FAMILY COUNCIL MEETING MINUTES

Location: Virtual - MS Teams Date: 1/24/26 Time: 10am-2:30pm

Teleconference details: MS Teams - Meeting ID: 254 205 533 798 11

MEETING ATTENDEES

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

Elise McKinnon
Family co-chair

Felicia Daniel
Vice-chair(SFC only)

Brianna Reames, Executive Assistant to James Key
Department/council secretary

Andi Shotwell
Family secretary, if applicable

Members present: AHCC- Gwen McIlveen; CBCC-Vacant; CRCC – Scarlett Williams; MCC-Danica Seavoy; OCC – Nancy Johnson; SCCC-Daphne Nolte in for Tammey Bertrand; WCC-Felix D'Allesandro; WSP-Vacant.
Not present: CCCC-Diane Sifres, OCC – Nancy Johnson, WCCW-Greg Mansfield.

Non-council member attendees: Dr. Michelle Clark, DMD, Dr. Eric Rainey-Gibson, Dr. Ashley Espitia, Candy Tribett

Commonly Used Acronyms

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

Prison Facilities:

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

AGENDA

Topic	Discussion/Key Points
Welcome	Introduction of James Key as the SFC Department Co-Chair. Welcome to the Family Councils, DOC staff, the OCO, and everyone who joined today.
Agenda Review, Action Item Review, Election Announcement Brianna Reames, DOC Co-Secretary	Agenda reviewed (*Attachment #1*) Action Items:
Facility Updates	AHCC Gwen: Meeting Dec 6th, pretty good turnout. We had our tier reps attend, which was great, it was the first time since I've been a rep. The recruitment for FSCA's on the west side of the state and in CRCC have been hired and will be starting next week. AHCC FSCA Nancy Steel's last trip to the west side will be this week. The week of November 17th she will be returning to her normal schedule of Monday, Thursday, Friday at AHCC until the new staff at CRCC is fully trained. We had an update on Securus tablets, 148 I/I are waiting for tablets. Vending contracts have been reviewed; discrepancies have been found by AHCC and HQ. AHCC is currently looking into moving the vending area to one of the larger spaces in the visiting room. That will be a project that will be looked at over the winter. MSU visitation has new cabinets and a sink, for washing hands, it looks really nice. The problem at the main facility visitation is there's nowhere for I/I to wash their hands after playing games, before eating. Only the restrooms, but bathroom times are limited. Our outside weight deck will be ready and available next spring, tier reps expressed concerns about weight deck time updates. There are 200 kiosk messages for property that they're working through. Main tier reps said individuals in their units are sending multiple messages to get items like socks and have been waiting about 2 months on occasion to receive the items. They're (family/visitors) sending messages to ask which magazines are approved to receive and aren't getting

	responses. The “Cultural Groups and Events” policy and the religious policy are both being updated/reviewed. AHCC is also updating their handbooks within the next couple of months. Delivery of fundraisers update, trying to separate MSU from main so I/I’s can order more items and donate more to our community. The last one was split, and they raised roughly $3,000 for the cancer society. Family members were having issues with bathroom times, because they had medical issues and were told they couldn’t go to the bathroom. December events: Graduation for the dog program, Santa visit. EFV program, they don’t have the items in the resource guide. Families are still struggling with getting basic items like hand soap, dish soap, toilet paper, cleaning supplies, and all the items in the resource guide in the EFV units. Now more items are missing like crock pots, and cookie sheets. We are being told it is not in the inventory. Movies have been taken that have been approved, due to rated R previews. We have barely any movies and no cable at MSU. Invited Community Corrections Supervisor Christine O’Bleness’ she did a presentation on Graduated Reentry that was great. Visitation staff was present. LFC members thought visitation shouldn’t be closed for full days during events and EFV’s should remain open. Sgt said that due to their staffing model, EFV’s could not be processed. There is a new rule for ID’s, keys, and marketing cards to be put in a Ziploc bag. Clear cups are only allowed for visitors to drink out of. I/I are not allowed to drink water out of clear cups but have to buy water or drink out of the water fountain only. I/I are now allowed to have 7 visitors at a time. Can visiting staff post the schedule in the visiting area? We need more games for visit room, we’re trying to figure out how to get them. Events calendar got updated. Looking at being more vocal and having more events. We don’t get a lot of say at planning events. Adding hand washing station at MSU was great. We’re hoping to get healthier stuff in the vending machines, and also more noncaffeinated and noncarbonated drinks. Having issues with kiosk for video visits in C4 and Dayroom. This has been an ongoing issue before Thanksgiving. The machine was replaced and now the handset doesn't work. The facility was allowing the I/I's to use their tablets while on the video visit when this is normally not allowed until the handset was fixed. Update 1/27/26 emailed Associate Parker who checked with the CUS and to his knowledge the handset is working as designed. (no complaints it is not working). So now there is a memo, if they are on the tablet or have it while on a video visit, they will get an infraction (main has also been having these same issues). Thank you, HQ for the Christmas and Super Bowl bags, for our loved ones. It has been reported that staff are not wearing their badges on the outside of their jackets, can that be addressed? A facility tour is scheduled for the end of February. The PREA Policy wasn't being followed at MSU but is now being worked on. The staff were following it as written at the main facility not at the MSU announcing female staff on shift all shift for the day not each time they were coming into the tiers and restrooms. CBCC: Absent CCCC: Absent CRCC: Scarlett? MCC: Danica: Met December 20th There was a reminder of EFV trailer cleaning etiquette. People were not cleaning up after themselves. EFV’s are temporarily closed due to repairs. Maintenance had to order parts and there isn’t a timeline yet but will get an update when possible. There was a change in departure time but there is a grace period while we adjust to the new time. Questions regarding EFV orientation for those who are new. Some families feel they aren’t given all the info they need and it’s hard to find the answers. Families have asked for FAQ to be posted online. There was concerns of cleanliness of visit restrooms and toy area at MSU and Sky River at Monroe. There is a new porter and they asked if there was an off day that they can clean. There was a request to restore Sky River’s visiting schedule that was pre-covid where each weekend day was available for visiting. They will keep tracking visiting data and adjust as needed. They are piloting scheduling visits one week in advance so that extra staff can be deployed there so that the outdoor area could be opened if it was nice. Securus did hire a new rep for the facility. There was a question brought up because there are those who do work outside the gate, but if they don’t know when the Securus tech will be working, how can they get help? Closed class started in January for chemical dependency. Are kitchens separated for correctional industries? Will people leave/lose these jobs? There was a concern with the way daily sanitation checks were happening with cells, they were told they’re working on it. Part of the concern is if someone has more items than they should. Is there a process that they can donate items, so they don’t just have to throw them away? Check at 3am in the EFV’s, some other facilities don’t, why do we. There’s an issue with the 2-way speakers, some don’t seem to work. You can’t proceed until someone responds but visitors are missing visitations because they aren’t working. They’ll stand there waiting for an officer to tell them to advance and miss their visitation.

	Cultural events, can visitors be allowed? Visitors are allowed at religious events, but not cultural. Shelving units. We'd like to have the same number of shelving units for all the cells. It's awaiting review. We had 2 successful new events last year. OCC: Absent SCCC: Daphne: We had 5 new dogs in our dog training program and 20 waiting for February, but I'm not sure if that's 20 dogs waiting or 20 handlers wanting to get into the program. New CPP Shayne and one thing she does, Shayne gives a survey to families asking what events they want, that might be a good idea for others. We had a really good chat with Greg from Fiesta who does our vending machines, and our concern is everything is so expensive, but we're only allowed a certain amount of money on the cards, and it isn't enough to cover everyone. Could the vending machines be restocked during count to fix this? Greg asked if we'd prefer if they purchased things from Walmart to make the items cheaper? He put out a survey, and it was decided we want to stay with the better quality of food. Our financial guy is in a work group at DOC working on vending machine prices for a DOC wide solution. There's a pilot project at Stafford Creek for individuals in solitary confinement. Those who were only out of their cells for 2 hours a day, now the aim is to get them out for 4 hours and offer them different classes. They have stress reduction, anger management, chemical dependency classes, and social activities in IMU. It sounds great and is really changing the atmosphere there. They're really full, they're 90-95% full. They're trying to get people out in 30 days. We had a big discussion about IMU. It's a whole new program and has really enriched their lives! It's lowered the use of force and the foundation of trust between staff and individuals has increased because the staff are seeing the humanity in the I/I and vice versa. They even have a book club. I did a tour of Stafford Creek. Outside in the gardens, there were a lot more bee hives than there were last year. Their bee program has been so successful they've had to give hives to other facilities. They had hummingbirds in the gardens. The CI area has benefits of employment and helps connect individuals to reentry resources and other follows them after release. Stafford Creek had a long-time restricted movement after a staff assault with only one unit out in the yard at a time and there was an unexpected positive result of a huge decline in drug use during that time. Town hall meetings with I/I every month and staff with great results!! WCC: Felix: We had to cancel our Christmas Event in, but we had two dates to make up for it, and it actually worked out pretty well. We're moving our February meeting to the visiting room and we're going to have tier reps attend and we're happy about that. I just got an email that the Evergreen people came out to measure for a new coffee machine. They're trying to make sure we have enough power for it. It's not 100% but we may be piloting a coffee machine by the end of February or early March. Securus people, were curious when the new tablets will be available. There have been some wall phone issues. They continue to have issue with the phones in one unit. People can hear over their calls. There are some people wondering about dental hygienists. Why is medical access taking so long? It can take weeks for call outs for medical and longer for dental. No one is applying for the positions. Programs: We have a new CPPC Katrina Jackson, there's some interest in having her attend an LFC meeting to have her introduce herself. The event calendar was supposed to be completed in December, but it isn't done. Mr. Douglas, associate of programs, was promoted to superintendent of Cedar Creek, so there's a lot of curiosity about when a new associate will be appointed and there's a lot of concern because Mr. Douglas was so instrumental, he will really be missed. WCCW: Absent WSP: Absent
Secretary Time Tim Lang, Secretary And **Open Forum**	This is a supplemental session, which is a short session to address time sensitive bills. The way it works with the governor's office, we don't take a stance for or against. There are a couple we're tracking this year, there's an escorted leave of absence bill that we were given authority to support. It expands on the WA Way approach for progressive outings, to receive mentorship and prepare for transition back into the community. For example, to go to a grocery store to experience that, if an individual's been incarcerated for a long time. There's also an Extraordinary Medical placement bill we're watching. It currently allows the department to transfer an incarcerated individual out of a correctional facility if they meet certain criteria, it looks to expand that by adding an additional alternative condition. We aren't for or against, we just want to make sure the verbiage is workable. There are a few bills from DCYF. There's one that addresses the overcrowding at Green Hill School, it creates a safety valve when Green Hill reaches a certain capacity, they transfer individuals to us and then when they reach a safe level, they'll go back. We did an information session where we discussed what was going on and that's available on TVW. This is a supplemental session

	that focusses on the supplement budget. A reminder on the process, the governor comes out with his proposed budget, and then the house and senate come out with theirs and then they try and move it forward. The state is facing a pretty significant budget shortfall. There are some reductions for us. They are focusing on staffing. Overall, we feel, given the circumstances, we faired fairly well. Some of the helpful parts address critical needs, additional funding for opioid use disorder. We have a shortage of closed custody beds. We're optimistic that that funding will end up in the budget. The governor hasn't proposed enough to fix us completely, but enough to help. On the Community Correction side, we've gotten some funding to go back to 30-day sanctions. During Covid we had to go to 15-day sanctions which wasn't a big enough deterrent for folks. We'll be asking questions and advocating for what the Governor proposes. As far as our realignment, as you know Secretary Strange created the women's division and we've realigned to one division under Jeri Boe, but I want to make sure everyone knows that's not a walking back of anything we've done. It's an organizational change but it isn't a change in anything we're doing as far the women's prisons. When I get out and about, I feel a deep appreciation for our staff. They work in a very challenging environment, creating safe environments. Drugs are a huge problem in our facilities and we're working to address that. Every time I'm out visiting, I see all the great things happening and I wish there was a way to get the public to see all the good things that are happening, like the college graduations or the track meets, to hear the testimony. You can't come away from that without hearing the humanity of the people, the incarcerated in our facilities. A couple of things we're going to be working on this year, we lost a lot of volunteers, we are going to work on getting them back. We're working on our programs to make sure they're consistent. Peer to peer programs, we're working on those for our incarcerated. They're helping each other and supporting each other. We're focusing on those this year. We produced the reimagine visit report in December with the results and we'll work on implementing those this year. I know as you read those you might wonder why it will take so long to implement them. I think we were cautious on some of those time frames. Some require technology, some require people. Elise: You mentioned Washington Way, I remember it starting, it was started a few years ago, have we expanded past the pilot programs? Tim: Clallam Bay, there was a resource team there that demonstrated that with sufficient resources they can get people out for 4 hours a day. I was out there a couple years ago, and I talked to a staff member, and he told me about how it changed his outlook on his job. He said he'd worked with an individual who had been very violent and they worked with him and eventually he was completely without restraints. This program completely changed his outlook. Felix: Is there any more talk of having an in-person SFC meeting? Tim: Yes, in May we'll be having an in-person meeting at Coyote Ridge and in July it will be at CI headquarters in Tumwater. Gwen: Reimagine visitation- immediate timelines, the things that were supposed to be posted right away. Instead of being enforced, they were taken down. How are they being held responsible for the things that they're supposed to be doing? Tim: We'll enforce that like we do anything, through the chain of command. I'm sure there will be wrinkles but we will be paying attention. It sounds like there's already a meeting being scheduled to talk about this. Gwen: Like the clock. We have to wait for the clock, there's no clock, but we can't just go buy one, we have to wait for DOC to buy one, but we can't go to the bathroom and it's so frustrating. Jamie: Food service transition. Half are managed by CI, half are managed by the prison division. All are going to now be managed by the prison division again. They're all going back to being under one classification. This is for continuity. Daphne: Which ones will be transitioning? Jamie: AHCC, CRCC, WSP, and Monroe and WCC will be the ones transitioning from CI to the Prison division. Ellen: How will it affect the I/I that are working in those positions now? Jamie: In theory, there will be differences. There isn't a single answer to that because there are different deductions. Ellen: The I/I are very concerned. They think they won't be allowed to work as many hours, and they think they'll be working more and won't be paid for all the hours. Jamie: We do plan to put out more information but it's still in the employee relations stage so we don't want to put that out before we're there yet. Elise: How is this coming about? Is it money related?

	Jamie: Originally, we thought all facilities were going to go to CI, but we've been paused for years. Now we're just trying to align and have them all be the same. Catherine Antee: Reimagine Visit Booklet Page 12- limit applications with the ability to appeal when there's a reason for denial when the reason hasn't changed. Are you limiting the number of appeals or the number of applications? Tim: I think what this is trying to get at is avoiding the situation where someone is denied and they keep applying. If someone thinks they've been wrongly denied, they can appeal but if that's upheld then you've exhausted that. Lorne: The facility level approves or denies unless it is a violent or sexual crime.
Dental Care Presentation Dr. Michelle Clark, DMD Chief of Dentistry	*See Attachment #2* David Flynn: First of all, kuddo's to Dr. Clark. The reduction in the backlog is all due to Dr. Clark! We are so lucky to have her. Felix: WCC they keep saying they keep trying to hire people, but they can't hire hygienists. What can we do about that? Dr. Clark: There is a shortage of hygienists. There aren't many schools for hygienists. I wrote a letter to all licensed dentists and didn't get much feedback. A lot don't want it because it's part time. We're trying a lot of different things. We just started using 3 different contract companies, we only had one before. We were doing certain days but then we opened it to just part time in general. Felix: Someone said something about dental therapists, are we trying that? Dr. Clark: Those are being used on tribal lands and legislatively they can't be used in state corrections. It's also being discussed in the Senate to allow foreign dentist to go straight to testing and not require course work to become a hygienist. Catherine: A man had a filling that was cracked and got an infection and had put in a kite and was waiting but they said it wasn't an emergency, and they said it would be $1200 for him to go outside to get a root canal. Does that sound right to you? Dr. Clark: We don't do those root canals in house, because it was a back tooth, that would be up to him if he wanted to do that. And that cost does sound accurate not including restoring the tooth. Daphne: How does the pay for dental hygienists and assistants compare at DOC vs outside private practice? Dr. Clark: It's less but they get more benefits working for DOC, with union and pension, etc. Felicia: I have more questions, but I know we're out of time. Can I email them to you? Brianna: I'll get you Dr. Clark's email address so you can send her your questions. Elise: Are you tracking how long it's taking to get each type of patient in for service? Dr. Clark: An emergency patient should be seen right away. An urgent kite is very generalized because it is based on symptoms. That's why I recommend when they do a kite to be as detailed as possible. If they think it is an emergency, don't send a kite. We don't want them to suffer, they need to declare an emergency. There's not a set timeframe, because it does depend on the symptoms. Daphne: Are people allowed to apply and have their teeth cleaned twice a year? Dr. Clark: Yes, but it does depend on their periodontal health status. Some need to be seen more. Felicia: For regular care. I have people whose loved ones had their last exam a year ago and are being told it will be another 2 or more before they can be seen again. Do you have data to track that? Dr. Clark: There isn't data for that because people can deny treatment and it is hard to differentiate in our system. Felicia: So, if I have a list then should I send it to you? Dr. Clark: Is it a specific facility? Felicia: Yes, WCC. Dr. Clark: Yes, so maybe they are saying 2 years for a cleaning since there is no hygienist but they can still get an exam. Felicia: WCC has been looking for a hygienist for a year and half. And I'm having an issue with back teeth not being a level one for root canals. Dr. Clark: We model after Apple Health, and it's been shown that you don't need all your back teeth dentition for chewing. Felicia: We're seeing so many people getting to the point of having to have teeth extracted because they're having to wait so long to get in.

	Dr. Clark: I think a lot of times we're doing large fillings on teeth because we know we don't do root canals on posterior teeth so we try and save the tooth, but if it doesn't work then it will have to be extracted. But we are working on the backlog, I'm not trying to detract from that. Elise: Do we need more staffing? Dr. Clark: We've talked about this, even fully staffed we don't think we could meet the extensive dental needs of our patients. David Flynn: The way we get resources is we submit decision packages to the legislators. There's a third party doing a report to look at our staffing needs across health services, but we don't have that back yet. Information gathering is complete, but we don't have the final report back yet. Elise: Can we follow up on this? **Follow-up:** This is still in process and is not available yet, but we'll get it to you when it is.
Suicide Risk Reduction Presentation Dr. Eric Rainey-Gibson Director – Mental Health Dr. Ashley Espitia, Psychologist Candy Tribbett, Project Manager - HS	*See Attachment #3* David Flynn: We're the first DOC in the country to fully implement 988. We're looking at our suicide data to see how we can use it to predict when people are at risk. We're doing so many things. Elise: Behavior health standards, is that something that's available to the public? Dr. Rainey-Gibson: I don't believe it is yet, but I imagine it will be some time soon. Elise: Do we think it will be this year? David Flynn: It will be by July 1st. We've reached out to some stakeholders. Sandy: The one poster that was shown, is that posted and do they have it? Dr. Espitia: They're posted by where the PREA posters are, and by the phones, in some dayrooms, it does vary a bit by facility. I'm almost 100% sure that they're in every facility. Daphne: I do quite a lot of volunteer work and I've used it to see how to help those I work with and the people who answer are so wonderful. Thank you! There have been a number of suicides at Stafford Creek, and I've heard that staff have support fairly soon after but I/I that are in the unit where the suicide happened don't seem to get the same follow-up. The not knowing can be quite agonizing. Make sure and provide grief counselling to those who need it. Dr. Rainey-Gibson: I appreciate the comment. These events are tragic and everybody knows the difficulty. I can only imagine being witness or being in the vicinity when this happens, the anxiety. Our mental health staff, if there's something that happens in a unit, they're rounding to every single individual in that unit. They can go to a more private area if they'd like, they can follow up again if needed. Megan: I was at Stafford visiting, probably a year ago, and some individuals brought it up to me that they were concerned about suicide, and they didn't know how to help, and that came from peers. And I told them to call 988 and I realized we didn't have it in the prisons yet, so I'd like to congratulate us on how quickly we've gotten here. A crisis in a prison is different than a crisis in the free world. I want to make sure we're training people to handle things the proper way. We need to look at how it affects people inside and how it affects people outside. How does it affect their best friends in the units. Can we have a celebration of life, a service? Through that conversation, it needs to be hopeful. We need to share the positives. So often in these environments it seems like we forget to focus on the positives. Daphne: My loved one said that a lot of the people in his unit they feel uncomfortable saying that they're having a hard time. Dr. Rainey-Gibson: Oh ya, that stigma. Rounding is a lot more common in our closed custody settings. It's not as common in our general population units. So, they may not come across it as much. In incidents when something has occurred in a unit, then rounding does occur. Our mental health staff are very sensitive to that, individuals needing help but not being very forthcoming. Maybe we pull them out. But they are going to everyone's doors, they're not singling anyone out. We do take some extra steps to identify if an individual is a cellmate or a neighbor and may need extra help. We'll take extra steps to identify those people. We try and be sensitive to that. We can also communicate nonverbally, maybe write them a discreet note. Elise: I noticed that sleep apnea isn't covered under dental, is it covered under medical? David Flynn: Yes, we do sleep studies and provide CPAP's when needed. Catherine: In the school system we called it lightning strikes, or copycat. Dr Rainey-Gibson: Yes, in a school system you're worried about a contagion, that's the importance of us attending to people's needs immediately, you don't want things to spread. We recognize that as well. Elise: Are you working on grief groups or anything for the residents?

	Dr. Espitia: Peers support groups, yes this will be a lot of things but one of them will be like a grief group and it will have I/I that are trained to help with grief. Dr. Rainey-Gibson: It's built into our overall mental health systems. It's normal and yet can be extremely difficult for people. It's not necessarily an advertised program but a lot of therapists are working with individuals and their grief every week. From time to time there are people who are identified in a certain area, and they'll be put together in a group. A therapist will realize they have 5 people who all lost someone and they'll put them together in a group. Elise: It seems like there's still a lot of responsibility on the I/I to come forward with the need. I feel like if there was already a celebration of life or something, that might be a good place that they could easily get help. Megan: We're missing those organic conversations; our systems isn't set up to have those naturally but we're trying to get there. And we have to understand how different cultures do things differently, some won't go out on a call out, etc. and we need to recognize that before it becomes a problem for them.

Roundtable open discussion

Name	Discussion/Key Points
Catherine:	Catherine: There's a rumor that PlayStation 4's are going to be put in every facility in every unit? Megan: There was a request for gaming rooms, but I don't think it's been approved.
Elise	Elise: Can we please get the statistics for drugs discovered at public access and number of overdoses last year? Chuck: It was in the PowerPoint and I can get an update through the end of the year but again that's the times that it was caught, but there's so many times that it's not caught. A single piece of paper can get 200 people high. Elise: I think the problem is that we were asking how many times is it found at public access. Chuck: Maybe I didn't articulate it well enough, I think the way we're finding it is so different now. There are many ways it comes in now and it's so different now than it was years ago. Elise: We'd like the exact numbers of how many times it's found at each point, visitation, mail rooms, staff bringing it in, etc. **Follow-up:**

Contraband Discovery Area	2023	2024	2025	2026*	Total
Body Scan/Dry Cell	2	1	5	2	10
Common Area	21	44	68	3	136
In the Community	7	4	6	4	21
Living Unit	550	1180	1685	99	3514
Mail/Property/Warehouse	124	97	75	6	302
Medical Services	4	6	7	1	18
Other	39	73	164	16	292
Outside Perimeter	31	47	47	11	136
Program/Recreation/Dining	11	23	33	1	68
Public Access	23	39	35	1	98
Recreation	7	12	39	1	59
Visit	36	44	35	11	126
Total	855	1570	2199	156	4780

- Only through February 04, 2026

Daphne:	Daphne: Elise, I don't know if you have met Jerimiah, he has a position at OCO. Do we have time to say hello. Jeremiah: Give me about 5 minutes and I can jump in; I have a toddler I'm wrangling.
Elise:	Elise: Guidelines, I know one of the problems we run in to is selective enforcement of guidelines. My son will show up wearing something and they say no, he can't wear that. But we've read the guidelines and we know we're following the guidelines. Can staff pick? Tim: we're trying to find consistency. I got involved in this early on. One of the projects is making sure we have clear, easy to find rules. The goal is to have consistency. Elise: Do we have any recourse if a Sergeant is saying no, we can't enter? Tim: I think you address it at the time and then report that to the facility superintendent. Jeri: Report that to the superintendent. It should be pinged to the Superintendent; it can be easily solved at the local level.
Jeremiah Bourgeois:	Jeremiah: This is my first meeting, but I wanted to be here. I am the new director of the Office of the Corrections Ombuds.
Elise:	Elise: Can you still email the portal? Brianna: I think they'll import those into the portal, but I'll check on that and get that into the minutes. **Follow-up:** They were importing emails into the portal but now, they're emailing back with instructions on how to access the portal. You can find the Public Correspondence Portal by going the website – www.doc.wa.gov, then clicking on "Contact us." Once that page populates, the link is just below our phone number. If you don't already have an account, you will need to create one, and then complete the "form" to submit your question/concern/complaint/appeal.
Daphne:	Daphne: Clothing for visitation? Can they provide those for children as well?
Elise:	Elise: What is the Pathway for someone to come off the STG list? Have we looked at a pathway for that? Jeri: I know there's been quite a bit of conversation about that. There are workgroups discussing that. The longevity of that. It won't be an overnight thing. Megan: It is an ongoing thing, and it is something we're working on. It's typically someone who has had affiliation with a gang. Maybe they did at some point, maybe as a teenager but no longer are but that can be very hard to verify. Tim: It's very very complicated and can be dangerous.
Gwen:	Gwen: Movies were approved at AHCC MSU but they had rated R trailers on them, they were all taken.
Daphne:	Daphne: Two people mentioned that they have for the first time tier reps at their LFC meetings, have any others had them at their meetings? We're working on it and it would be helpful to know.

Next meeting location: Virtual – MS Teams Date: 3/21/2026 Time: 10 am – 2:30 pm

Comments: _____

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