

Statewide Family Council COVID-19 Informational Call Notes

**Some questions were grouped together as they were asked by more than one person.
If specific questions about individuals were asked, they were removed.
If you have specific questions about your loved one, please contact your local facility.**

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Information with others, especially via social media.
These are internal DOC communication lines, and are not for public posting.**

Call Details

Facility: SFC COVID INFORMATIONAL CALL
Date and Time: 12/23/2020, 2:00PM

Attendees

DOC: Jeneva Cotton, Paige Perkinson, Rhonda Roberts, Lisa Flynn,
SFC Secretary: Loretta Pedersen
SFC Co-Chair Elect: Loren Taylor
CI: Jamie Dolan
OCO: Joanna Carns
AHCC: Yoshi Garcia
CBCC: Janet Floyd
CRCC: Gwen McIlveen
MCC: Felix D'Allesandro
MCCCW: Paula Bond
SCCC: Susan Cooksey
WCC: Portia Linear
WSP: Wendy Dubinsky, Steve Kugler

Discussion during Call

CI Cold/Hot Meals

Jamie Dolan (CI Assistant Director) provided updated on food services, food manufacturing and commissary services. Indicated AHCC has been approved to serve 2 colds/1 hot meal starting 12/26/20 for two weeks.

Answered questions from the group, including additional questions submitted by family members via OCO:

1. The feedback I received from individuals was that they remember back before better options for dry cereal. They aren't sure if that was taken away for sugar content but better or more options would be nice. Nutrigrain bars and Granola was an option before too. Because my loved one is at camp, I got a ton of feedback from the guys in DNR for the sacked lunch. Complaints about not enough food, same unripe or rotten fruit choice and perhaps somehow offering hot water option during planting season for people who don't have a thermos since they work in the snow. Suggestions from people were cheese sticks, crackers, hard boiled eggs, fruit cups, sunflower seeds or nuts, they liked the bagel idea. One, mentioned when at coyote ridge a long time ago they used to offer a daily soup, he said that would be nice if they brought that back.
 - Previously the DOC did utilize a higher sugar content cereal, however at the request of the population and in accordance with nutritional guidelines, we opted for a higher fiber, lower sugar cold cereal options. In the coming days and months the population will be seeing a wider variety of muffins, granola bars and snack options. This is due to purchasing replacement items to ensure the continuity of the DOC Food System.

2. I spoke to my loved one who stated that he would welcome a bagel and cream cheese as it offers variety. Although they already have an abundance of starch in their diet. He and his unit mates are sick and tired of the lack of variety they get, along with the cold, congealed hot food. He said it is bad enough that the potatoes are cold, they are undercooked as well.
 - Thank you for the suggestion. There will be more variety coming to the menu in the coming days.
3. My guess is the guys would prefer food that is supposed to be cold over food that is supposed to be hot and hasn't either been heated properly or heated and then gotten ice cold.
 - We are working with individual facilities on this ask. It is currently being implemented at AHCC beginning Saturday, December 26th for two weeks.
4. I am writing people in DOC due to the recent restrictions of commissary and this ongoing issue to suggest WA DOC temporarily or permanently allow iCare packages into the facilities since the kitchens and the commissary cannot sustain or be a viable option during this pandemic to feed our loved ones. County jails are still allowing 2 packages per week for individuals. Why can't we use this resource for our loved ones? It already exists as a secure resource that is versed within WA state rules/codes for county facilities.
 - The reduced commissary limits will be reevaluated by January 9th. With the return of resources, the Commissary program should be able to reinstate the previous spending limits.
5. Personally, I would say that I'd prefer cold food that was meant to be cold (not frozen boats day after day) as opposed to cold food that was meant to be served hot. However, are there some other ways to deal with the pandemic? California, as an example, made an exception and allowed two food packages per person last month. Why can we not help supplement food to our loved ones, just like we did prior to CI, on a short term basis obviously? What other options does CI have if they don't have enough human resources?
 - Food Services continues to provide the required meals at all facilities. In addition, the incarcerated population has access to the Departments Commissary program. The Quarterly Foods program is also available for friends and family to be able to send items into their loved ones. In certain instances the Department is also providing supplemental snacks to the incarcerated population.
6. Multiple: concern about quality of IMU food in general, let alone now
 - If there are specific concerns, we can focus on them. Please provide additional information.
7. Multiple: would National Guard be activated to help with food delivery
 - That is not an option. Individual facilities have some resources available to assist with food delivery.

Pre-Submitted Questions

1. Do you have enough tests?
Yes, these are provided by WA DOH
2. What protocols are you following around testing –
Please see <https://doc.wa.gov/corrections/covid-19/docs/screening-testing-infection-control-guideline.pdf> for specific information on protocols regarding testing.
 - a. time between tests,
Time between first and second test for quarantine is 48 hours and then every 7 days until each living unit receives 2 negative test results in a 14 days
 - b. time waiting for results,
2-5 days
 - c. ensuring that the process is clean
Each incarcerated individual swabs their own nose and places the swab inside their test vial. The staff member managing the testing process never comes into contact with the specimen. All staff members are wearing the appropriate PPE and following the test collection process as trained by the WA DOH.

- d. retesting
Occurs on all individuals identified until each living unit independently produces 2 negative test results in a 14 day period
- 3. Which test are you using?
Nasal Swab PCR test provided by the DOH
- 4. Where is the data processed?
Test samples are sent to U of Washington Laboratory Seattle, Atlas Laboratory in Seattle, Northwest Pathology in Bellingham, and Interpath Laboratory in Lynnwood. The results are then communicated to the facility via reporting portal or faxed to the facility Medical department. DOC HQ tracks the data and updates it once each weekday on the agency's external website.
- 5. How long do you have to wait to get results?
Between 2 and 5 days on average
- 6. How long are people in quarantine before they are tested?
Please see <https://doc.wa.gov/corrections/covid-19/docs/screening-testing-infection-control-guideline.pdf> for specific information on how tests are conducted for individuals in prison facilities.
- 7. Why doesn't DOC data reflect the actual facts on the ground? (This seems to be occurring with increasing frequency now, which makes it difficult to provide confidence and transparency)
 - a. Is there one specific point in time each day that you gather data?
Yes. Each morning the data teams pull data at the same time for the previous day, screen and clarify the data is accurate, then send to the web team for posting that afternoon.
 - b. Why does the number of tests being processed stay the same?
The data team has confirmed this number hasn't been updated due to the number of pending test changing literally down to the minute for facilities and it being very hard to accurately track. Instead of updating numbers we are unsure of, the data team has stopped updating the number entirely. It has been suggested that this number be removed temporarily or a disclosure of that number not currently be updated be added to the website.
- 8. When reporting numbers by facility, could you please share how many ACTIVE cases rather than totals since March? (It helps everyone understand the scope of what DOC is trying to manage on any given day.)
This question has been sent to the policy group for consideration. I will be able to provide some feedback after that discussion. As facilities are just beginning to see recovered and active cases on a larger scale, we are still working to ensure the reporting system is adequate and will be sure that the system is a reliable tracking system before any additional information will be posted externally. We understand you want these numbers immediately, but the agency has to be sure we have the means and resources to upkeep the data and be sure it is as accurate as possible prior to posting and committing to continuously posting.
- 9. How many people are being sent to hospitals each day?
Hospital trips vary each day for each facility for various reasons.
- 10. On what date was self-reporting dropped as a data point? Why was this done?
Self-reporting is still a data point. If people self-report a positive COVID-19 test result the agency does document that number. However, the facilities are tracking serial testing numbers which is a very different process and is not inclusive of self-reporting. Staff positives are included as a holistic number as reported to headquarters. The facility may not be reporting these numbers to all families on their calls as it is an extra demand on their resources and their health services staff are stretched very thin to ensure that current care and reporting needs are met.
- 11. Are you still tracking self-reported cases internally?
Yes

12. Assuming that you ARE tracking self-reported cases, please report both of those data points when reporting on staff cases?
Please see above response.
13. If you're not tracking self-reported cases, why not?
Please see above response.
14. Could you please provide us with a photo of a cell that is in use for medical isolation? I'm sure seeing (rather than imagining the worst) would provide everyone with some reassurance.
Every facility has different infrastructure and a variety of cells used for medical isolation. Please refer to your specific LFC COVID call to ask for description of that facility's cells used for medical isolation.
15. How long are people held in those cells?
Please see <https://doc.wa.gov/corrections/covid-19/docs/screening-testing-infection-control-guideline.pdf> for specific information on protocols regarding medical isolation.
16. How are COVID positive people separated from people who are in there as a disciplinary measure?
Unclear of what this question is referring to. Those on medical isolation are kept separate from others.
17. I have heard some stories about officers who are working long hours being shared on social media. Incarcerated individuals have expressed deep gratitude for their dedication to supporting them. Is it possible to celebrate staff members at the agency level? Can you please share data on overtime hours at each location?
The department continues to recognize and acknowledge all staff working through the pandemic, especially those working additional hours. Facility-specific requests for overtime hours can be asked on LFC COVID informational calls.
18. AMEND recommends that prisons reduce population significantly. What are the Secretary's plans to use administrative procedures to early release people, given that DOC is partnering with them (AMEND)?
As noted previously, there is no current plan for additional Commutation or Rapid Reentry releases.
19. Is it true that the CDC was on site at Airway Heights earlier this week? If so, please share their recommendations.
No, this is not true.
20. The Spokesman Review reported that neither the state nor Spokane County were collaborating with DOC to address the Airway Heights outbreak. This is confusing, as we understood that they were. Can you please clarify?
This information was misrepresented. AHCC and DOC continue ongoing communication with both the state DOH and local health jurisdiction in Spokane County.
21. The staff numbers are dangerously high at Airway Heights. How are you addressing staff coverage?
 - a. How much overtime are people working?
Please ask on your LFC call for AHCC for this information.
 - b. How are you ensuring that staff members don't move across the prison as they take additional shifts?
All staff working at AHCC and all other facilities are wearing PPE appropriate to specific living areas. Additional PPE is required for quarantine or medical isolation areas.
 - c. Transfer from other were facilities?
Unclear what this is asking. Transfers to/from AHCC have been temporarily suspended since AHCC reached outbreak status.
 - d. At what point will the National Guard be deployed?
There is no plan to deploy the National Guard at this time.
22. As this crisis continues, the level of stress is, understandably, increasing for your staff AND incarcerated individuals. What is DOC doing in that regard?
Leadership has ensured that staff have access to agency staff mental health resources and additionally are providing memos of encouragement from all angles, and also employee appreciation efforts are being implemented as is safe to do so.

23. As vaccines become available, how will DOC balance public health objectives with the personal right of prisoners, staff, visitors, and volunteers to decide for themselves what is medically appropriate? (Basically, will DOC require anyone to get vaccinated for any reason, including for access to future visitation opportunities.)
Communications regarding vaccination administration protocols have been shared with staff and populations. More information will be coming as it is available. It is unknown at this time what requirements will be in place in the future.
24. What is DOC doing to prep facilities that have not yet experienced serious outbreaks based on what has been learned about what does not work at the facilities that have experienced outbreaks?
The Outbreak Checklist will be utilized for any facility that experiences an outbreak. Additionally, all facilities are conducting weekly exercises to ensure readiness to be able to respond as necessary.
25. Since lengthy quarantine practices are not working to contain the spread of COVID at some facilities currently experiencing outbreaks, what is DOC doing to modify its approach at other facilities to allow for more humane and healthy living conditions for quarantined prisoners who have not yet tested positive while also containing the spread of the virus?
Quarantine and medical isolation protocols are appropriate. When symptoms are hidden or not reported, it is difficult to maintain cohorts effectively. All individuals on quarantine receive symptoms checks and it is critical that individuals are honest with the health services personnel conducting these checks to ensure they are treated appropriately.
26. At some facilities, prisoners are being reassigned new cellmates based on matches for post-positive status. While we understand that in the short run this may allow local facilities to expand access to more normalcy (more yard, phone, and shower time) for post-positive prisoners, the massive quantities of cell reassignments will disrupt people's stability and will no doubt introduce social tensions to the general population that will make prisons more unsafe for both prisoners and staff. Is DOC HQ guiding facilities in tracking and prioritizing the restoration of previous long-term cellmate assignments as soon as public health needs make it possible?
The priority at this time is ensuring safety for all. Once the pandemic is no longer an issue, classification and housing will be reviewed to ensure appropriate housing and placement.
27. Bill Copland in Family Services has been communicating with both Charlotte Headley and Kieran Ball (founder of a non-profit prisoner and family voicemail service used at prisons in the UK and Australia...see info and email exchange pasted in below this email) about the possibility of getting this prison voicemail system approved by the DOC security panel to enhance communication abilities for prisoners and their families during COVID. Has DOC's security panel made it a priority to assess and sign off on this? (Families desperately need this sort of service now during COVID, and it shouldn't be delayed until after COVID.)
Ms. Headley indicated she responded to the family member that has emailed about this service and explained that the service would not be utilized by DOC. Any new service would need to be thoroughly reviewed by security and intelligence staff, which is not an option at this time due to limited employee resources associated to the outbreak of COVID-19. Additionally, DOC is in the middle of an RFP process for determining a communication service for the population, which further complicates introducing a new service. Intelligence indicates there are several security issues with this particular service as well.
28. After the pandemic, how is DOC going to work with the SFC to revise its emergency preparedness protocols based on what was learned from this pandemic?
DOC is very much focused on the current situation at hand and will look at debriefing measures and protocols once the pandemic situations are not pressing.
29. Is there an update regarding extending the 2 Free Video Visits with JPay past December 31, 2020?!
These have been extended through at least February 28, 2021.
30. This might be a little early, but will incarcerated individuals be eligible for the new stimulus?!
I have submitted this question to Business Services. Once I receive an answer, I will provide it.

31. Upon entry into the penitentiary, when someone is put in IMU and test negative twice and on the 14th day could be transferred to general population, but seems this hasn't been practiced. Being in IMU for obvious reasons would definitely not be healthy and help keep the immune system strong, so how is this helping to keep the population safe? Also is there protocol where someone has to have a hearing before they're put into IMU?

Upon more discussion on call, determined this question was in regard to the CCJ violator process. Jeneva explained that upon arrest and arrival at a prison facility, a violator will be held in Intake Separation for a period of 14 days, unless circumstances warrant further housing in medical isolation or quarantine. Upon release from Intake Separation, individuals are housed per local practice for those on violator status. Community custody hearings are held to determine outcomes for those who have violated their supervision. For more information, please see DOC 460.130 Response to Violations and New Criminal Activity and DOC 460.140 Hearings and Appeals, both of which can be found at <https://doc.wa.gov/information/policies/default.aspx?show=400>. Please see <https://doc.wa.gov/corrections/covid-19/docs/screening-testing-infection-control-guideline.pdf> for specific information on protocols regarding Intake Separation.

32. There was a memo from the department of corrections recently stating that each corrections center can make up guidelines even above what counties and States are mandating. So why hasn't there been an initiative to release inmates that have 6 months or less to get out which would help with the amount of social distancing in the common areas?

This memo, does not give Corrections the authority to act beyond the statutory requirements. These mandates are pointed to types of face coverings, social distancing requirements, cohorting requirements, and measures similar to that type of mandate.

33. The virus can be controlled when the inmates are not in low morale and getting good time for proper exercise and sufficient meals that are nutritious. Is this being addressed?

Yes these things are being addressed. However, for specific facility operations, you will have to inquire with your loved ones specific facilities. We are aware of some of the scheduling and meal supplements that are happening, but those are facility specific operations that are finalized and approved at a local level.

Questions during Call

Question

Many families provided concerns about what information was shared regarding individuals who have passed due to COVID-related complications. We would like to reach out and offer our assistance and comfort, so can at least the name of the individual be shared in communications?

Answer

The Department listened to feedback from initial notifications regarding those who have passed away. We did review the information and also consulted with others, including family members, and determined it was not appropriate to reveal the names of those who have died due to COVID-19 complications. The department will respect family wishes, and if a loved one chooses to share this information, of course they may do so.

- SFC members indicated they will draft a communication to be shared with family members of those lost to provide support if the family chooses to contact them.

Question

Can DOC send out an updated list of 2021 SFC and LFC officers?

Answer

Rhonda will compile this information and share it, as well as post on the DOC website.

NEXT SFC COVID CALL: Friday, January 8, 2021 at 2:00 PM via MS Teams