



# FAMILY COUNCIL MEETING MINUTES

Location: Virtual - MS Teams Date: 03/22/25 Time: 10am-2:30pm

Teleconference details: MS Teams - Meeting ID: 212 813 247 784

## MEETING ATTENDEES

<u>James R. Key, Deputy Assistant Secretary</u> Department/facility co-chair	<u>Greg Mansfield</u> Family co-chair	<u>Elise McKinnon</u> Vice-chair(SFC only)
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<u>Charissa Reno, Executive Assistant to James Key</u> Department/council secretary	<u>Sarah Leon</u> Family secretary, if applicable
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Members present: AHCC- Ellen Hargrove; CCCC-Diane Sifres; CRCC – Scarlett Williams; MCC- Danielle White/Josephine Johnson; SCCC-Daphne Nolte, WCC-Felix D’Allesandro; WCCW- Greg Mansfield.

Not present: CBCC, MCCCW, OCC, WSP

Non-council member attendees: Elisabeth Kingsbury, OCO \_\_\_\_\_

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

## AGENDA

Topic	Discussion/Key Points
<b>Welcome</b>	Introduction of James Key as the SFC Department Co-Chair. Welcome to the Family Councils, DOC staff, the OCO, and everyone who joined today.
<b>Agenda Review, Action Item Review, Election Announcement</b> <i>Charissa Reno, DOC Co-Secretary</i>	Agenda reviewed ( <i>Attachment #1</i> ) Action Items:  Meals at Facilities - Who decides the meals and how can the population make decisions of meals? Issues with Janitors helping with meal service in cleaning clothes. <b>UPDATE</b> – Per Policy 240.100 the Food Service Administrator/designee is responsible for the statewide menu planning process, including recommendations for facility Food Service Budgets/purchases. If an Incarcerated Individual would like to make a recommendation they can submit a kite to the Food Services Department and have it sent to either Micheal Cline Food Services Administrator or Quan Hoang Assistant Food Services Administrator.  Cycle Menus will be prepared by the Food Service Administrator/designee and Registered Dietitian and forwarded to Food Service Managers to assist in ensuring food service requirements are met. The cycle menus will include: <ol style="list-style-type: none"> <li>a. Menus for mainline, mainline alternative, milk mainline alternative (MMAD), Kosher and Halal,</li> <li>b. Religious Guidelines</li> <li>c. Production Worksheets (i.e. electronic tracking system for menus served),</li> <li>d. Portions for each meal,</li> <li>e. Nutritional analysis, and</li> <li>f. Ordering guide.</li> </ol>

	<p>Regarding the Janitors helping with food service, this is not a normal practice and in reviewing the concern, there is no evidence that there were janitors helping with food service in janitorial clothing.  <i>This Action Item is now closed</i></p> <p>New Bra Program - Asking about pilot program for bras for women to have better products, where is it at in the process?  <b>UPDATE:</b> We are at the tail end of this process of acquiring additional bras to meet more of the needs of our cisgender and transgender women. We are working with facilities to acquire additional inventory, and a memo is in its final draft to go out to property room sergeants and captains as well as the impacted incarcerated populations. The memo is at the executive level for review and should go out in the next week or so. The orders are being placed as we speak so that each facility will have an inventory of bras available as needed and for exchange. There will be a process of exchange for the new bras to not overload the property rooms at one time.  <i>This Action Item is now closed</i></p> <p>Paper Towels - Paper towels for the living units and bathrooms, they were taken away to reduce budget and brought back during COVID then taken away again. Is there a way to get them back into the living units and bathrooms?  <b>UPDATE</b> – There are policies in place to ensure the safety, security, and hygiene of incarcerated individuals. One of the reasons WA DOC does not use paper towels in prison living units or bathrooms is to prevent misuse and maintain a secure environment, as paper towels can be used for purposes other than their intended use. This also includes budget resources that are not available, because of this I/Is are issued personal towels. This also enhances the sustainability and sanitation at facilities. By not providing paper towels, the WA DOC aims to continue sustainable practices and sanitation and reducing risks to maintain a safer environment for both staff and incarcerated individuals.</p> <p>Additionally, the WA DOC provides state-issued hygiene supplies that are used in a prudent manner to ensure personal hygiene while minimizing potential security risks.  <i>This Action Item is now closed</i></p> <p><b>Paper towel action item is reopened per request of council.</b></p>
<p><b>Facility Updates</b></p>	<p><b>AHCC</b> – Increase multifunctional printer arrived and color copies made, ports for legal and ADA phones installed. 6 teletypewriters available. Looking to increase pill lines to two pill lines instead of 1. Changes to visitation schedule in late 2024 so all can ensure visit during holiday weekends. There will be a change in the normal rotation schedule, new kitchen equipment has been ordered for EFVs.</p> <p><b>CBCC – Not Present</b></p> <p><b>CCCC</b> – Still have extended visitation. Evergreen came to visit the LFC and get several things fixed, there was no follow through. Superintendent Thrasher does reach out with nothing done from Evergreen. Machines are broken or not filled. There are still some issues with visitation food options in the vending machines. Turtles are coming back and moving along.</p> <p><b>CRCC</b> – Things are going smoothly, usual Securus issues. Loved ones can't bring in personal hygiene bags into EFVs. Otherwise doing fine and staff is great.</p> <p><b>MCCCW – Not Present</b></p> <p><b>MCC</b> – Still have a lot of chemical dependency and not have an instructor, is there anything happening at HQ for this? Can gloves be put on matrix and store? Can BOE's be put on kiosks. Visits starting late at TRU due to programs in visit room. Roof project set to be done end of March, then programs can be back at normal place. Some aren't aware of classification ROIs. Getting new coolers for visiting. Trailer 5 completed for EFV. Commissary app?</p> <p><b>OCC – Not Present</b></p> <p><b>SCCC</b> – Sponsored some comedy shows and art shows, audience loved the comedy shows. Ask for talking points from Daphne</p> <p><b>WCC</b> – New machines from Evergreen are being stocked and people are pleased overall, coffee machine has been promised for years but not in visit room yet. Continued Securus issues and lack of programming. EFV capacity is a continuing issue, need more units. Wait times are now at 10-12 weeks. Last LFC we asked for unit staff to show up and two people</p>

	<p>from medical and dental showed up. When they don't attend it makes it difficult to have conversations.</p> <p><b>WCCW</b> – Not too much to share, anticipation on MCCCW and what will happen. Main issues are vending machines and if they could get Evergreen as a vendor for visitation. Wanting more healthy options.</p> <p><b>WSP – Not Present</b></p>
<p><i>Tim Lang, Secretary</i> <b>Secretary Time</b></p>	<p>Last time I mentioned in looking into the visitation is a priority and now we have a team at the Office of Strategy and Innovation, and we have a project manager and charter to improve the overall visitation experience. Do the rules make sense, reducing barriers and consistent approach and do visitors feel safe. The evaluation process will look at data like the number of terminations and suspensions. Having a survey to get input from families.</p> <p>Budget note – Looking at shortfalls and what those will impact. Discussion to repurpose MCCCW and the closure. Right sizing reentry center capacity. We are not excited about any of this as reentry centers are vital for reintegration, Legislature is going to have to make some difficult discussions that we will need to implement.</p> <p><b>Sara Leon</b> – Have you explored having LFC or SFC being a part of that group?</p> <p><b>Tim Lang</b> – That is part of the plan, planning is underway, and the project manager are working on it.</p> <p><b>Elisa McKinnon</b> – Recently released a press statement and Facebook post about 3 people bringing drugs into the facilities. Names of those people listed on the website and isn't that a safety concern, why did that happen? Should wait until conviction.</p> <p><b>Tim Lang</b> – The amount of drugs coming into facility is substantial and getting message that bringing drugs in is a felony. It did include links to names and booking pages at Walla Walla Jail we reference they were arrested on felony charges and is public information. I do hear your point on safety concerns and can discuss that with our communications. We want to maintain that if you bring in drugs we are sending a message that there are consequences and that was the intent. Appreciate the input.</p> <p><b>Community Member</b> – Appreciate initiative to look into visitation, do not compromise the connections of family. Can we hold off on the effect of visit room check in time changes at SCCC.</p> <p><b>Tim Lang</b> – Understand the concern, and we can talk about it internally. I am not familiar with the details at SCCC.</p> <p><b>Community Member</b> – How does someone like me inquire about putting out suggestions?</p> <p><b>Tim Lang</b> – You can always submit your input in writing. And part of the plan is putting out a survey.</p> <p><b>Community Member</b> – The release of the podcast of concrete mama at WSP is amazing. Wanted to commend DOC for doing this. Encourage people to go to this podcast. Releasing episodes every week. Also, our loved ones can access this on their tablets and would like to see more advertisement on this.</p> <p><b>Tim Lang</b> – I listened to the prologue, and it was featured on the radio, and it is important that the general public hear about the incarcerated doing good things.</p> <p><b>Community Member</b> – Is this something that is allocated in the budget, where is the funding coming from? Who is vetting the participants? How long will this take?</p> <p><b>Tim Lang</b> – This is something DOC does with existing resources and OSI have great project capacity. There has not yet been a vetting process, they will most likely seek input from SFC about that. There needs to be some rationale behind it. It will be several months and that would be quick in state service. We also want to make sure the final plan incorporates all discussions.</p> <p><b>Community Member</b> – Re: SCCC visit time changes, having young ones and getting ready for visit is hard and limiting the times is challenging, either they come and no nap or don't come to see their loved one. There is more to consider than the amount of employees to watch the visitation.</p>

	<p><b>Tim Lang</b> – Appreciate the input, I can't imagine that we would turn people away and hope we are not doing that.</p> <p><b>Community Member</b> – Urge halting visitation time changes at SCCC.</p> <p><b>Tim Lang</b> – I appreciate the concerns, and we will be talking about this internally.</p> <p><b>Community Member</b> – Same people who put people in IMU are the ones who decide to get them out- Same DOC names on multiple committees- it's a closed loop- Do you plan to end the closed loop?</p> <p><b>Tim Lang</b>- Classification unit is small, try to make decisions based on policy. Long time employees will be on multiple committees.</p>
<p><b>Graduated Reentry</b>  <i>Kelly Miller,  GRE Administrator</i></p>	<p><i>See Attachment #2</i></p> <p><b>Elise McKinnon</b> – Are there people not being able to participate in GRE based on late start of treatment? Are you tracking the participants?</p> <p><b>Kelly Miller</b> – When we get the assessment and we see the level of care, we will follow up on the treatment plan and if they are not in treatment we transfer to ABHS so that they can still start GRE, so there is not a situation where they do not have enough time. We track SO, murderers, and any individual that would be eligible would be screened. They do not have to complete treatment for GRE.</p> <p><b>Greg Mansfield</b> – It appears there may not be a good understanding of GRE with SOTAP staff, is there some communication between these groups to have understanding? What is the number one reason for failing GRE?</p> <p><b>Kelly Miller</b> - First they need to be eligible and then screening staff reach out to medical and SOTAP, there is coordinating between areas and the board for eligibility. It is usual continued drug usage or unaccounted for time.</p> <p><b>Community Member</b> – Can they be found ineligible for non-criminal violations like housing or where they are? Who is doing the investigations and how are they trained?</p> <p><b>Kelly Miller</b> – they can for safety reasons like contact with victim or gang activity, housing would be a big reason to lose the eligibility. We do try and work with them. CS4s do screening and CS3 will do the investigations CCD and Core training. Is there access to the training?</p> <p><b>Community Member</b>– If there is someone with strong community support, but denied GRE, who would be the contact to discuss the determination of GRE?</p> <p><b>Kelly Miller</b> - You could follow up with me.</p> <p><b>Elise McKinnon</b> – Asking about questions sent, did you get the prior questions sent in?</p> <p><b>Kelly Miller</b> – clarifying the questions.</p> <p><b>Community Member</b> - Has there been discussion on how DOC presents themselves during investigations? Showing up in swat uniforms at people's house – not good image for neighbors.</p> <p><b>Kelly Miller</b> – We can talk about that with Mac Pevey.</p>
<p><b>DOC Organizational Structure</b>  <i>Melissa Andrewjeski,  Assistant Secretary,  Women's Prisons  Division</i></p>	<p><i>See Attachment #3</i></p> <p><b>Greg Mansfield</b> – There used to be a gender responsive coordinator, who is overseeing the housing transfer committee? What happened to Miller and Headly</p> <p><b>Melissa Andrewjeski</b> – There is one and is under the women's division and is taking over the housing transfer committee – Erin Franz. We are going through some transition and Headly back to WCCW and Miller at HQ as a project manager and planning coordinator.</p> <p><b>Sarah Leon</b> – ISRB – Are they part of DOC Org?</p> <p><b>Melissa Andrewjeski</b> – They are and report to the Secretary</p> <p><b>Trisha Newport</b> – Independent board set by Gov office, we help with IT support or budget but have not decision making with ISRB. Part of DOC operationally but not decision making.</p> <p><b>Elise McKinnon</b> – Is this available on the website</p>

	<p><b>Melissa Andrewjeski</b> – The main org chart is on the website and the slide show will be available as well.</p> <p><b>Community Member</b> – Mike Steenhout in the org chart?</p> <p><b>Melissa Andrewjeski</b> – We did not go to that level of detail.</p> <p><b>Trisha Newport</b> – He is a project and planning director – special assistant.</p> <p><b>Sarah Leon</b> – This will be available in meeting minutes, but can there be a link on the website to the slides?</p> <p><b>Community Member</b> – What is Megan Pirie's role?</p> <p><b>Melissa Andrewjeski</b> – Megan reports to Deputy Assistant Secretary Eric Jackson</p> <p><b>Megan Pirie</b> – When hired, reported to Secretary.</p> <p><b>Sarah Leon</b> – Can we have organizational structure chart for facilities? Many don't know what job does what, and who they are. Only Superintendent is listed on the website.</p> <p><b>Melissa Andrewjeski</b> – We would need to have a larger discussion on what that would look like. It makes it cleaner going through the facility directly, correspondence unit or public disclosure</p> <p><b>Elise McKinnon</b> – Is there a change in the priority for Megan Pirie?</p> <p><b>Melissa Andrewjeski</b> – Not a shift in priority. Her position and priority in the position is the same.</p> <p><b>Greg Mansfield</b> – information here will be in the minutes.</p>
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Roundtable open discussion

<b>Community Member</b>	<b>Morning Discussion/Key Points</b>
Greg Mansfield	<p>Will there be a way to order different items on the property package?</p> <p><b>Melissa Andrewjeski (DOC)</b> – There will be state issue bras to exchange. They are allowed 7 bras and can look into having them on Union Supply.</p>
Community Member	<p>Sizing available for bras?</p> <p><b>Melissa Andrewjeski (DOC)</b> – property rooms are getting extenders that is helping for sizing. We have XS -XXXL and a variety of sizes from A to DD. Looking into getting more sizes as we move forward.</p>
Elise McKinnon	<p>Where can they put personal towels to keep them clean when they are going to the bathroom?</p> <p><b>James Key (DOC)</b> - There are sanitary areas in the cell to hang them and dry, and they go to laundry.</p> <p><b>Vaia Gaines (DOC)</b> - we have hand dryers at CRCC and when they are in the bathroom they have hand dryers.</p> <p><b>James Key (DOC)</b> – We will go back and have another feedback to discuss as an <a href="#">Action Item</a>.</p>
Sarah Leon	<p>Paper towels are also for cleaning when cooking. Saves the sink from getting food in it. Brought up last SFC, asked if can be bought by IIBF and was told that the IIBF fund is not used for items like paper towels.</p>
Ellen Hargrove	<p>Where can I find information on dose of radiation from scanners?</p> <p><b>Charles Anderson (DOC)</b> – Ask about the information</p> <p><b>Ellen</b> - Where are the policies about searches and scanners? Who and what is the training for searches? Are the OM for the scanners at WCC and WCCW?</p> <p><b>Charles Anderson (DOC)</b> – We do not come to the threshold of what DOH has for us.</p> <p><b>James Key (DOC)</b> – Please send the question to the DOC Correspondence unit and we will get back to you.</p>
Community Member	<p>Are we considering ADA requirements for SCCC visitation wait times?</p>

	<b>James Key (DOC)</b> – We will take notes on that and this to the discussion. This would be a consideration as we move forward.
Greg Mansfield	Report to legislature on body scanner and will there be a report to them for 2024? And has there been an increase in dry cell? <b>Charles Anderson (DOC)</b> – I will look into the report as I believe it has been turned in. Make sure it is out on forward facing. <b>UPDATE:</b> The 2023 report is located online.
Community Member	Is there publicly available data on the machines? <b>Charles Anderson (DOC)</b> – We can make it available to the council and to the forward-facing site.
Sarah Leon	Did HQ approve the change for SCCC visit guidelines and check in times? <b>Lorne Spooner (DOC)</b> – Superintendents are the approvers for the times and changes. Continued communication will continue and come out shortly and will concern the entire agency. Each facility will work with my office and any approval will go through my office, the specific reasoning for this case is a staffing concern and has been communication for that LFC. We will continue to work with the facility and continues to be a discussion.
Elise McKinnon	Information on the scanners would go to the SFC meeting and can this be publicly available? Is there anything being produced by going in Dry Cell? <b>Charles Anderson (DOC)</b> – Many times, people give up the contraband and don't do dry cell. Purpose of scanners is safety of population and staff. <b>Melissa Andrewjeski (DOC)</b> – There is a yearly report that is posted to the public and posted on our website after approved by the Govs office. All information is provided. <b>Trisha Newport (DOC)</b> – Will look into the information. <b>UPDATE:</b> Link to the <a href="#">2023 Body Scanner Pilot Program Report to the Legislature</a> - "Between November 2022 and October 2023, the DOC performed 5,979 body scans on incarcerated individuals at WCCW and WCC. Of those scanned, there was a total of 28 positive scans with 25 resulting in the discovery of contraband." "Of the 28 dry cell watches, the average length of time spent on dry watch status was 4 days, with 2 days as the shortest duration and 14 days as the longest duration."
	<b>Afternoon Session – Open Forum</b>
Elise McKinnon	GRE – Who is responsible for finding transition homes, are they found by DOC or by the I/I? <b>Trisha Newport (DOC)</b> – We do have the reentry team that does look into finding this housing, and often times II and family does come up with options.
Sarah Leon	Hearing that the SFC meeting minutes are not posted in living units. How can we make sure the I/I have access to meeting minutes? <b>James Key (DOC)</b> – We reinforce that every time, and put them behind glass, they were being posted on cork board and taken as spare paper. It can be discussed at LFC and with the Deputy Assistant Secretaries at weekly command meetings.
Felix D'Allesandro	Where are we with bills and leg? <b>Trisha Newport (DOC)</b> – Right now, we are working in advocating for SB5219 to align partial confinement programs it is scheduled Executive Session in Community Safety. Clean up language and expanding the language of parent and mirror best practice for substance abuse assessments. Supporting bills for midwifery and doula services. A lot of bills did not make it past the fiscal cut off. Budget released Monday. Trisha can provide info at next SFC.
Elise McKinnon	Who is paying for treatment of I/I in the community? <b>Trisha Newport (DOC)</b> – DOC does not have a bucket related to community treatment. <b>UPDATE:</b> It is funded by a mix of general fund-state and federal grants.
Daphne Nolte	Substance Use: Stafford Creek is challenges with high levels of substance use. As at other institutions, one of the stop-gap solutions to this is to round up the users and send them to different institutions. But what these individuals really need is not a new location, but actual help with their substance use. They have turned to illegal substances as a way to cope with their lives because they don't know of a better way of coping. If they self-report that they are struggling with drug use, they are subjected to punitive action. There seems to be no way to get into a detox program without a punitive result. Being caught through a urinalysis result in receiving a serious infraction and punitive measures that may include losing their job or their ability to connect with their community. While chemical dependency treatment is available, it is often only offered to those who are leaving within a few months; someone with 15 years remaining isn't likely to receive treatment. The DOC mental health system isn't set up to help these individuals either -- mental health services are provided for those in immediate crisis and other mental illnesses, but not recovery from substance use.

	<p>Apart from the individual human cost, the cost to the DOC includes officers' time for infracting and additional individuals being housed in the IMU.</p> <p>As a stark example of this, last week a young man was experiencing a lot of struggles, which the unit officer was aware of. The young man was moved to a different unit on Friday, and on Saturday he was found unresponsive in the bathroom. He was revived with Narcan and then hospitalized. If this man is placed in another facility, he will be taken farther from his support system, presumably without addressing what he is going through or why he is self-medicating with illicit substances.</p> <p><b>James Key (DOC)</b> – We have a lot of facilities that do not put II in restrictive housing when drugs are found. There were a lot of components to what you said.</p> <p><b>Trisha Newport (DOC)</b> – Expanding addiction care is an ask in Leg, and it supported by GOV.</p> <p><b>UPDATE:</b> A decision package was submitted requesting \$20.8M to expand addiction care in the 2025-27 biennium (attached). The Governor's proposed budget earmarked \$7.1M for this purpose. The House proposed budget mirrors the Governor's proposal and included \$7.1M for additional medications, while the Senate proposed budget only included \$3.5M.</p> <p><i>See Attachment #4</i></p>
Greg Mansfield	<p>Commissary App down and affecting video visit vouchers?</p> <p><b>Jason Bennett (DOC)</b> – The current system and working with Green Light and Securus and looking at alternatives to get vouchers and accounts. Green Light is working to restore systems. We are anxious to get this up and running as well. We have daily meetings and follow up with Securus regularly. Until the system is up and running we are at a hold. CI is doing a terrific job at entering the data manually. Each store order is being manual, so there is a \$50 cap at the moment.</p>
Community Member	<p>What is the budget for substance use?</p> <p><b>Trisha Newport (DOC)</b> – Will look into the information.</p> <p><b>UPDATE:</b> Prison based SUD treatment has an annual budget for FY25 of \$9,734,285. Our Community Inpatient Treatment SUD annual budget for FY25 is \$8,178,965.</p>
Scarlett Williams	<p>Why our loved ones cannot bring in own Hygiene to EFV and the family has to provide it during EFV and is the waste of money and how is it being paid for?</p> <p><b>Jason Bennett (DOC)</b> – partly to combat contraband, unfortunately we do have individuals that bring in contraband for their loved ones. Cost of doing business by providing a small hygiene kit that contributes to the safety of the population. We can provide superintendents with feedback about adding certain items to the temp hygiene bag.</p> <p><b>Lorne Spooner (DOC)</b> – This is a good example of why we are having these visit discussions.</p>
Josephine Johnson	<p>How can we get more instructors for chemical dependency? Could the evaluations be done through medical tele visit?</p> <p><b>Trisha Newport (DOC)</b> – There is a massive shortage of people working in that space, and we are looking at solutions but there are low resources. I can get more information on Health Services and looking at this creatively.</p> <p><b>Megan Pirie (DOC)</b> - There is more work to be done for telehealth as well but will look at it.</p>
Sarah Leon	<p>Why can't they bring their own toothbrushes at EFV? The toothbrushes provided are the ones they get in IMU. Also look at bringing in Protein for health supplement for family members.</p> <p><b>Lorne Spooner (DOC)</b> – Adding to notes and there are some other concerns on compartments on toothbrushes and we can look at this.</p> <p><b>Melissa Andrewjeski (DOC)</b> – We can make logical decisions while considering safety and security. There needs to be a bigger discussion. I am a sponsor for visitation group.</p>
Elise McKinnon	<p>Could we revisit 12 step meetings without a staff present? Peer led policy on track to being completed?</p> <p><b>Lorne Spooner (DOC)</b> – We currently have a project that involves peer led programs that this would fall under. We have been working on the piece of religious vs cultural and stakeholdering with population and we have OMBUDS stakeholdering with next steps and all will move forward at same time and are going as quickly as we can while covering all bases and get all information, originally we had a goal of summer.</p>
Ellen Hargrove	<p>Cardboard hangers, if they can't be allowed how can they keep their clothes folded and neat?</p> <p><b>James Key (DOC)</b> – this is the first time hearing about cardboard hangers.</p>
Sarah Leon	<p>Can we request that SFC agenda, and the link get out to the public, communications? Can we get an email of the SFC minutes or agenda, like other communication memos we receive.</p> <p><b>James Key (DOC)</b> – Happy to take this one on, that is internally with the SFC. We can certainly check into it. We can talk to communications.</p>

	<b>Greg Mansfield (DOC)</b> – maybe post on FB page too.
Elise McKinnon	Is there an update on rain jackets shortage? <b>Charles Anderson (DOC)</b> – We were not aware of a shortage.
Scarlett Williams	There was a memo to have badges for LFC officers for visiting, to talk with others. Now we can't. <b>James Key</b> – I know the memo, thought this was happening. Will see what may be done.
Community Member	I have tried to order rain jackets 3 times, and they are not available, maybe sizes? Maybe take into consideration to American sizing <b>Charles Anderson (DOC)</b> – I can follow up on that. <b>UPDATE:</b> Checked on inventory and while the poncho has been low on inventory (but is an option for individuals, where the raincoat isn't an option), there is no inventory issue with the raincoats, and we have all sizes offered in stock. We were out of stock of the 2XL for 3 weeks the end of January and beginning of February, but that has been resolved.
Daphne Nolte	Requesting size 4XL for rain jackets. Can the meeting link be posted on the website for the meeting? <b>James Key (DOC)</b> – We can look into that on the website and talk to communications.

Next meeting location: Virtual – MS Teams Date: 05/17/25 Time: 10 am – 3 pm

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



# Department of Corrections

## Organization and Structure

Melissa Andrewjeski, Assistant Secretary, Women's Prison Division  
March 22, 2025

# DOC Organizational Charts



## Organization Chart Maintenance

**The Washington State Department of Corrections (DOC) updates its organizational charts quarterly or as needed.**

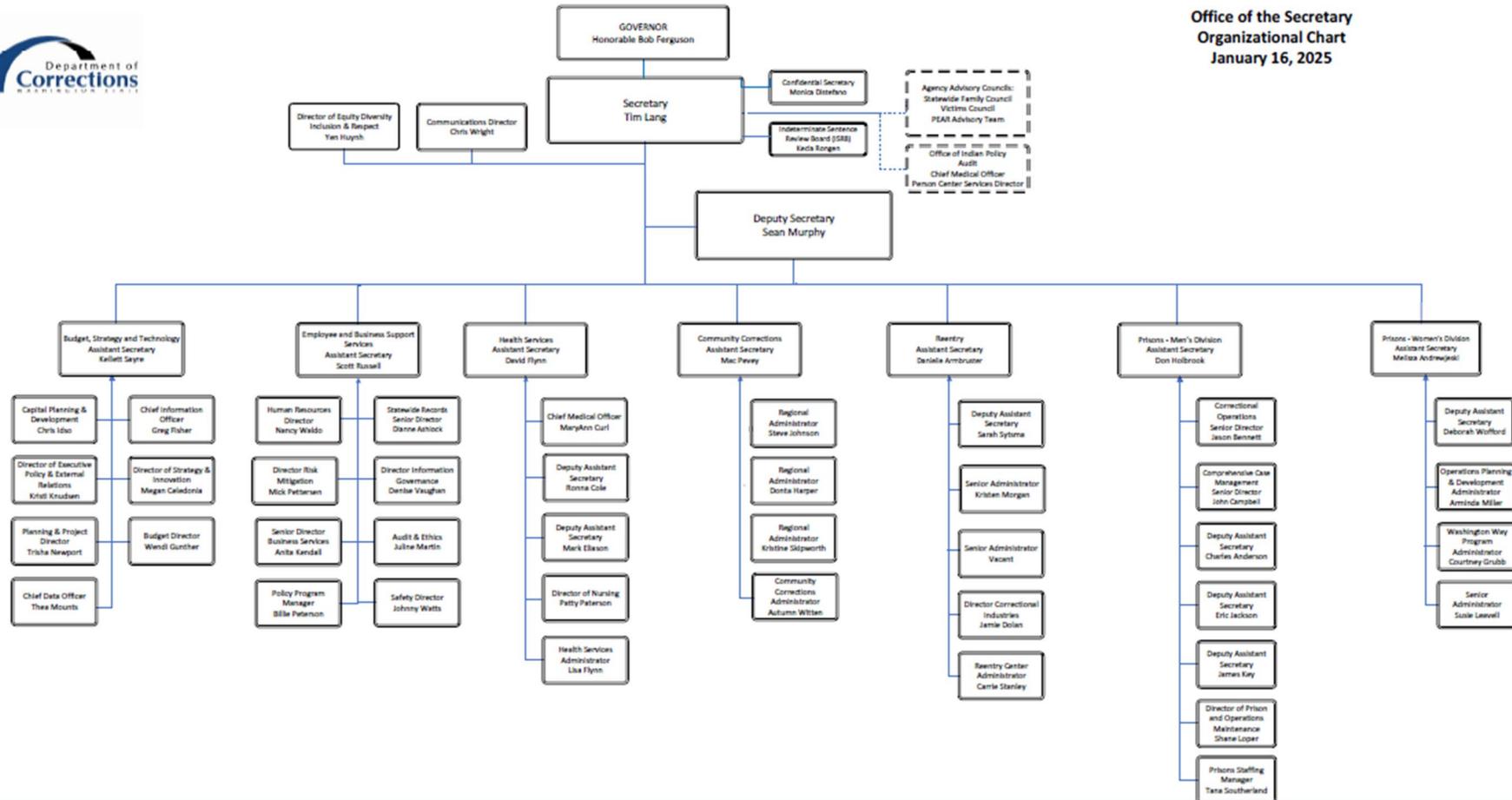
- DOC is divided into various offices and departments, each with specific responsibilities and functions.
- Regular updates can be complex and time-consuming.
- The updates are assigned to each area's Appointing Authorities (AA).
- Only the Secretary's chart is shared on the public website.
- Internal charts are updated regularly to ensure accuracy. These are maintained on the DOC's internal website.

*(see DOC 110.500, Appointing Authority Status and Succession Plan, III.)*

# Secretary Organizational Chart



Office of the Secretary  
Organizational Chart  
January 16, 2025



[Office of the Secretary Organization Chart](#)



# Budget, Strategy, and Technology



Assistant Secretary  
Kellett Sayre

**Effectively supporting agency-wide programs, operations, and informing strategic business decisions.**

## **Key Functions**

Develop and coordinate budgets, manage strategic planning and performance measurements, and promote self-assessment and financial reporting.

## **Goals**

Ensure accountability and financial opportunities.

## **Departments**

- Budget Office – An estimated operating budget of \$1.5 billion dollars and 9,457 FTEs, annually, financial management of the Capital Planning and Development unit, and Grants Management.
- Executive Policy & External Relations–Tribal Relations, Correspondence Unit, Language Access unit, and Correctional Ombuds Liaison.
- Information Technology (IT) – IT provides enterprise-wide technology, infrastructure, software, hardware, and cybersecurity.
- Research & Data Analytics –Business Intelligence/Operational Surveillance, Data Analytics, Health Services Informatics, Infrastructure, and Research.
- Strategy & Innovation –Strategic Planning, Enterprise Project Management, Continuous Improvement, and Organizational Change Management.
- Capital Planning and Development – Public Works Project Administration, Asset Administration, Statewide Leasing, and Environmental Services

# Employee and Business Support Services



Assistant Secretary  
Scott Russell

**The Employee and Business Support Services manages the financial systems, ensuring compliance.**

## **Key Functions**

**Financial Services:** Accounting, contracts, payroll, purchasing, and trust fund management.

**HR Services:** Performance, leave, grievance management, policies, and health services.

## **Goal**

To ensure efficient DOC operations by supporting employees and processes.

## **Departments**

- Business Services
- Hearings
- Human Resources
- Information Governance
- Occupational Health and Wellness
- Office of Executive Excellence
- Policy Office
- Risk Management and Litigation
- Safety
- Statewide Records
- Training and Development

# Health Services Division



Assistant Secretary  
David Flynn

**Health Services provides essential care to incarcerated individuals.**

## **Key Functions**

- Comprehensive medical, dental, mental health care, and pharmacy services
- Managing chronic and acute health conditions
- Regulation Compliance to ensure state and federal healthcare standards are met
- Promotes wellness and health education in facilities

## **Goal**

To provide medically necessary care to those in the Departments care and custody, following the Washington DOC Health Plan.

## **Departments**

- Dental Health
- Extraordinary Medical Placement
- Health Services Men's and Women's Prisons Division
- Infectious Disease Prevention
- Mental Health
- Pharmacy
- Sex Offense Treatment and Assessment Program (SOTAP)
- Substance Abuse Recovery Unit (SARU)
- Transfer of Medical Care (for fragile patients releasing from incarceration)

## *Also reporting to Secretary Lang*



### **Communications | Director Chris Wright**

Manages all communication for the department. This area handles public relations, media outreach, and provides information to:

- Maintain transparency
- Promote initiatives
- Foster positive relationships with the community, media, and partners
- Inform staff about updates



### **Equity, Diversity, Inclusion and Respect (EDIR) | Director Yen Huynh**

Responsible for helping people recognize and appreciate each other by creating a culture of well-being, collaboration, and success, by:

- Evaluating programs, policies, and procedures
- Providing EDIR consultations to DOC teams and individual staff at all levels
- Participating in statewide initiatives and partnering across the agency
- Overseeing the Diversity Advisory Councils
- Serving on the Internal Discrimination Complaint Board



### **Indeterminate Sentence Review Board (ISRB) | ISRB Chair Kecia Rongen**

The ISRB is a quasi-judicial board with independent decision making.

It handles three case types: Parole, Community Custody and Juvenile Board Cases

They review cases, conduct hearings, manage supervision violation hearings, and help victims of incarcerated individuals under its jurisdiction.

# Deputy Secretary Sean Murphy



**In association with Secretary Lang, the Deputy oversees:**

- Community Corrections Division
- Men's Prisons Division
- Women's Prison Division
- Reentry Division



# Community Corrections Division



Assistant Secretary  
Mac Pevey

**The Community Corrections Division manages multiple programs.**

## **Key Functions**

To provide guidance, support, and program opportunities to the community including establishing conditions of supervision and collaborating with stakeholders to further enhance victim and community safety.

## **Goals**

- Monitoring: verification of residence, compliance with court-ordered conditions, progress in treatment, risk/needs assessment
- Can provide temporary housing assistance for those transitioning from prison
- Facilitation of cognitive and behavioral interventions and treatment

## **Departments**

- Civil Commitment Unit & Less Restrictive Alternative
- Community Justice Centers
- Community Response Unit
- Cost of Supervision and Legal Financial Obligations
- End of Sentence Review Committee
- Graduated Reentry
- Interstate Compact
- Parenting Sentencing Alternative
- Victim Services Programs

# Reentry Division



Assistant Secretary  
Danielle Armbruster

**The Reentry Division provides transition resources to incarcerated individuals.**

## **Key Functions**

Administering a comprehensive reentry design and holistic approach while providing a continuum of services that engage the population, employees, and community partners.

## **Goals**

Reentry begins at reception. By building on the successes of the Second Chance Act – Continuum of Care, an Integrated Reentry model is in place. This model includes a Facility Phase, Transition Phase, and Community Phase.

## **Departments**

- Cognitive Behavioral Interventions
- Correctional Industries
- Educational and Vocational Programs
- Reentry Centers
- Reentry Housing Assistance Program
- Strength in Families Program

## Prisons Division



Assistant Secretary  
Melissa Andrewjeski



Assistant Secretary  
Donald Holbrook

**There are two Prison Divisions which oversee 11 state prisons: Nine Men's facilities and two Women's facilities.**

### **Key Function**

A comprehensive system with the primary objective of ensuring a maximum feasible amount of safety the public, the staff, and those in our care (RCW 72.09.010).

### **Goal**

Self-betterment and to maximize chances of a successful reentry back into the community for those in our care.

### **Departments**

- Classification and Case Management
- Extradition
- Gender Responsiveness
- Security and Emergency Management
- Special Investigations
- Statewide Transportation
- Transgender Settlement with Disability Rights Washington (DRW)
- Visitation Program
- Washington Way

# DOC Resources



[About DOC](#)

[Chapter 72.09 RCW: Department of Corrections](#)

[Contact Us | Washington State Department of Corrections](#)

[DOC 110.500, Appointing Authority Status and Succession Plan](#)

[Governor's Executive Order 22-04, Implementing the WA State Pro-Equity Anti-Racism Plan & Playbook](#)

[DOC and Disability Rights Washington Agree to Changes to Treatment of Transgender People](#)

[Incarceration | Washington State Department of Corrections](#)

[Organization | Washington State Department of Corrections](#)

[Washington DOC Health Plan](#)



# Questions and Answers

Washington State  
Department of  
Corrections  
Graduated Reentry



Presented by Kelly Miller  
Graduated Reentry Administrator

# What is Graduated Reentry (GRE)?

Graduated Reentry (GRE) is a partial confinement program that offers an opportunity to incarcerated individuals to serve a portion of their prison sentence in the community while on electronic home monitoring (EHM).

The goals of the program are:

To provide opportunities for incarcerated individuals to build skills through delivery of treatment, programs, work, education, or participation in cognitive behavioral interventions, while in a partial confinement setting.

Positive support systems such as family, mentors, and community engagement are significant factors needed in supporting one's transition from incarceration.

# GRE LEGISLATION

Substitute House Bill 2638 effective July 2018



Engrossed Substitute Senate Bill 5121 effective July 2021



Second Substitute Senate Bill 5502 effective July 2023

# GRE PROGRAM BILL 2638

In 2018, Graduated Reentry (GRE) was established through the passage of Substitute House Bill 2638. Through GRE, incarcerated individuals were eligible to return to their communities for up to the final six months of their sentence if they met certain criteria.

- To be eligible, the individual had to have served at least 12 months in total confinement in a state correctional facility.
- While on GRE, the individual would be required to participate in programming and treatment based on the individual's assessed needs.
- The individual is eligible for housing voucher for a period not to exceed 6 months.

# GRE EXPANSION BILL 5121

- The Washington State Legislature passed ESSB 5121, which is an expansion to the current Graduated Reentry Legislation passed in 2018 (SHB 2638).
- This expansion was based largely on several factors such as: prison capacity, success on return for 1-year recidivism rate of under 1%, and societal change regarding the impacts and effects of incarceration within our communities.

## **Statutory Obligations of 5121:**

While individuals are participating in GRE, DOC must:

- ✓ Place individuals on electronic monitoring
- ✓ Require persons to participate in programming and treatment based on assessed needs
- ✓ Assign a staff (Corrections Specialist 3) who will monitor for compliance with the conditions of partial confinement as well as programming requirements.

## **Additional requirements within Graduated Reentry Expansion:**

- DOC may issue rental vouchers for up to 6 months if an approved address cannot be obtained without the assistance of that voucher,
- DOC may return a participant to total confinement for any reason including but not limited to the person's non-compliance with any sentence requirement, and,
- Certain individuals may not qualify for transfer to partial confinement programs due to mandatory minimum sentences that must be served in total confinement as prescribed by statute.



# GRE SUBSTANCE USE TREATMENT BILL 5502

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- The Department:
  - May not transfer an individual to participate in GRE until the department has conducted a comprehensive assessment for substance use disorder.
  - Shall assist the individual in enrolling in substance use disorder treatment services at the level deemed appropriate by the assessment.
  - Provides monthly data posted on DOC website.
  - Individuals must begin receiving SUD treatment services as soon as practicable after transfer to avoid any delays in treatment.
  - SUD treatment services must include, as deemed necessary by the SUD assessment, access to medication-assisted treatment and counseling programs.
  - Upon transfer to the GRE program, when clinically appropriate, DOC must provide individuals with access to self-administered fentanyl testing supplies and medications designed to reverse the effects of opioid overdose.



# Screening for Eligibility and Suitability

- Infraction history and adjustment while incarcerated
- Victim concerns
- Medical/Mental health concerns
- Warrants/detainers
- Criminal history (violence, enhancements, revokes/returns, escapes, sex offense)
- ERD
- Programming
- Custody level
- Assessments
- Treatment level of care

# TRACK 1

**6 months minimum total confinement in a state correctional facility at the time of transfer**

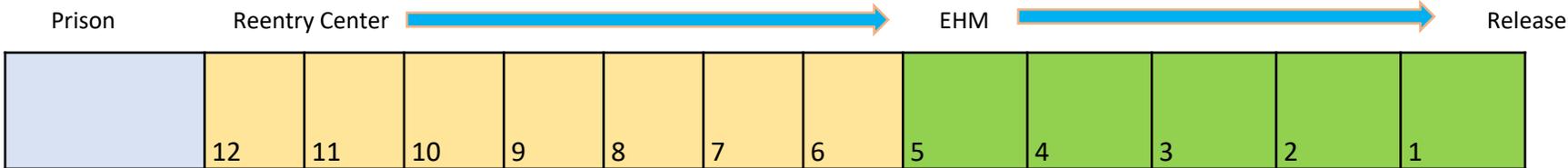
**Two options in Track 1:**

- Prison to Reentry Centers to EHM OR
- Prison to EHM

**Maximum of 5 months on EHM for both options**

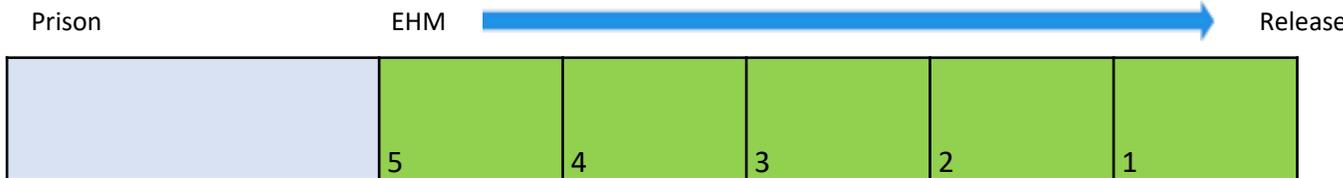
### Reentry Centers to GRE EHM

Incarcerated individuals are eligible to transfer to Reentry Centers up to 12 months prior to their ERD, with up to 7 months served at Reentry Center, and up to 5 months served on GRE EHM.



### Prison to GRE EHM

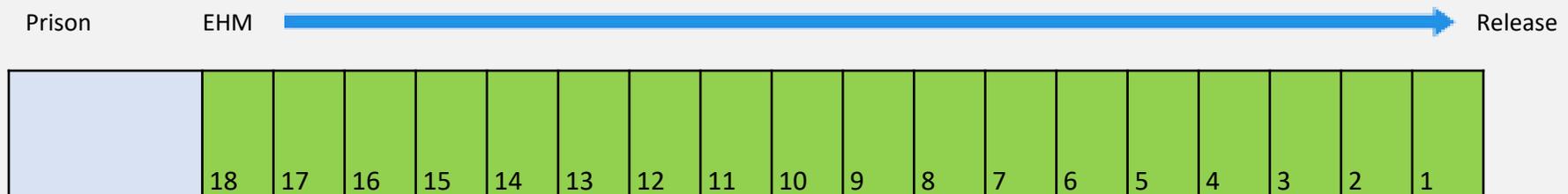
Incarcerated individuals are eligible to transfer to EHM for the remaining 5 months (and no less than 3 months) of their sentence.



# TRACK 2

## Prison to GRE EHM (18 months)

- 4 months minimum total confinement in a state correctional facility at the time of transfer
- Individuals on this track may spend up to the final 18 months of their sentence on EHM.
- **Cannot be serving a sentence for a sex, violent, or crime against a person**
- Cannot be required to register for a prior or current offense (kidnap or sex offenses)
- Cannot be under the jurisdiction of Indeterminate Sentencing Review Board (ISRB)



# GRE RESIDENCE INVESTIGATION

Private or  
Transition

No illegal drugs,  
alcohol, guns or  
ammunition

House  
occupants

County of origin

Safety concerns

Pets

Reentry  
Navigator

Resources

# PROGRAM COMPONENTS

Electronic Home  
Monitoring (EHM)

Structured  
schedules

Contact Standards

Treatment/  
Programming

Education

Employment

Discipline

Escapes

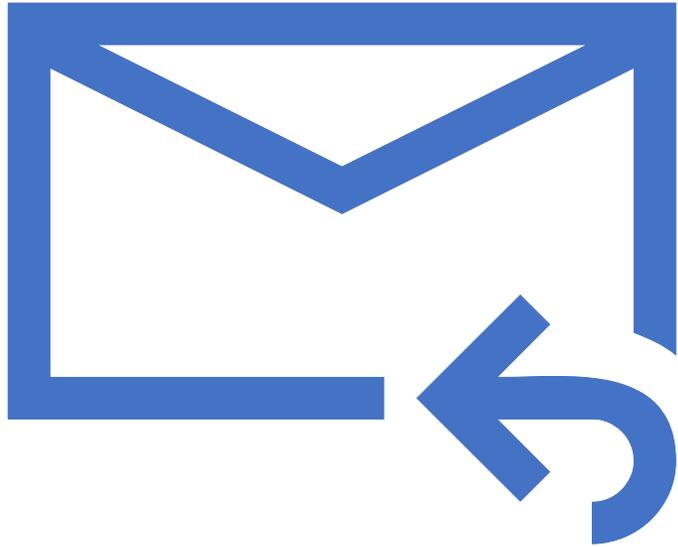
Administrative  
Terminations

## GRE STATISTICS

Current GRE population-458

Total transferred to GRE from  
(1/1/2024 to 12/31/24)-846

Total successful completion  
rate of 62.9% as of 9/30/24



## QUESTIONS

- Kelly Miller, Graduated Reentry Administrator
- [klmiller@doc1.wa.gov](mailto:klmiller@doc1.wa.gov)
- Caitlin Bardsley, AA4
- [cjbardsley@doc1.wa.gov](mailto:cjbardsley@doc1.wa.gov)

# Washington State Department of Corrections

Working Together for Safer Communities

## PL - ET Addiction Care Delivery

Point of Contact:  
Dawn Deck (360) 810-0184

### 2025-27 BIENNIAL BUDGET

#### AGENCY REC SUM TEXT

Approximately 42% of the Department of Corrections (DOC) population has Opioid Use Disorder (OUD). While DOC can administer FDA-approved OUD medications, limited funding and staffing prevent universal access and equity for treatment. The 2024 Supplemental budget mandates MOUD for all eligible incarcerated individuals. Funding is crucial to clinically treat OUD in incarcerated patients.

#### FISCAL DETAILS

Operating Expenditures	FY2026	FY2027	FY2028	FY2029
	\$11,396,000	\$9,405,000	\$9,648,000	\$9,648,000
	\$20,801,000		\$19,296,000	
Staffing	FY2026	FY2027	FY2028	FY2029
	45.1	59.8	59.8	59.8
	52.5		59.8	
Object of Expenditure	FY2026	FY2027	FY2028	FY2029
	\$4,095,000	\$5,613,000	\$5,821,000	\$5,821,000
	\$1,429,000	\$1,930,000	\$1,965,000	\$1,965,000
	\$421,000	\$422,000	\$422,000	\$422,000
	\$371,000	\$490,000	\$490,000	\$490,000
	\$396,000	\$41,000	\$41,000	\$41,000
	\$4,018,000	-	-	-
	\$666,000	\$909,000	\$909,000	\$909,000
	\$20,801,000		\$19,296,000	

#### PACKAGE DESCRIPTION

The DOC diagnosed 7,885 individuals with a Substance Use Disorder (SUD). Among them, 531 are currently engaged in evidence-based treatment, representing 11 percent of the population. Out of the 7,885 individuals

**MISSION** To improve public safety by positively changing lives | **VISION** Working together for safer communities



#### OUR COMMITMENT

To operate a safe and humane corrections system and partner with others to transform lives for a better Washington.

#### GOALS

Safe and Humane Communities | EDIR Culture | Healthy and Engaged Workforce | Successful Transitions

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assessed, 3,241 individuals have been specifically diagnosed with OUD, and 295 (9 percent) are receiving evidence-based treatment.

In fiscal year (FY) 2024, 58 percent of those assessed were unable to begin treatment. To address this gap, the DOC proposes a plan to increase access to MOUD and SUD cognitive behavioral treatment within the prison setting. This initiative aims to improve safety with our facilities, mitigate the impact of addiction on incarcerated individuals, and reduce the department’s liability by meeting the treatment need of our population.

**1. Current Population assessed during FY22 - FY24 who have never started treatment to this date**

<b>Assessment Fiscal Year</b>	<b>Count Assessed</b>	<b>Count Assessed w/ No Tx started</b>	<b>% No Tx</b>
FY22	421	190	45%
FY23	821	403	49%
FY24	1,646	1,085	66%
<b>Grand Total</b>	<b>2,888</b>	<b>1,678</b>	<b>58%</b>

Recent data shows that 63 percent of the incarcerated population in DOC have been diagnosed with a substance use disorder, of those, 40 percent have a diagnosis of opioid use disorder. Behavioral health conditions, including addiction, are far more prevalent in our incarcerated population than represented in the community, however, our treatment resources leave a substantial portion of the population without treatment.

MOUD is an evidence-based treatment that has been shown to have significant positive outcomes in prison systems and incarcerated populations. This impact includes decreased risk for relapse, overdose and death after release, decrease disciplinary issues systems wide, decrease in contraband within facilities, and increased retention in treatment post-release. Although DOC has been offering suboxone, naltrexone and methadone in some capacity in our system since 2019, DOC lacks resources to extend access for this life-saving treatment to all those that have a clinical need. Being able to expand access to treatment with MOUD to all those that have a clinical indication and are clinically appropriate for these medications, would not only allow our system to provide evidence-based practices that have become standard of care in the community, but also allow us to provide a clinically indicated treatment for a disease that is covered by the American Disability Act (ADA).

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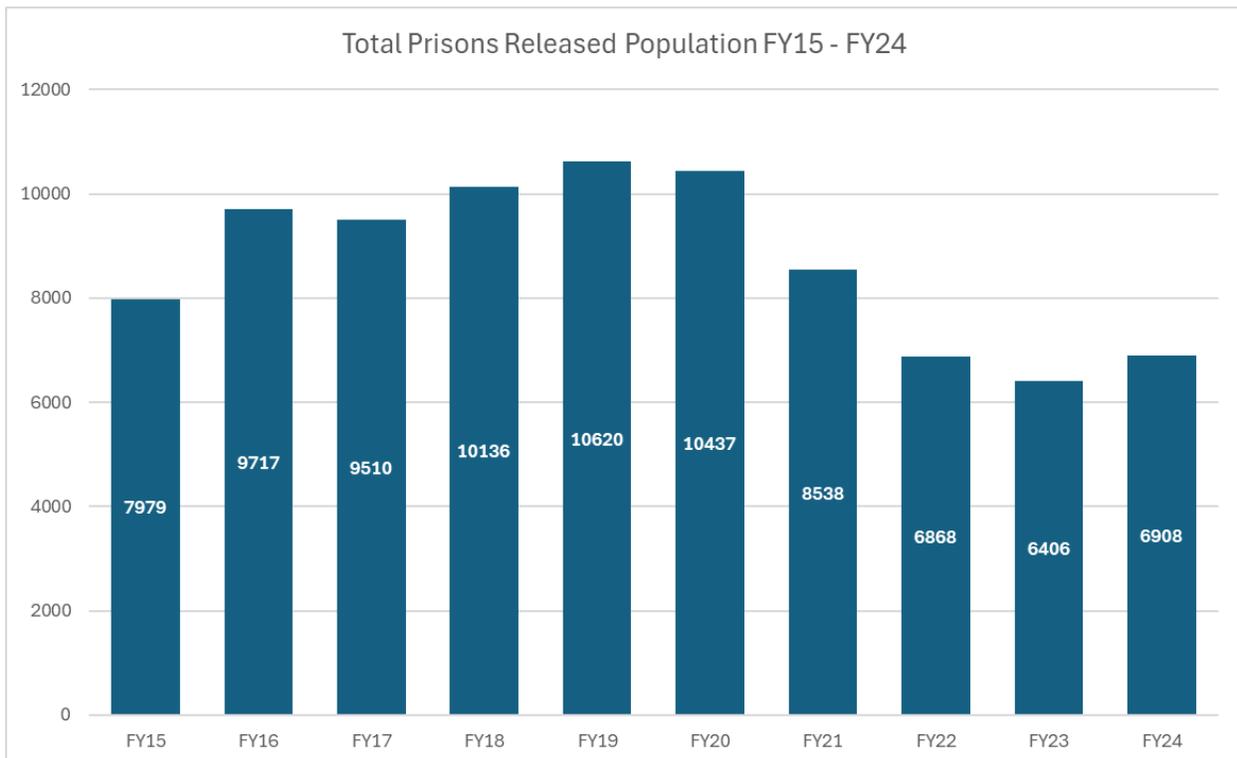
## Admitting Population Needing MOUD

Admitting FY	Total Admitting Population	Count w/ OUD Dx	% w/ OUD Dx
FY2020	6,360	2,290	36%
FY2021	4,438	1,601	36%
FY2022	4,664	1,784	38%
FY2023	5,557	2,387	43%
FY2024	5,438	2,271	42%

Expanding treatment would require an increase in medication administration by about 10-fold from the numbers of MOUD that we currently administer. This both requires detailed planning, as well as additional staffing resources to support this expansion of medication administration, provider visits, and re-entry support for this population.

## Current OUD Diagnosis & Treatment

Diagnosis & Treatment Status	Distinct Count	Percentage
OUD Dx	3,241	25% of Prisons Population
Currently Receiving MOUD Tx	295	9% of OUD Dx Population
Needs Tx	2,946	91% of OUD Dx Population



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DOC is seeking funding for all three, Federal Drug Administrations authorized, forms of medication for opioid use disorder to provide clinically appropriate treatment based on the diagnosed level of care. The funding to expand options to all three types of medication will require additional funding.

Addiction Care Staffing Needs:

**1.0 FTE Clinical Supervisor (Corrections Specialist 4)** – Clinical supervision will foster a robust clinical team and increase accountability amongst the clinical staff. This position will be able to provide onsite clinical training to enhance skillset of clinicians and also ensure all Department of Health WAS 246-341 requirements are met and treatment sites are audit ready. Currently DOC has 1 clinical supervisor for the entire WA State, this position will decrease need for travel, thus saving money and time of the current and only Clinical Supervisor. This position will increase accountability and provide needed training and oversight for the East Side of the state to 3 major prison sites offering substance use disorder treatment.

**2.0 FTE Addiction Medicine Physicians (WMS3)** – Additional addiction medicine trained providers will allow increased capacity for assessment of patients and ordering of medications for treatment that will not rely on the already overburdened primary care providers to provide this care. Specialty trained providers will be able to take on this task of diagnosis and treatment of a large percentage of the population without requiring extra training to support them in learning the process. With an expansion in eligibility for MOUD, there will be a large need for timely provider assessments and treatment plans to be made for those that qualify. Additional providers that already possess the baseline knowledge on how to do appropriate assessments and make clinical decisions about addiction care will be imperative to meet this need.

**1.0 FTE MOUD Nurse (RN4)** – Expanding program leadership and connection to headquarters. This position will support the work done by the current Addiction Medicine Specialty RN4 based at HQ and allow for greater expansion of addiction medicine training to our nursing and other healthcare staff. This education is needed for the culture change required to support expansion of addiction treatment. In addition, this position will aid in development of protocols pertaining to addiction treatment as well as defining roles and standardizing work between the MOUD nurses and the reentry teams. Lastly, the role will provide clinical supervision of the MOUD nurses at the facility to standardize and support their work and create a better understanding of their specific role with the nursing supervisors at the facility level.

**15.0 FTE MOUD Line Nurses (LPN4)** – These positions ensure medication dosing is completed in a safe and controlled manner.

**5.0 FTE Camp MOUD Line Nurses (RN2)** – These positions will cover the 7/day week pill lines at Cedar Creek Corrections Center and Olympic Corrections Center and allow for expansion of current pill lines to support dosing of suboxone at camps. This will allow us to offer treatment for those individuals eligible to go to camps.

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**1.0 FTE MOUD Administrative Assistant 4** - This position will support the Director of Addiction Medicine and support the re-entry portion of the work that helps connect patients to treatment in the community and bridge treatment gaps.

**23.0 FTE Corrections & Custody Officer 2** - These positions will support the MOUD lines at each prison site.

**2.0 FTE Project Managers (WMS3)** – These positions ensure to provide LEAN principles in the delivery of addiction medicine in DOC throughout the 11 prison facilities. Administration of medication alone will require changes to each pill line in DOC to ensure safe practices that are efficient in medication delivery.

**1.0 FTE SUD Linkage Manger (WMS2)** – This position will replace the current grant-funded position that supervises the utilization of the SOR grant funding as well as oversees the function of the SUD Treatment Linkage team and incorporates it into the remaining HS Reentry team as a whole.

**Medication Funding** - Funding for Suboxone/Sublocade of \$3,568,000 is requested in FY 2026 for the treatment of our eligible patient population.

Substance Use Disorder (SUD) whether alcoholism, Opioid Use Disorder (OUD), or other drug use, is a disease, and must be treated as a disease. Data from the National Survey on Drug Use and Health, published by the Substance Abuse and Mental Health Services Administration (SAMHSA), shows that approximately 40.3 million (14.5 percent) of people aged 12 or older had a SUD, as compared to 54.4 percent of incarcerated individuals in Washington state prisons.

To respond to the escalating needs of those incarcerated that suffer from some form of SUD, the Department of Corrections has been actively engaged in the Washington State Opioid Crisis Response Task Force for the past several years. During this time, DOC has received a generous portion of the SAR grant awarded to the Washington State Health Care Authority to initiate strategies in prison, work/training release, and jails to support the recovery and reduce the risk of overdose among those in or releasing from correctional facilities or programs. Since the grant funding was made available, the DOC has prepared Narcan kits and education materials for those releasing from prison, in community jails or under agency supervision to help save lives due to overdose.

Following the implementation of the Narcan program, DOC Health Services began developing medication assisted treatment (MAT), now called medication for opioid use disorder (MOUD), for those under our care. As of June 2019, MOUD is provided to individuals previously prescribed from a community provider while under supervision who have reoffended and entered a DOC violator center (MCC, AHCC, WCCW), and for incarcerated patients meeting the criteria and prescribed MOUD prior to their release to the community.

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These clinical interventions are essential to the successful reentry of those with SUD/ODU leaving the correctional environment, but also to improve the lives and safety of all Washingtonians by strategically addressing the opioid crisis. Currently, many of the incarcerated individuals diagnosed go untreated, due to the lack of SUD counselors, program space, inpatient treatment beds, etc. Failing to fund treatment for the OUD or SUD population in our facilities will be detrimental to their health and wellbeing, and a lack of resources to treat this disease is counter-productive, thwarting the efforts of the Opioid Crises Response Task Force.

Individuals experiencing incarceration and serving community supervision sentences come from overwhelmingly poor communities, and disproportionately communities of color. They have higher levels of infectious diseases, substance use disorders, and struggle with chronic physical and mental health disorders that are often undiagnosed or untreated in the community. More than 96 percent of these individuals will eventually be released back into those same communities, where barriers will be further exacerbated by their criminal histories.

Current legislative direction is to treat people coming into DOC facilities who are already on MOUD. The eligible treatment population, type of medication, and duration of MOUD treatment should be determined by clinicians and patient needs. DOC should not be in a position where we prioritize treatment based on diagnosis and treatment prior to incarceration. This would be akin to providing insulin only to individuals who were diagnosed as diabetic prior to their incarceration. This proposal provides the necessary funding to treat individuals based on diagnosis and clinical need not only address those inequities but to reduce risk over overdose and death as well as ensure success upon reentry to the community, and as a result increase public safety.

The Washington State Department of Corrections (DOC) prison population has an over representation of some demographics as compared to the State population. Our experience is that these populations also have higher needs for various medical care especially for substance use disorders. Currently, the opioid epidemic is disproportionately impacting American Indian and Alaskan Native populations. To help address this concern, DOC has been working closely with Tribal Governments and has worked to expand the traditional indigenous healing practices available at each of our facilities. Every facility now has indigenous contractors who come into the facilities and lead various religious and culture activities to include sweat lodge, religious beading, pow-wow, creating of regalia, drumming and dancing practices and all six major facilities have medicine gardens.

The time spent in a corrections facility allows for medically necessary treatment that they may not have received in the community due to their behavioral health disorders and/or socioeconomic status. With the increasing medical needs of our population, it is critical that we receive the additional funding to improve equity of health care delivery to diverse populations DOC has the opportunity to impact the population that we serve and provide the necessary treatment.

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## ASSUMPTIONS AND CALCULATIONS

The following are the assumptions for funding requested in the Fiscal Year (FY) 2026 and FY 2027.

The table below displays the staffing assumptions for FY 2026:

FY 2026								
Job Class Title	Range	Step	FTE	Salary	Benefits	Ongoing Costs*	One-Time Costs**	Total
ADDICTION MEDICINE PHYSICIAN	N/A	0	1.5	\$ 468,000	\$ 100,738	\$ 23,093	\$ 14,600	\$ 606,430
REGISTERED NURSE 4	75N	U	0.8	\$ 151,198	\$ 41,490	\$ 12,316	\$ 7,300	\$ 212,304
LICENSED PRACTICAL NURSE 4 - TEAMSTERS	53	M	11.3	\$ 1,056,129	\$ 418,430	\$ 173,964	\$ 109,500	\$ 1,758,023
CORRECTIONS SPECIALIST 4 - TEAMSTERS	61	M	0.8	\$ 91,124	\$ 29,353	\$ 12,316	\$ 7,150	\$ 139,943
REGISTERED NURSE 2 - TEAMSTERS	66N	U	3.8	\$ 575,016	\$ 176,999	\$ 58,501	\$ 36,500	\$ 847,016
ADMINISTRATIVE ASSISTANT 4	46	M	0.8	\$ 53,614	\$ 20,013	\$ 12,316	\$ 7,150	\$ 93,093
PROJECT MANAGER	N/A	0	1.5	\$ 179,400	\$ 52,172	\$ 23,093	\$ 14,300	\$ 268,965
CORRECTIONS & CUSTODY OFFICER 2 - TEAMSTERS	48	M	17.3	\$ 1,429,932	\$ 563,049	\$ 266,334	\$ 263,419	\$ 2,522,733
SUD LINKAGE MANAGER	N/A	0	0.8	\$ 91,520	\$ 26,392	\$ 12,316	\$ 7,150	\$ 137,378
<b>Total</b>			<b>38.6</b>	<b>4,096,000</b>	<b>1,429,000</b>	<b>594,000</b>	<b>467,000</b>	<b>6,586,000</b>

\*Total ongoing costs include staff training, office supplies, durable goods, leased personal computers (including one (1) monitor), travel, IT equipment and software.

\*\*Total one-time costs include workstation and chair.

The table below displays the staffing assumptions for FY 2027:

FY 2027							
Job Class Title	Range	Step	FTE	Salary	Benefits	Ongoing Costs*	Total
ADDICTION MEDICINE PHYSICIAN	N/A	0	2.0	\$ 648,000	\$ 138,355	\$ 30,790	\$ 817,145
REGISTERED NURSE 4	75N	U	1.0	\$ 196,266	\$ 54,423	\$ 15,395	\$ 266,084
LICENSED PRACTICAL NURSE 4 - TEAMSTERS	53	M	15.0	\$ 1,455,862	\$ 565,932	\$ 230,925	\$ 2,252,719
CORRECTIONS SPECIALIST 4 - TEAMSTERS	61	M	1.0	\$ 118,286	\$ 38,596	\$ 15,395	\$ 172,277
REGISTERED NURSE 2 - TEAMSTERS	66N	U	5.0	\$ 785,700	\$ 239,198	\$ 76,975	\$ 1,101,873
ADMINISTRATIVE ASSISTANT 4	46	M	1.0	\$ 67,923	\$ 26,085	\$ 15,395	\$ 109,403
PROJECT MANAGER	N/A	0	2.0	\$ 248,400	\$ 71,112	\$ 30,790	\$ 350,302
CORRECTIONS & CUSTODY OFFICER 2 - TEAMSTERS	48	M	23.0	\$ 1,974,184	\$ 762,109	\$ 354,085	\$ 3,090,378
SUD LINKAGE MANAGER	N/A	0	1.0	\$ 118,800	\$ 34,648	\$ 15,395	\$ 168,843
<b>Total</b>			<b>51.0</b>	<b>5,613,000</b>	<b>1,930,000</b>	<b>785,000</b>	<b>8,329,000</b>

\*Total ongoing costs include staff training, office supplies, durable goods, leased personal computers (including one (1) monitor), travel, IT equipment and software.

\*\*Total one-time costs include workstation and chair.

Salary & Benefits of \$5,525,000 is requested in FY 2026 and \$7,543,000 is requested in FY 2027.

One-time funding of \$467,000 for startup costs is requested in FY 2026. Total one-time costs include IT equipment, docking station setup, workstation, and chair.

Ongoing costs of \$594,000 is requested in FY 2026 and \$785,000 is requested in FY 2027. Total ongoing costs include staff training, office supplies, durable goods, leased personal computers (including one (1) monitor), travel, IT equipment and software.

One-time funding of \$450,000 is requested in FY 2026 for feasibility study which is for the expansion of pill line for MOUD services to accommodate the workload and additional staffing needs.

The following table displays the assumptions for other ongoing costs:

Type of Item	Cost Type	FY 2026
MEDICATION FUNDING (SUBOXONE / SUBLOCADE)	One-Time	\$3,568,058

One-time medication funding for Suboxone/Sublocade of \$3,568,000 is requested in FY 2026. The average number of eligible individuals receiving treatment on a yearly basis would be 3,325 individuals. Correctional Institution Pharmacy Software (CIPS) shows the average patient on oral buprenorphine releases with a 16-4mg dose, and this would be filled with two of the 8-2mg tablets. The following calculation is based on the assumption for the lowest cost unit dose option:

$$3,325 \text{ (Eligible individuals)} \times \$2.94 \text{ (Cost of two 8-2mg tablets per day)} \times 365 \text{ (Days)} = \$3,568,057.50$$

The DOC will “true up” our Daily Variable Cost (DVC) fiscal impact for medications for FY 2027 forward in the Male and Female Caseload Decision packages in subsequent budget submittals should the need arise.

The DOC requests funding for the indirect costs of agency administration, which includes 6.5 FTE’s and \$666,000 in FY 2026 and 8.8 FTE’s and \$909,000 in FY 2027, and ongoing, for the purpose of supporting Payroll, Human Resources, Information Technology, and other expenses associated with the hiring and employment of staff to implement this legislation. The approved agency indirect rate and associated cost of administration are calculated based on the salaries and benefits of staff conducting back office administrative functions, divided by all remaining salaries and benefits.

For more detail on these Assumptions and Calculations, please see attachment: PL-ET\_Addiction Care Delivery\_Assumptions & Calculations\_FINAL.

## HISTORICAL FUNDING

### FY2026

- FTE = 21 FTE
- Total Funds = \$6,667,000
- New General Fund = \$11,396,000

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FY2027

- FTE = 21 FTE
- Total Funds = \$6,667,000
- New General Fund = \$9,405,000

## STRATEGIC AND PERFORMANCE OUTCOMES

This request aligns with the following Results Washington Goals and Outcome Measures:

- **Increasing Access to Living Wage Jobs**

- Education – In 2013, the median weekly earnings of U.S. workers with a high school diploma was \$179 more than those without a high school diploma. The median weekly earnings of workers with a bachelor’s degree were \$457 more than those with a high school diploma. Workers with a professional degree had the highest median weekly earnings.
- Training, education, and apprenticeships in high-wage fields – The state’s community and technical colleges have worked to increase the number of STEM degrees awarded. Since 2012, STEM degrees awarded have grown by 55 percent. Gov. Inslee launched Career Connect Washington to increase apprenticeships and other career-connected learning opportunities to give students real-world experience with specific employers, career tracks, or industries. Data from existing apprenticeship programs show that nine months after leaving college, 94 percent of students who finished apprenticeship programs in 2014-15 were employed, with a median wage of \$34 per hour.
- Employment – Securing employment is an important step, and work experience is positively linked to wages.
- Electrify transportation system - Transportation contributes 43 percent of overall carbon emissions in the state. By increasing the number of electric vehicles, ferries, and buses, we can dramatically decrease our carbon emissions.
- Improve building efficiency - Retrofitting old buildings and updating standards for the new ones is one of the most cost-effective ways to improve our state's carbon footprint.
- Reduce state government emissions - The state government is committed to reducing our carbon emissions. To make that happen, we have established robust targets and are working to do our part to reverse climate change.

- **Healthy and Safe Communities**

- Supporting Successful Reentry
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- Housing & Essential Needs: Currently 8.5 percent of adults released are self-reporting as homeless. In addition to housing, access to food and other basic needs is necessary for stability during reentry.
  - Healthcare & Treatment: Proper healthcare for physical and mental health needs is necessary for stability post-release.
  - Education: Increasing an individual's educational attainment is a leading indicator for successful reentry and reduced recidivism.
  - Employment: Currently 40 percent of eligible individuals are employed within six months of release. Research has found that the stigma associated with incarceration is a major barrier to employment.
  - Social Connections: Families, friends, and mentors can be important sources of support during incarceration and the transition back into the community.
- Increasing Access to Living Wage Jobs
  - Preventing Substance Abuse and Improving Recovery
    - Prevention programs – Research shows that prevention programs involving families, schools, communities, and the media are effective for preventing or reducing drug use and addiction. When young people perceive drugs as harmful, they tend to decrease their drug use.
    - Identification of need – Tools to screen and test for substance abuse and related behaviors are important to providing appropriate and timely interventions.
    - Medical care and behavioral therapy – Research shows that combining addiction treatment medicines with behavioral therapy results in the best chance of success for most individuals.
  - Taking Action to End the Opioid Crisis
    - Preventing substance use disorder.
    - Expanding access to effective treatment and recovery support.
    - Saving people's lives by reversing overdoses.
    - Shaping policy and program development using data & evidence.
  - Improving Behavioral Health
    - Prevention - Keeping children and teens healthy and safe while reducing the costs of substance abuse to communities is our highest priority. Our prevention and intervention goals are to delay and prevent the misuse of alcohol, tobacco, and other drugs, reduce the negative consequences of substance use, and prevent and reduce alcohol and other drug dependency.
    - Treatment:
      - Substance use disorder - Patterns of substance use can cause or aggravate various issues. This includes problems at school, mental health-related issues, family stress, and poor peer relationships. By reducing the instances of youth
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substance use we can also reduce the likelihood of these long-term negative impacts.

- **Mental Health** - Mental health is important to overall health. Mental disorders are chronic health conditions that can impact someone throughout their life. Early diagnosis and treatment are key to understanding how to treat the disorders and reduce the impact on home, school, and forming friendships.
  - **Recovery options** - Recovery is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." With effective treatments and support services, people can and do recover from addiction and mental health disorders.
  - **Reducing Homelessness**
    - **Housing affordability** – A growing mismatch exists between housing costs and household income. Fifty-one percent of renters statewide have become “cost-burdened,” spending more than 30 percent of household income on housing.
    - **Shortage of affordable housing** – By 2019, more than 780,000 households are projected to earn less than 50 percent of the Area Median Income with only about 442,000 housing units affordable at that income level. This creates a shortfall of nearly 338,000 housing units, which is a 43 percent gap.
    - **Behavioral health support** – More than 3,000 individuals were considered chronically homeless in the 2017 point-in-time count. Chronically homeless is defined as having a physical disability, which in most cases is a severe and persistent mental illness, and experiencing homelessness for a minimum time.
  - **Efficient, Effective, and Accountable Government**
    - **Increasing Employee Engagement**
      - **Relationships** - Humans want to feel respected and connected at work. In 2017, 86 percent of the state's employee survey respondents reported that their supervisor treats them with dignity and respect.
      - **Autonomy** – Employees desire freedom and discretion in their jobs. In 2017, 62 percent of the state's employee survey respondents reported that they have the opportunity to give input on decisions affecting their work.
      - **Mastery** – People expect to learn new skills and develop expertise at work. In 2017, 63 percent of the state's employee survey respondents reported that they have opportunities at work to learn and grow.
      - **Purpose** – Meaningful work contributes to a person's sense of purpose. In 2017, 82 percent of the state's employee survey respondents reported that they know how their work contributes to the goals of their agency. Miya Cruz from the Department of Corrections shares how a sense of purpose makes her work meaningful.
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This request supports the following goals, objectives, approaches/strategies, and outcome measures in DOCs 2023-25 Strategic Plan:

- **Safe and Humane Systems**
  - Cultivate a human-centered approach to our work that delivers on trauma-informed practices, safe, fair, and humane living and working conditions, and supports a culture that reduces risk and increases positive opportunities for both justice-involved individuals and staff.
- **EDIR Culture**
  - Eliminate disparities by implementing our pro-equity, anti-racism framework, and reinforcing a culture where every person is welcomed and feels they belong.
- **Healthy and Engaged Workforce**
  - Foster a supportive work environment that promotes wellness and combats corrections fatigue.
- **Successful Transitions**
  - Provide personalized support to justice-involved individuals, including the knowledge, skills, and abilities to successfully reenter their communities and thrive as better neighbors.

By committing to these strategic goals, the Department of Corrections will achieve our ultimate goal of Correctional Excellence.

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#### Other Collateral Connections

No changes would be required to existing statutes, rules, or contracts, in order to implement this change. For more information regarding other important connections or impacts related to this proposal, please see the Stakeholder Impact Statement.

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#### IT ADDENDUM

Does this decision package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

Yes  No

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