



# Unexpected Fatality Review DOC Corrective Action Plan

---

Unexpected Fatality UFR-23-006

## Report to the Legislature

As required by RCW 72.09.770

October 2, 2023

DOC Corrective Action, Publication Number 600-PL001

Cheryl Strange, Secretary  
cheryl.strange@doc.wa.gov

# Unexpected Fatality Review

## DOC Corrective Action Plan

---

DOC Corrective Action Publication Number 600-PL001

### **Legislative Directive**

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

### **Unexpected Fatality Review Governance**

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

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

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

## Unexpected Fatality Review Committee Report

The department issued the UFR committee report 23-006 on September 22, 2023 (DOC publication 600-SR001). This document includes the required corrective action plan. The department is required to implement the corrective actions within 120 days of the publication of the committee report.

### Corrective Action Plan

<b>CAP ID Number:</b>	UFR-23-006-1
<b>Finding:</b>	GRE participant had not completed the participation requirements (substance use assessment, attending self-help meetings, etc.).
<b>Root Cause:</b>	There was no deadline for completion of GRE participation requirements and no follow-up.
<b>Recommendation:</b>	DOC should establish a deadline for participants to obtain a substance use assessment upon transfer to the GRE program.
<b>Corrective Action:</b>	GRE leadership recommend policy language or create a protocol to establish timelines for completion of GRE participant requirements and follow-up requirements.
<b>Expected Outcome:</b>	DOC would have increased opportunity to provide supports for individuals with substance use disorder.
<b>CAP ID Number:</b>	UFR-23-006-2
<b>Finding:</b>	There was no indication that GRE participant received a naloxone kit or overdose education when transferring into the GRE program.
<b>Root Cause:</b>	In the past, GRE participants without a diagnosis of opioid use disorder or self-reported opioid use were not receiving naloxone kits or overdose education due to limited supply.
<b>Recommendation:</b>	GRE case managers should provide naloxone kits to all participants transferring into the GRE program.
<b>Corrective Action:</b>	Within available resources, DOC will distribute naloxone kits to participants transferring into the GRE program.
<b>Expected Outcome:</b>	Participants in the GRE program would have additional protection against from opioid accidental overdose.
<b>CAP ID Number:</b>	UFR-23-006-3
<b>Finding:</b>	DOC did not receive positive drug screen test results in a timely manner which prohibited them from interceding to offer in-patient treatment or return participant to confinement for their safety.
<b>Root Cause:</b>	The DOC contracted testing lab transitioned their operations to an out of state testing site resulting in delays in receiving results.
<b>Recommendation:</b>	DOC should enforce contract requirements for lab vendor to provide timely lab results.
<b>Corrective Action:</b>	DOC will seek contracts with other lab vendors if current vendor is unable to comply with contract requirements.
<b>Expected Outcome:</b>	DOC will receive timely lab test results to support GRE participants.