FAMILY COUNCIL MEETING MINUTES

Location: CI Headquarters & Virtual - MS Teams Date: 7/25/26 Time: 10am-2:30pm

Teleconference details: MS Teams - Meeting ID: 223 358 315 992 13

MEETING ATTENDEES

James R. Key, Deputy Assistant Secretary — Department Co-Chair
Elise McKinnon-Absent — Family Co-Chair
Felicia Daniel- Absent — Family Vice-Chair

Brianna Reames, Executive Assistant to James Key — Department Co-Secretary
Andi Shotwell — Family Co-Secretary

Members present: AHCC-Sandy Hickey; OCC-Ginger Price; SCCC-Daphne Nolte; WCCW-Greg Mansfield; WCC- Wendy Schindler
Not present: CBCC-Vacant; CCCC-Diane Sifres CRCC-Scarlett Williams MCC-Danica Seavoy; WSP-Vacant

DOC Staff Presenters: Chris Sheil – Securus, Charissa Reno - MTP Operations Manager

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: -We were waiting for the staffing model report, we'll have an update on this from Patrick Mendel during our first open forum. - WSP book program – This is a work in progress. I did find that WSP started this at the facility level, it is not state-wide. They accept children's book donations through a local partner program and incarcerated individuals can read these books to their young visitors in the visiting room. The children are then encouraged to take the book home with them. To keep that connection going, they speak with the child's accompanying adult to let them know they can find free PDF copies of most children's books online. The guardian can then email the digital copy to their incarcerated loved one's tablet, which allows them to continue reading the book to the children from afar.

	- Medical appt information – there was an update posted as an attachment to the last meeting minutes. In a nutshell – we're working towards the new Electronic Health Records system and that should solve this issue. With our current system, it's not an easy fix, it would be very labor intensive.
Facility Updates	Sandy Hickey AHCC: We had Field Day on Wednesday and Thursday this week, there was a lot of participation. There was concern about water for the I/I and at AHCC they are being given bottles of water now, that issue has been solved. CBCC: Vacant Diane CCCC: Scarlett CRCC: Danica MCC: Ginger OCC: We had incentive field day, 136 participants. BBQ and field day. Daphne SCCC: **A Couple of Requests:** **Request for 11 federal holidays:** Please never serve peanut butter and jelly sandwiches on these holidays. **Vets who aren't in the Vet Pod:** Please give unlimited access to the VA and Department of Defense. Have Securus add 800 numbers for calls. **Back on my Traumatic Brain Injury Hobbyhorse** • TBI staff met with Dr. Longano, the Chief Medical Information Officer for the Washington State DOC, and Jennifer Kisela, Government Affairs Policy Advisor for DOC in Health Services. • Dr Longano expressed interest in bringing TBI support to residents in DOC facilities Three new programs are being funded through the updated RCW 74.31 (HB1848): **In-person support groups**, community integration activities, and **peer to peer mentoring** and navigating: • The contract has been awarded to Univ. of Oregon Center on Brain Injury Research and Training (CBIRT) • CBIRT is developing the three new programs: • Facilitator training will begin in August for the first wave of certified facilitators for the in-person support groups and community activities. The training is at no cost, and anyone can attend. This could include incarcerated individuals, if that could be made to happen • Funding for these programs will begin September 1, 2026 • CBIRT will continue to build and grow the programs state-wide • I'll send links to Brianna to put in the meeting minutes for anyone interested in being a trained support group facilitator or peer to peer TBI mentor/navigator. Washington TBI SOS . Please also share with your networks • I will also send Brianna a link for anyone interested in learning more about support groups in your area: • In-Person Support Group | DSHS for in-person or Traumatic Brain Injury (TBI) Support | HeyPeers for virtual support groups The TBI Council and staff are very interested in collaborating with the DOC to utilize these programs for the DOC population through their certified peer

	support specialists. If anyone here has interest or ideas, I would welcome an opportunity to help set up a meeting between DOC and the TBI staff leadership. **Happy Update on Food Service** • There have been some big and positive changes to Food Services at Stafford Creek recently, thanks to the Food Services Manager, Ron Attard. • Although food services still face some challenges, people are now *looking forward* to mainline mealtime, thanks to Mr. Attard's guidance. • The population is now regularly receiving better-quality meals, including more fresh produce and other fresh, locally-sourced foods. • It is evident that the residents appreciate all the changes, based on the increased numbers who are lining up for breakfast, lunch, and dinner. • Even the dreaded clam chowder from CI that I recently mentioned was described to me as 'barnacle stew,' has been jettisoned. Mr. Attard is buying fresh fish fillets locally, and the residents are now being served a popular dish they have dubbed 'Jambalaya a la Attard.' • I'm told that people are now excited to see what surprise Mr. Attard has waiting for them on 'fish day.' • Not only is the food better, but Mr. Attard is doing what he loves by providing valuable life skills in industrial food service to the kitchen staff. The workers are actually preparing meals now, rather than just dropping plastic bags into boiling water. • And to top this off, Mr. Attard is doing all of this while *spending less money.* • The State might want to look at this as a model for how 'Reimagined Food Services' could be. **To Continue with the Food Theme: Bite of Stafford** • Stafford Creek hosted its third annual Bite of Stafford, and I believe several Headquarters staff were lucky enough to attend. • The Bite of Stafford combines cultural expression, celebration, and collaboration, with numerous booths serving delicious cuisine from around the world. • It was a tasty and fun experience for all staff and residents who attended. • They were able to enjoy live performances by local Stafford Creek talent, including API traditional dance, Caribbean-style swag, the Mexican traditional old men dance, live hip hop, and much, much more. **Medical News from Stafford Creek** • The Stafford Creek medical team is standing up MRI services on campus today (July 25) and CT services on July 30. • Not only is Stafford getting this new equipment, but the Chief Medical Officer Dr Curl and Head of Nursing Melissa Lynch are changing the culture of Health services there every day • In the interest of time today, I won't name all of the ground-breaking programs the medical staff have implemented at Stafford Creek, but I

	hope to do so at our next meeting, as I think the sum total of these are worth collecting in one place because they are so impressive. Wendy WCC: I'm replacing Felix. We have a new CPM, William Carpenter, and I'm looking forward to meeting him. Greg WCCW: Nothing to share right now. WSP: Vacant Andi Shotwell: SFC Family Co-Secretary: I've been working with folks at AHCC and they're making improvements; they've really been trying to improve things.
Secretary Time Tim Lang	It's nice to see you all. I appreciate Daphne, she always does such a great job of sharing things about SCCC and so do the other families. I appreciate it when you highlight some of the good things that are going on. Budget is front and center for all facilities. We operate with instructions from the Office of Financial Management regarding how we manage our budget. We're looking at potential reductions and that's always difficult. The Governor is looking to maintain all core services for Washington. It's too early to talk about any specifics, final details will come out in September. Another huge challenge that just continues is the amount of drugs that are coming into our facilities. The potency of the drugs are increasing. It has all sorts of health and safety effects of staff and residents in our facilities. We're beginning to implement some new things that will hopefully help. We continue to have introduction, including through visitation. I know sometimes when you're visiting your loved ones, some things seem arduous, but we have to do this for safety and security. We've talked about it before, but we are looking at possibly going to digital mail. We're also launching clear bags for staff. We started it at WSP, and it will be going statewide August 1st. It shouldn't be easier to get into a prison than a concert or sporting event. There's a lot of focus right now on treatment for substance use disorder. We want to get everyone who needs treatment and/or medication to get it. But is very labor inducive and it's a process. It's a significant portion of our population. We've been working a lot on suicide mitigation and that's very important work. We're the first state in the country to offer 988 services in prison. It's making a difference. There's one instance when someone called and we were able to save them. I believe someone else has used it in the last couple of weeks as well. We're also trying to flag people who shouldn't be placed into a unit alone, to prevent more attempts. Washington is probably one of the leaders nationally incorporating lived experience into our operations and we're very proud of that. We recently had all of my counterparts in the western states together and we shared how we're incorporating lived experience into our decision making. Brett Hollins, formerly incarcerated, offered his program at one of our facilities a number of months ago. He was a basketball protégée who was heavily recruited, but that didn't work out so he went into the military but got into a scuffle that landed him in prison in Oregon. After release he opened The Side Door program and he's really making a difference. His program reiterates the importance of education and sports programming in prison, as a way forward for the incarcerated. We went to the Wenatchee Valley Reentry Center (WVRC), and a gentleman shared his story and he said there were two things that made a difference in his life and future. He was at CRCC last, and he participated in the peer-to-peer program, and it really resonated with him. And then he was placed at WVRC and when he got off the bus the

	Sergeant introduced himself by his first name and it was weird at first but later, he realized it made him feel more like a person. He said the protectory he's on now wouldn't have happened if he hadn't gone to that facility. We're working towards an August 1st opening of A-tier at Washington State Reformatory. Electronic health records, healthcare authority, DHS and us, will all be launching Epic. Spring of 2028 is the expected go live date. The second season of Concrete Mamma is out now. Look it up if you aren't familiar with it. It's produced at the Penitentiary.
Open Forum	
Patrick Mendel Staffing Report Update	• TBI –We don't have a screening tool specifically for this right now, but it is something we look for as part of our mental health intake. We might be reaching out to find those with special interests in this topic to form a work group. • Staffing in health services: We recognize that there is a higher level of need in a correctional setting. Space and resources are what we really need. The report that we had been waiting for wasn't as helpful as we'd hoped. What was delivered to Health Services by Baker Tilly/Moss Adams was far from a complete overview of staff realities and needs. What was delivered is a formula requiring laborious cycle time data (how long it takes for tasks to be completed) in order to produce a "needs assessment". While we were hoping for something more complete, we are still committed to measuring our needs against how we meet them. • Dental: We're working hard to reduce backlogs and making good progress. • Appointment details was another interest that came from the last meeting. It is so incredibly important for patients to understand their treatment plan. We're very invested in making sure they have that information. We're hesitant to divert resources from working towards the new electronic health system. But we can do better and work on that communication to make sure that patients understand their treatment plan.
Daphne	You were talking about suicide prevention, could I/I be trained? Megan: In our peer-to-peer training, there is a crisis module that addresses that. So, anyone who does the peer-to-peer training can access that. You were talking about people who can be identified to not being left alone in their cell. Can their roommates get training?
Jim	When we talk about drugs being introduced into prisons. Every time you talk about it, you never talk about staff. I want to make sure we keep it 100. It needs to be addressed by all sides. Not all folks are involved in it, but they have to pay for it. Tim: I have acknowledged here that staff does bring it in. That's one of the reasons were moving to clear bags.
Ellen	Washington Way – has AHCC been trained in WA Way? Tim: Washington Way is scheduled to be rolled out there in October.
Shawnte	When incidents happen at the facility and you're trying to find out what happens, you're taking them to the hole for 30 days, but we didn't get our video visits or EFV. His grievances were ignored; his kites were ignored. He shouldn't have been in the hole. He lost everything while he was in there. You're not considering the problems you're causing by putting him there. He had 10 years of no infractions and was put in the hole because he was a

	witness. We were all ignored when we tried to reach out for help. He was a witness, not even involved. No one went and checked on him. He sent kites to get help for sleeping and no one addressed it. He saw blood all over the floor and couldn't sleep. Tim: Thank you Shawnte. I'm not familiar with the circumstances surrounding this incident but that does sound alarming to me.
Daphne	You were saying we need more treatment for drug issues. Have you talked about treating people when they first come in. Tim: I think what you're talking about is how most programs are addressed closer to release. There are some resources now that are available. The Atlas program is available on their tablets. There is drug treatment programming on there that's self-led. With MOUD treatment it will be available to anyone but it's going to be a while before we get there. Carrie: The Change program is a web-based application that everyone can access. It's great and I've been a big supporter of their programming. Tim: It might be something we want to highlight for a presentation in the future.
Kehaulani	How can you have a public meeting and not invite the public? Tim: Our policy dictates that in person is reserved for LFC/SFC representative only. *NOTE: Meetings are open to the public via Microsoft Teams. You can find the link posted online on the meeting agenda. I don't want Shawnte's incident to be overlooked. How do you not know what happened? Tim: I'm not going to discuss that in a public meeting. We owe Shawnte information but that will be shared privately.
Elizabeth	I want to introduce you to Alex and the box you put him in. It's been 833 days that I haven't had him. I'm never going to let you forget what you did to him.
Lori	My loved one has been waiting for an eye appointment for a very long time. His glasses have been taped together. How are you going to catch up on resident's eye needs? Patrick: I'd like to get more information from you so that I can properly respond. I don't have an update on eye care at this time. Lori: I know it's a huge issue at Coyote Ridge specifically. Some people have to have someone else come with them to the law library because they can't read with the readers that are provided. I'd be happy to work with you. SI Turner: Can you work with our I/I to know what their feedback is? Patrick: Feedback matters, especially from I/I.
Daphne	Epic, can someone tell me how that's going to work for residents? What will they be able to see and how will that help them? Patrick: It's amazing and works in a way that allows treatment providers to see the whole file. There should be a descriptor that shows what the appointment is for. Better communication between patients & providers and transparency around appointments, providers, and descriptions should improve care. Trisha: RDA team will be able to pull out data so it's learning if it's a systemic or facility issue.
Shawnte	Your healthcare has been a problem. You all know that today you can be fine and tomorrow you could have diabetes. Why are our loved ones not being given the same care they'd receive on the outside? Why are they waiting for years for glasses, why are we waiting months to have A1C levels checked.

	You know that the healthcare system you have is inadequate but you're not fixing it. During Covid I had to bring it up at our local family council that everything that wasn't Covid was being ignored. They are in your care, but you aren't caring for them. That really really needs to be addressed. Stafford Creek has gone for years without a doctor. When my husband broke his wrist and had to have surgery, he didn't get physical therapy because you couldn't figure it out. Patrick: Thank you Shawnte, I really appreciate your comments, and I feel like I share your passion and so do most of the employees in health services. We see the opportunities to be more responsive. There are many opportunities for us to do better and we're striving to grasp those opportunities. Tim: Maybe it would be good for a future meeting to have a presentation on our preventive care that is offered.
Birdie	We need to talk about management. When someone enters into DOC and they could have issues before they come in and DOC seems to have a problem receiving information from outside DOC. They start completely from scratch. It's ridiculous that something that's been working outside DOC but then they come in and they don't get any of that, it takes years to get half the treatment that they need. Do you have policies in place for people who come into DOC with medical issues, to get the information from their outside providers. Patrick: Thank you for your questions. We have folks who are transported from local jails to our facilities and that can happen fairly quickly. Our effort is to be more communicative with those jails so that we're best prepared to receive them. We have a wonderful pilot program that we're hoping to roll out to the other jails. We have a pretty thorough intake program that really helps us to understand their needs. Trisha: The new electronic record will help us to get records from outside entities, and the record can go with them when they release. Right now, we must receive all medical files on paper, and a lot of places won't release paper files, it's an issue. I'm talking more about someone who's ready to sign a release and it falls through. Trisha: That's because a lot of places don't release paper files but that's the only way we can currently accept them.
Wendy	I hear you talking about the jails but they're probably just as bad about not having the information. Patrick: That's one of the reasons we're so excited about the electronic records, then everything from outside will transfer with them.
Kahlaunie	I want to know how long Patrick has been with DOC. Patrick: I've been with DOC since April of 2024 or 2023 but I've been in this role since May of this year.
Securus Update Jason Bennett	*See Attachment #2* Shawnte – When we had JPay we were responsible for buying the tablets, so if it broke, we could just buy a new one. Now that you control that, we have to wait months to get a new one. Kiosk issues themselves, when it's been an issue at the facility for months and months, then they say we're waiting for Securus. There was one computer whose audio didn't work and it's never been fixed. We would have to reschedule if we got that computer. I lost so

	much time that I could have seen my husband and spent that time with him, but we couldn't because your equipment didn't work. Chris: As far as the kiosk is concerned, the facility will submit a ticket and then we come and fix it. Maybe we didn't know about that, because normally we're there the same day or next day because we have so many field techs out there. Shawnte: Can the tickets from the I/I go straight to you? Because I know my husband submitted it, but it wasn't fixed. Chris: Right now, we don't have an option for those to come straight to us from the I/I. I can have a tech go look at H4. Sandy: At AHCC TB they have the same issue with the microphone not working. It's been reported but it hasn't been fixed. The quality of the calls at AH have deteriorated over the last 6 weeks I'd say. My son is very garbled. Chris: These phones are picked up and used constantly and are not always taken the best care of but if we know, we do get out there and fix them as soon as possible. Sandy: There seems to be a disconnect because our loved ones are reporting it, but it doesn't seem that information gets to you. How close are we to getting new tablets? Chris: We're in talks to get them but the contract hasn't been finalized with DOC. Ellen: When JPay was on the tablets, there was a calendar where they could put their work schedule or appointments on there. It really helps to keep them organized. We've been told it was going to be put on the Securus tablets, but they haven't got it. Chris: I don't know if that's something we would add to the old tablets, but I believe the new tablets will have that. I can reach out to the product team to see if it could be added to the old tablets. Kehaulanie: Has DOC ever accepted performance credits for failing to meet performance levels? Chris: They have. Is DOC regularly reviewing free messages, phone calls etc. Jason: We get a quarterly report with that information. Carrie: The struggle with the infrastructure. With the new tablets that are more up to date, what is going to be done to help with the new tablets, so the issues don't continue. Chris: We're working with WSP to correct these issues. And we have a site study scheduled for next week. Daphne: Residents will be getting push notifications that they have a video visit. We used to get notifications on our cell phones but that's gone. Can we get that back? Chris: I can ask and see if that's something we could do. Daphne: We used to have emojis, and they were great, but they're gone. Can we get those back? Also, when you need to log back in, it says login failed. I don't like that, it makes me feel like a failure. Could it say, please log in? Lori: I'd like to reiterate the garbling; it's an ongoing thing. Sometimes when we're trying to work on legal things, he has to go to a landline because I can't understand him. He's in Coyote Ridge unit G. And we don't get any notification except an email to the email we signed up with, so I'm constantly having to check that email. And when I submit a ticket for help, does anyone at Securus actually see that?

	Chris: Where are you submitting that? Lori: It's the little chat now button (the AI bot in the chat). You shouldn't offer to help me if it's not going to help me. Shawnte: You guys have had this contract for a few years now and we've asked to have pictures back and those were so important. Please figure out a way to get those back. Kehlauni: How many audits have been done for the tablet fund? Jason: We haven't been, there isn't a mechanism for that. Kehlauni: It's in the contract, why aren't you doing it? Diane: The audit we did was to verify the number that Securus gave us and they matched. Carrie: On the website it says that video calls are being implemented soon but it's said that for months now, is that coming? Chris: Not for Washington DOC, we're remaining as-is for now. Carrie: Can they watch a movie at the same time as being on the phone? So, we could watch together. We used to be able to but now it doesn't work. Chris: I'm not sure about that, I'll have to check that.
Medicaid Transformation Project Charissa Reno	*See Attachment #3* Sandy: How long do I/I get the Apple Care after releasing and is there any cost to them and does it include dental and vision? Charissa: There is no cost. We are looking at dental and vision but we're not currently offering that? As long as they're eligible, they'll have Apple Care Megan: Once they release it's based on their financial status. They may have it initially but if they get a job making over a certain amount, then they no longer qualify. Shawnte: Did you say that you have a certain timeline after release that you help them navigate things? Charissa: We have about 30 days of help and then we pass them to our partners for help. Shawnte: I'd recommend that's extended much longer, it can take months just to find a provider who takes the insurance and is accepting new patients. Rachel: Part of the process with health management is getting them set up with those things. Lori: How are you considering current or previously I/I voices into this? Charissa: This is a great question; we've had this conversation this week. We're talking to Megan about getting those lived experiences and incorporating them.

Roundtable open discussion

Name	Discussion/Key Points
Sandy	I'd like to add that AHCC has a new Superintendent, Frank Rivera is our new Superintendent.
Lori	How do I bring concerns about a specific facility? I can bring them to the new Superintendent but how else? James: You can take them directly to the facility or submit them through the correspondence portal. Brianna: You can also take them to the Local Family Council for discussion.

	Patrick: For health services you can go directly to Health management at the facility.
Birdie	Suggestions: You were talking about drugs being brought in. Personally, I've seen a lot of staff come through and their bags don't get scanned. How long is going to take to require them to have clear bags or have their bags checked? James: Currently all bags are being checked. Birdie: I've seen it happen; staff come from the parking lot and are being waved in and go right by. James: As of Aug 1st, all facilities will require clear bags for staff. Please alert the Superintendent if you see staff bags not being scanned or staff not going through the metal detectors.
Shawnte	You guys are aware that someone in your care, we can't have life insurance on them. Your policy to assist families with afterlife expenses is the most nonfamily friendly experience ever. A funeral is more than $1000. The cremation service is more than $1000. When I've been asking questions for 2 weeks and the funeral home tells me it has to be done within 2 weeks or it won't be able to have what I want. I couldn't have life insurance on him because he's in your custody. And putting a limitation on it that doesn't even cover the bare minimum, that's not okay. You should be reaching out to them; we shouldn't be having to call over and over again with no response. James: Thank you for the comments, I'll be following up with Megan and looking at the policy.
Kehlauni	James, you said the policy is changing Aug 1st, what policy number is that? And was this policy change posted on the DOC website. James: I'm not sure if it's in policy, it was a memo that went out to all facilities. Kehlauni: How can a memo override a policy? James: The memo comes first and the policy will be revised the next time the policy is up for revision. Kehlauni: Who's above you that I can talk to? James: You're more than welcome to send your questions to the correspondence unit.
Sandy	You've implemented clear bags as of Aug 1st, are they also required to have clear containers? What about a lunch bag that's brought in? Jason: The bags go through the scanner, but they are also allowed a 5x7 bag inside the clear bag for personal hygiene items. They can't bring in refrigerated lunch bags anymore; they have to utilize the fridge.
Lori	I want to reiterate that I was at CRCC at shift change and many many staff came through and didn't go through the scanner. I also noticed many staff wearing apple or droid watches. They're able to use the internet and text. Jason: Watches that have their own stand-alone internet are not allowed. But a watch that requires Bluetooth, those are allowed. Lori: I can't bring my cellphone or apple watch, but staff can. I would ask the department to reconsider that.
Melissa	My smartwatch is Bluetooth, but I can make calls on it. The most recent investigation at AHCC, they caught the people in the parking lot. They wouldn't allow staff to search their vehicle, so the vehicle was impounded and

	searched, and they found meth and a handgun and then the Sherrif's office decided not to charge them. James: Our authority is to involve local law enforcement but that's as far as our authority goes. Melissa: I understand that, but you need to be pressuring the prosecution to get charges filed.
Melody	Do you follow up or have statistics to see the results from these finds? James: We might have data. I'm aware of the three locations I'm responsible for and we do work hand in hand with the prosecutors to get charges filed.
Andi	What does DOC do other than that? Are they denied visitation for a time period or what? James: Yes, we deny visitation. The superintendent submits the final recommendation. We have had visitors removed forever. Lorne: We are working on a process to give a lane to get their visitation rights back. They can appeal. We do know visitation is important.
Wendy	I've heard you all saying that staff has to be scanned but I've seen them push the button to see if they have to be scanned. Jamie: The button is to see if you need a full pat-down, everyone gets scanned. Dean Mason: Bags go through the scanner, no matter what. If you see it is not happening, please let me know.
Shawnte	We live in a world of supply and demand. The people who have a known addiction problem, if we treated them when they come in, maybe there wouldn't be a demand while they're inside. If someone comes in and has 10 years to serve, they spend 9 years addicted and then get treatment for the last year. Jason: While I'm not in HS I can tell you I'm on a committee that is working on MOUD to increase the number of people being treated for opioid use disorder. The hope is that we'll be able to provide treatment to everyone who needs it. That's the hope, and that's what we're working towards.
Melissa	I want to add on to that. I've been to Washington Corrections, Stafford, Airway Heights and Shelton and I've never seen a staff member have their bag checked or go through the scanner. My son has been clean but then had access to drugs and he's bored because he doesn't have a job or anything to do so he thinks, why not? Right now, he has a sanction that doesn't allow him to have any programming and that's the wrong way to go about it. Programs and jobs are vital. It seems like an endless cycle that isn't improving. I don't actually see any changes.
Daphne	I had mentioned before that I've been told that people who know they have a problem and reach out and ask for help then get reprimanded for drugs. Jason, you were talking about a program to provide MOUD medication for everyone who needs it? Jason: Yes, we are expanding but it's a very long process. Patrick: Like so many things, our recourses are very low right now. Right now, we're treating approximately 15% of people who have an opioid use disorder. We're working to get that to 100%. Trisha: Every year for several years now we've requested additional funds to expand our resources. We have a lot of things coming, CRCC will be getting a

	canine unit, and the hope would be that every facility has at least one canine unit. We're trying and we'll keep asking. There will be an MOUD placeholder in our September budget review.
Lori	Right now, you take tablets away when they use drugs, so you're taking away the one way they have to help with their disorder. Jason, you mentioned the committee that you're on to expand MOUD treatment, is Megan on that committee or members of the community? Jason: I probably misspoke when I called it a committee, it's more of a workgroup. I'm there to discuss the custody side, the pill line, etc. It's mostly medical staff. Megan: I think we could do better educating those who interact with the I/I's. A lot of times we work with I/I's and their treatment plans, but we could communicate more and teach more about disorders and treatment to their loved ones as well as the I/I's.
Shawnte	Opioid use diagnosis. Is that something that has to be done prior to being incarcerated? How is that diagnosed in prison? We shouldn't be punishing people for a disease. Patrick: Opioid use disorder is a diagnosis and quite a bit goes into the process to reach the diagnosis. MOUD is one component to the whole treatment plan. Group therapy can be a huge part as well. James: We can't infract away addiction. We are not placing folks in the hole for simple procession of drugs; they go to medical to be assessed and most of them go back to their unit with simple infraction.
Karen	My experience, I've talked to guys whose cellmate had drugs with them, and they both get put into the hole for months at a time.
Andi	I want to thank all the family members who are on, especially you Shawnte, for advocating for everyone and doing it through everything you're going through. Thank you everyone for being here today.
Tim	Appreciate everyone participating and sharing comments. We appreciate hearing from you even if it's ways you don't think we're doing good.
James	Next meeting will be virtual in September.

Next meeting location: MS Teams Date: 9/19/2026 Time: 10 am – 2:30 pm

Comments: _____

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