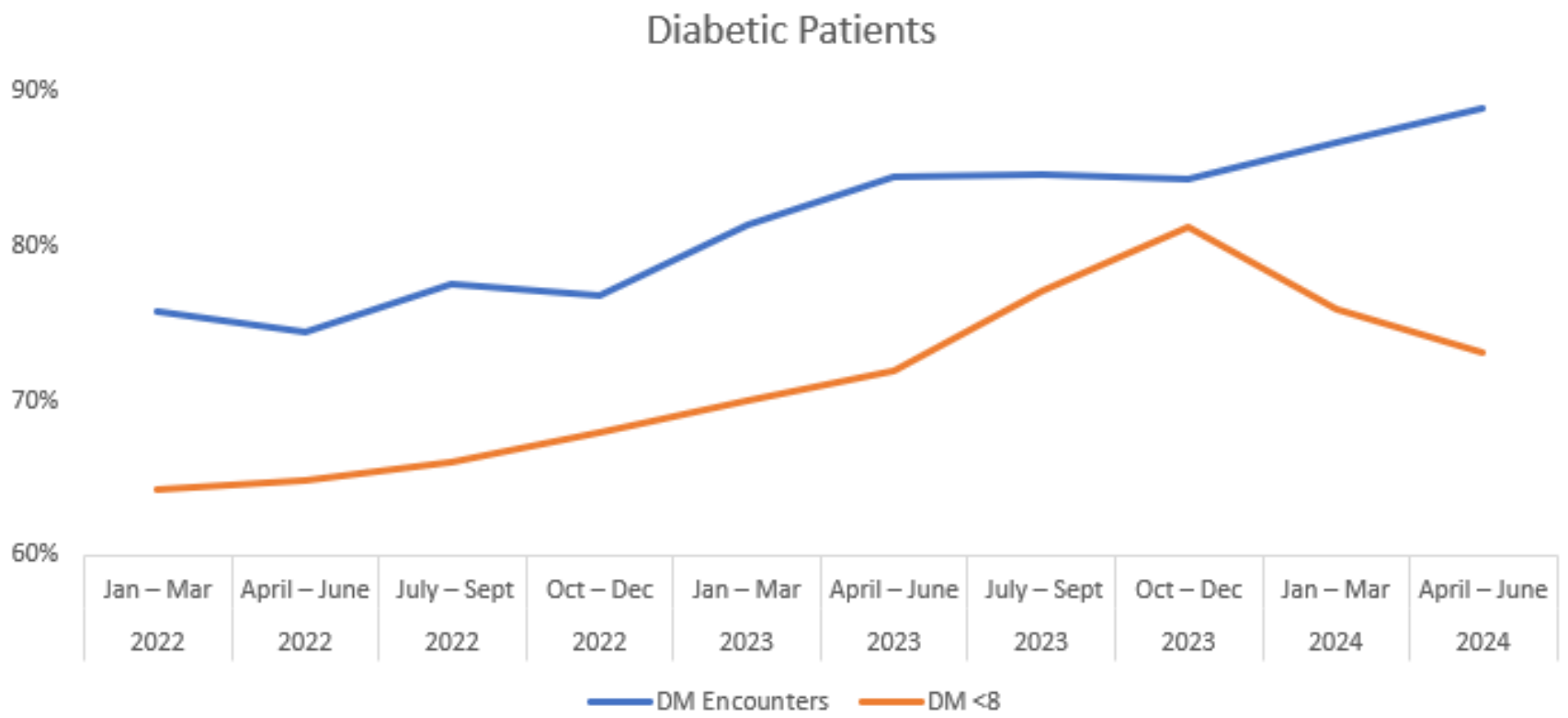
Testing Facility: WCCW, WCC, MCC

PCMH Results



Patient Centered MEDICAL HOME

PCMH Results



Patient Centered MEDICAL HOME

THANK YOU

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