

# FAMILY COUNCIL MEETING MINUTES

Location: Virtual - MS Teams Date: <u>09/20/25</u> Time: <u>10am-2:30pm</u>

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

### **MEETING ATTENDEES**

James R. Key, Deputy Assistant Secretary

Department/facility co-chair

Greg Mansfield Family co-chair

Elise McKinnon Vice-chair(SFC only)

Brianna Reames, Executive Assistant to James Key

Department/council secretary

Sarah Leon

Family secretary, if applicable

Members present: AHCC- Elleen Hargrove; CCCC-Diane Sifres; CBCC-Not Present; CRCC -Scarlett Williams; MCCCW-Vacant; MCC- Josephine Johnson; OCC - Not Present; SCCC-Daphne Nolte, WCC-Felix D'Allesandro; WCCW- Vacant; WSP-Vacant.

Not present:

Non-council member attendees:

# Commonly Used Acronyms

SFC – Statewide Family Council LFC – Local Family Council

**DOC** – Department of Corrections **OCO** – Office of Correctional Ombuds FC - Family Council

Prison Facilities: AHCC - Airway Heights Corrections Center

MCC - Monroe Correctional Complex MCCCW - Mission Creek Corrections Center for Women

WCCW - Washington Corrections Center for Women WCC - Washington Corrections Center

CBCC - Clallam Bay 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	
•	Introduction of James Key as the SFC Department Co-Chair.	
Welcome	Welcome to the Family Councils, DOC staff, the OCO, and everyone who joined today.	
Agenda Review, Action Item Review, Election Announcement Charissa Reno, DOC Co-Secretary  Agenda reviewed (Attachment #1) Action Items: We had no previous action items to address.		
Facility Updates	AHCC: A lot more food is available at visitation. A new group of dogs arrived on Sep 2 <sup>nd</sup> . Discussion is still ongoing about staff wearing badges at visitation, so they know who is on the council, Securus concerns ongoing.  CBCC: CCCC: Tour went well. Incentive meals are going well- If there are no overdoses for the month, they get to choose a special meal. They released their turtles. Food problem in the visiting room. Wants in person meetings.  CRCC: At their LFC meeting, they had a Reentry Workshop Presentation by Susan Piccinini, they really enjoyed that. She had Securus questions, and they got right back to her, that was great! They had a soccer game with loved ones and officers, and they had a great time; it was a huge success. One result of Reimagine visiting was, at a random visit they had slushies and popcorn, and I/I ran the whole thing. They had crafts and bingo, and it was a surprise and that made it even nicer. Cultural event, Hispanic heritage, back to school, it's been great. Nothing but good things to say this month.  MCCCW: MCC: OCC: SCCC: They're testing a pilot program where a nurse spends a whole week in one unit so	

they can get to know the residents and the I/I get to trust the nurse, it's going well. Medical tent from wealth of wellness is present to see what should be addressed my medical. They found what they thought was a healthy individual who had extremely high blood sugar and was later diagnosed with diabetes. Great Latin American event with amazing singers, band, and they had great food and entertainment. Legal mail is being opened before it gets to the I/I. Visiting room, 12:30 yesterday facility recall., all I/I had to return to their units until everyone was accounted for. It was just a drill, but all visitors had to leave, and they didn't know what was happening and if their loved ones were safe and if they'd be allowed to return to finish their visit. It was a very demoralizing experience. Please don't do this drill during visiting hours.

**UPDATE**: This incident has been addressed, and facilities have been directed not to run these types of drills on visit days in the future.

**WCC**: Particularly proud of the outside children's play area. They also completed the EFV play area. Back to school event was a great event, 140 in attendance, food, events, great family time. Hispanic event is today and 2 coming this fall. One with kids and one for adults only. Several visiting family members say they have issues with visitation staff. Child couldn't attend pow-wow, she said it was retaliation. Sent out an email soliciting members who may want to run for family council. One visitor was concerned about having a medical device that monitored his heart for several weeks and CPM said that he couldn't bring the cell phone that monitors his device into the prison. Additional search will be required for medical devices.

**WSP**: Newsletter goes out every 2 months, West Complex gardening was great, tabletop game program has been a positive impact, ice cream fundraiser. South Complex has 2 new dogs. WA Way, one hospital asked for a mural to be painted outside of ICU and that was done, and it looks great. Visiting, brochures finally went out. Hopefully getting more people involved with family council. Working on getting vending machines restocked more frequently. This is Andrea's last meeting as a representative. Son is diabetic and has an insulin pump, his pump wasn't transferred with him because he was getting a new one, but his new one was sent to the wrong facility, and it was sent back, and he had to go weeks without it. How can we prevent issues like this?

Thank you for all the time you dedicate to the council. Reimagine Visiting: Ongoing and the project team has made about 70 recommendations. They're currently identifying feasibility. Make the visiting rooms more family friendly and less sterile, more welcoming. Can we make visitation posts a specialty position? Training for employees who work in visiting, it's really a customer service position. Changes to policy, simplify the dress code. Using IIBF funds to support families who need to travel to visit their loved ones. Developing an orientation video for families so they know what to expect. Improving communication, such as last-minute cancelations in visitation. Food availability and options. Should wrap up evaluating the options this fall.

**Daphne:** Diane had passionately spoken about having family members present in the meetings, it'd be great if they were involved. And an I/I who can give their perspective.

**Elizabeth Mullen:** I want to know how I can get my husband's death reinvestigated thoroughly. I emailed you like you asked, and no one responded.

**Greg M:** Meals during video visits, was that addressed?

**Answer:** Yes, this was addressed and rectified.

**Andrea Shotwell:** Orientation video, would it be shared so everyone uses the same one? **Tim:** Yes, generally that makes sense to me, but different facilities may have some differences that would need to be addressed. Andrea: Food cards, are they the same at the different facilities? **Answer:** No but you can contact the company to get a refund of unused funds.

**Sara Leon:** Video grams, attire has to be the same as visitation attire. If I'm wearing a tank top because it's summer and it's hot, I think that's silly. Bathroom access procedures are vastly different between facilities for I/I. I/I should be able to go, and it should be the same everywhere.

# Tim Lang, Secretary Secretary Time

**Josephine Johsnon:** Travel, have they changed the milage, they were talking about dropping the mileage. Dianne Doonan: We're looking at a process to make reimbursement much much quicker.

**Tammey Bertrand:** Mark up in the vending machines is insane. Chicken is \$17.99 We only get \$75 per card to use in a day. 40% increase in prices. \$75 is not enough to feed two people. They say we can only have \$75 so that we don't eat all the food and leave nothing for visitors coming later in the day but with the cost of items, that doesn't add up.

**Catherine Antee:** LFC meetings hybrid would be great because she works out of state. A FEMA employee asked if Stafford Creek had an emergency contingency plan for tsunami and they do not, and it was supposed to be addressed. **Jason Bennet:** Stafford Creek is actually on a hill and is considered an evacuation point for the community. **Catherine:** But how would they get supplies, because the interstate would be flooded. Maybe it should be posted. **Tim:** Maybe we could put that on the monitors that have been talked about previously.

**Elise McKinnon:** Vending card system, staff at Monroe were super helpful and walked her through everything. Visit guidelines, son is 7 and he was wearing camo jacket, and they didn't want to let him in but visit guidelines are for 8 and over. Staff seem to let some people in with things/get away with things and not others, but everyone should be treated the same. This is where the orientation video could be extremely helpful for staff as well as families. Family representatives should be involved in making the family orientation video.

**Felix:** Visitor guidelines all have the statement about wearing glucose monitors or other medical equipment and I'd like to have that reevaluated.

**Shawnte:** Visit cancelations and closures happen frequently and we come from far away and there's no communication.

**Tammey:** Visits are stressful and anxiety inducing already, and when they shuffle us out, it's scary and then there's no communication on top of that. Text or email would be great. I think preparedness is so important! We've had water tower issues, generators go out, etc. Are all facilities prepared for different situations? Stafford bathrooms are supposed to be once an hour, on the hour, and they don't always happen. My husband has diabetes, and he needs to go to the bathroom more frequently and it's hard to watch him struggle.

**Tim:** Supplemental budget is for emergent and maintenance needs. Planning for any agency request needs, very narrowly targeted. We're putting forward only one request. Certified mail, we're asking that to be amended to be allowed to be sent electronically. This is the earliest step in the process. We're submitting a request for funding to expand medication for opioid use disorder. We're not adequately funded for custody relief; we're trying to get funding for that. Capacity in closed custody, asking for funding. Health Services, electronic health records were funded and we're requesting more to keep that moving. Funding for medical transport staffing.

Digital mail, we've been exploring to moving to digital for everything except legal mail to deter drugs from coming in. We're in the demo phase. Securus would handle this. All mail would be forwarded to a central location, and it would be scanned and sent to I/I tablets.

**Tammey:** Digital mail, I already have concerns. I know drugs are an issue and I don't want to minimize that. But in the few years I've been working with DOC we keep taking away contact with our loved ones. And there are always issues. Things go to the wrong people, or they aren't scanned correctly. We're taking away human touch. Not getting a picture that your child drew. Securus can't even handle phone calls. Securus is an ongoing failure.

**Felix:** I'd like to see actual numbers of how many pieces of mail come in with narcotics on them. I hear it's a lot, but I'd love to see the numbers.

**Shawnte:** At Stafford, they're already photocopying everything, and they aren't getting them. Sometimes having something in hand is important. I'm concerned that it will take much longer than you say it will be.

Ellen H: Personal contact is very very important. Could there be a drug dog in the mail room?

**Tim:** We don't have the resources for that.

**Ellen:** Maybe you could add that to your supplemental budget.

**Tim:** Another concern is that staff has to handle these items and come into contact with the narcotics.

**Elise:** I'm curious if there's been research into other places that have had these problems and found other ways around it? And if you're committed to going to digital mail, can we get the numbers of how much is coming in through the mail.

**Tim:** I believe we do have the numbers, and we can share that.

How much would it cost to photocopy everything at every facility vs. digital mail?

**Tammy:** During COVID there were no visits and drug use increased and at Stafford all our mail is photocopied but still we have drugs. I'd like to see the numbers because I just don't see it.

**Gwen:** I used to send my husband cards and letters, but I stopped doing that after they started photocopying. But I have to send him the forms he needs, because when he asks his counselor, they say they can't and then when I mail it they still photocopy it. Can we please train the staff to do their jobs?

**Tim:** We will follow up on that, they should be able to get them DOC forms.

## **Securus Update from Jason Bennett:**

See Attachment #2

**Jason:** There was a question about Securus holding back tablets because there were some lost. They put in an order and that has been submitted, and we're looking for the lost ones.

New tablets are being tested in another state, we don't have a release date yet or any additional information but will be happy to share that when we have it.

We are no longer having discussions about an updated contract because due to an updated FCC waiver, our contract remains in effect and unchanged until 2027.

Questions regarding call quality. They talked to Securus. Sometimes it may be on the Securus end, sometimes it may be on the cellphone users end. They are trying to test this. They did try to spot check some calls and they found some people are trying to call form Walmart or driving down the road, please make your calls from a stable location. The broken handsets are a cheap, easy fix but they must let staff know so that we can fix them. Outages and response times, they are trying to find a way to notify users of outages. App accessibility, google responses, there are certain qualifications you have to meet, and they made no commitment to update it but DOC did let Securus know that there are frustrations. Revocations and rejections, Securus doesn't reject anything, if something is rejected it's done by DOC staff. You can appeal a rejection. Representation, they do have a family member who is invited to attend their meetings as well as Ombuds. Securus can come to 2 meetings per year, so they're available to answer questions and keep communication open.

See Attachment #3

## Emergency Medical Procedures Ludmila Tschursin, Victim Services

**Daphny**: They have to be within 6 months of dying but it takes 4-5 months to process? **Brooke:** It can be difficult to predict. Refer right away, that's up to the doctors. I wouldn't wait to refer, just refer them and we'll leave that up to the doctors. We also have an expedited process that we didn't touch on and if they're within 6 months, we do expedite. We also have trouble finding hospice care for those releasing from prison.

**Sara:** What is your interpretation of the statute? Is it based on their physical condition or on their risk assessment?

**Mila:** They look at all sorts of things, medical status, infractions, etc. **Tim:** 6mo terminal, Permanent or degenerate medical condition – does mean they couldn't physically hurt the public. But they will look at all history, as well.

**Elise:** Do we have any numbers on how many are requested vs how many are approved/denied. **Mila:** For 2025, 51 total referrals, 36 unique referrals, 5 placements, 8 out on Emp, 2 are awaiting placement.

**Andrea:** It's very important that the wording is very clear here.

**Sara:** I have not been able to find 2024 or 2023 uploaded on the new website, can we please get help finding those numbers. **Brooke:** We can get the 2023 report to the facilitator of this meeting, but we don't have the 2024 numbers yet. We're working on that right now and will hopefully have them soon.

The link was later found and posted in the chat, so I'm not adding it as an attachment.

#### See Attachment #4 & 5

**Gwen:** What about expired food? A lot of times there's expired protein that's being sent to facilities. Managers are buying frozen, expired meat.

**Mike:** Vendors put a best buy date on items, but we freeze products immediately and that suspends those dates, and they aren't thawed until they are going to be used. Having said all that, there are times when they may be left out or it may be put in the freezer too long and then decisions need to be made. We always defer to our food service managers.

As practice, we try to have products for no more than 6 months, but no more than a year. There's nothing wrong with it though, it's always been frozen.

**Andrea:** Diabetic diet, do you distinguish between type 1 and type 2 and do you have carbs counting for type 1? **Michael:** We don't know if we have a type 1 or type 2, we're only told we have a diabetic diet to prepare for. He can ask for the nutritional's for the menu and they'll be provided for him.

**Sara:** Who is our dietician? **Michael:** Carrie Ramsdell is our state dietician. She's been there almost 2 years.

**Daphne:** Can I/I choose to be on the lighter fare diet by themselves? **Mike:** They need a consultation with dietician first and then they can be put on it.

**Ellen**: How do I/I give feedback? **Mike**: Sometimes it's direct, through kites, sometimes it's at facility level through meetings and then Mike's group meets with religious, I/I, etc. and asks for feedback. Food service managers who work with individuals also provide feedback. Food service managers meet with tiers monthly.

**Elise:** Religious vs. therapeutic choice could be very difficult. Is there a way we can meet both options? **Mike:** this is a question that was presented in the last legislative session. We just don't have a way to support that; it would be about another 50 menus and would cost millions of dollars to support. We try to meet their needs to the best of our abilities with what we have. **Elise:** Why can't we allow local facilities to solve that problem? **Mike:** We have thought about that but the challenge is that it would require another dietician and more. It's just not so simple, it requires a lot of infrastructure and support. We've looked at both sides, but it isn't something we can support effectively at this time.

**Josephine:** Why does Shelton only do cabbage salads and not lettuce? Mike: I don't know but I can talk to the Food Service Manager and ask.

**UPDATE:** According to the Food Service Manager at WCC they were receiving Romain lettuce that was of poor quality. Because the quality was not acceptable, the FS Manager substituted cabbage for the Romain (for 2-3 weeks).

We continue to work closely with the produce vendor providing them feedback on quality concerns and they always take corrective action based on our feedback to them. They do use cabbage when pairing with fish nuggets.

**Sara:** Is there any wiggle room for the gluten free diet? It can be beneficial to many people. **Mike:** We go by policy but that rests with health services.

**Catherine Antee:** Do you enhance beef with vegetable protein? **Mike:** Thank you for asking that question. We do have some products that do have vegetable protein added. We're moving to soy protein, but the max is 6-7% and we try to focus on quality products. All ASDA approved.

**Daphne:** Everyone else has already asked my questions so - Shout out to your program! **Gwen:** Substitutes for seafood, adding more beef and chicken. **Mike**: 95-94% of that meat will be animal protein. We won't substitute meat with a vegetable protein.

**Tammey:** Thank you for all the work with the diabetic diet! The 80/20 burger that is supposed to be available for diabetics, if they don't get it they know right away, but it seems that they keep getting the mainline burger instead of the 80/20 burger that they're supposed to get. **Mike:** We're trying to make it so everyone is getting the 80/20 burger, but it does happen sometimes when the vendor sends us the wrong thing, or someone orders the wrong thing. Please let us know if that happens.

### Statewide Food Guide Menu Micheal Cline, Food

Services Administrator

Elise: Facility grown produce, my husband was a gardener down at Stafford creek and he
said none of that was being used at the facility, it was all being donated. When do they get to
use it? Mike: I can speak generally, I know WSP and Stafford Creek both have big robust
gardens. What is used is used the same day, its fresh produce that's used the same day,
fresh. And a lot is donated as well. <b>Jeri Boe:</b> The seeds are donated by nonprofits with the
caveat that 80% of the produce goes back to the community and 20% can stay at the facility.
Josephine: Holiday meals, there were issues that some facilities didn't get turkey breasts,
and some didn't get Christmas meals. <b>Mike:</b> I really appreciate that question. We've been
talking about that all year long. Staff want to be proud of what they're doing. We've been
planning ahead for this year. We've got big plans for this year! We just tasted the turkey we're
going to use this year; it's the closest thing we could find to what you and I cook at home.
Daphne: Kudos Michael! At the last meeting I mentioned some really disgusting fish chowder
that was described to me, and I've been told that it's been replaced with a salad and grilled
fish.

Roundtable open discussion

Name	Discussion/Key Points		
Josephine:	Jplayer tablets that were supposed to be sent to families, what happened to them? Jason: I don't have that information in front of me, but I can follow up on that.  UPDATE: Individuals who had originally purchased Jplayers and wanted to have them returned to family members needed to provide their information including the mailing address for them to be sent out. Securus has sent out all tablets that they received the information for. If there are specific individuals whose families did not receive theirs, please get us their information and we can forward that to Securus so they can work with their customer service management.		
Gwen	Chemical dependency assessments in facility. When those are being done, the person who does those, what are their qualifications? <b>David Flynn:</b> They are licensed providers. <b>Gwen:</b> Do they have access to their medical records? <b>David:</b> Sometimes they do sign a ROI, we do ask that they do. <b>Gwen:</b> DOL does not recognize that assessment. DOL requires a green form when you have your DL reinstated. <b>David:</b> We don't provide that; you normally have to have a specific type of outpatient assessment to receive that. <b>Gwen:</b> How many people must have the assessment; how many have to have treatment? <b>UPDATE:</b> This form is sent to the DOL by the SUD agency after the person has completed DUI treatment. We are now looking at this need inside the department and hoping to have more information. Typically, this treatment is an outpatient treatment not one that we offer at DOC.		
Tammey Bertrand	No guarantee for call quality, etc. This contract goes through 2027. Can we please get some guarantees in the next contract? The only guarantee is response time, but I have never had my response time met. I get error messages all the time from home, I have issues all the time		
Shawnte			
Felix			
Elise  My family was one of those affected by the dates of the back-to-school event very expensive mistake that families felt. What is the policy or practice with K transfers? My husband had all his KOP's taken when he transferred and it to them back and no one told him how to get them. <b>David Flynn:</b> We do have continuously.			

	pharmacists available at every facility, and I don't have an answer now, but I will work with our clinical team to get you an answer.			
Catherine Antee	Mail room. Her son's law office hadn't received an answer two weeks after mailing legal mail and Catherine had to call the mail room and then suddenly her son got a kite the next morning saying he had mail. Strange timing.			
Josephine	OMNI updates: Shelton does their call outs in the morning because of omni updates but other facilities do them at night? <b>Answer:</b> Callouts update twice daily, omni updates once, so it depends when staff print/enter them. <b>Josephine:</b> will take it back to the local level.			
Tammey	Our facility sent out an email regarding nominees making requirements that fall outside of policy and guidelines, Can they do this? How can we make sure this is consistent?			
Felix	Reimagine visit, I'd love to see reimagine education!			
Shawnte	When we transitioned from JPay to the tablets, we lost the opportunity to receive pictures. If we're getting new tablets, can we please get pictures back. Can we get kiosks that allow them to take pictures again? <b>Jason:</b> I don't think they're planning on switching over kiosks, they're only switching tablets currently.			

Next meeting location: <u>Virtual – MS Teams</u>	Date: <u>11/15/25</u>	Time: <u>10 am – 2:30 pm</u>	
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Comments:			

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