Department of Corrections
WASHINGTON STATE

FAMILY COUNCIL MEETING MINUTES

Location: Virtual - MS Teams Date: 9/19/26 Time: 10am-2:30pm

Teleconference details: MS Teams - Meeting ID: 263 849 817 798 4

MEETING ATTENDEES

Lorne Spooner for James Key
Department Co-Chair

Elise McKinnon
Family Co-Chair

Felicia Daniel
Family Vice-Chair

Brianna Reames, Executive Assistant to James Key
Department Co-Secretary

Andi Shotwell (Absent)
Family Co-Secretary

Members present: AHCC-Birdie Hough; SCCC-Daphne Nolte; WCCW-Greg Mansfield; WCC- Wendy Schindler
Not present: CBCC-Vacant; CCCC-Diane Sifres; CBCC – Vacant; CRCC-Scarlett Williams MCC-Danica Seavoy; OCC-Nancy Johnson; WSP-Vacant

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 Lorne Spooner, sitting in for 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: No updates at this time.
Facility Updates	**Birdie Hough AHCC:** Birdie Hough – Voted in to replace Stephanie. Our Hispanic heritage event has been rescheduled for October 24th. We had an event where almost 40 backpacks were distributed. We had two pow-wows, and they were both really great, people said they were the best ones yet. We had remote control car races, and they were a huge hit. Planning to have an art walk soon. Food vending is the one thing we're still struggling with. Not very many healthy choices but they are stocking it a little better. **CBCC:** Vacant **Diane CCCC:** Absent **Scarlett CRCC:** Absent **Danica MCC:** Absent **Ginger OCC:** Absent

	Daphne SCCC: Grays Harbor Community College and Evergreen State College graduated two cohorts of students in August, up from one graduation event last year. The **Resource Team** in restrictive housing has partnered with Evergreen's Sustainability in Prisons Program to create raised garden beds for the people being held in maximum custody. The SPP donated the raised beds, the soil, and the seeds, so it is a very budget-friendly endeavor. The staff are also participating in this gardening project, which is being heralded as a great success. One of Stafford's residents was raised on a **blueberry farm**, and last year the SPP donated 16 blueberry bushes to the facility. The resident submitted a proposal for 30 more blueberry bushes, which will be donated by his parents and will be planted in the area where Stafford Creek residents are raising bees in eight thriving bee boxes. Stafford hosted their second **Bite of Stafford** with a wonderful array of food, dance, music, and cultural groups, showcasing some of the many cultures represented at the facility. Residents were given tickets for being infraction free, which they then used to purchase their meal selections. The word is that this was an amazing event. The **Violence Prevention** event was a hit as usual, with nearly 300 residents who have remained infraction free in attendance. There were sports, music, wellness checks, and a farewell to the Associate Superintendent Dan Van Ogle. The events included an Ironman competition, basketball, cross fit, and staff vs resident tug of war, BBQ lunch, a great DJ and more. The Wealth of Wellness Group had a medical tent set up where they provided information about the silent killers including diabetes, high blood, pressure, nutrition, and cholesterol. Residents were screened and had their blood pressure, weight, and blood sugar checked. As in previous years, they found some concerning results, including one individual who was sent immediately to Health Services when his screening revealed a blood sugar count of 480. (Normal range is 80-120.) Stafford Creek also had its **annual Christian event**. This was a very popular event and one of the largest of the year. The event is held over a two-day period due to the number of interested residents and family. It was a great success enjoyed by residents, guests, and family and friends alike. **Washington Way** held two separate mixer sessions with the SCCC incarcerated population, allowing twice as many attendees to participate. Different groups presented their initiatives and discussed the progress they had made. The presenters brought insight into the work that is going on behind the scenes and gave the residents the opportunity to present new proposals to the executive team. **The Resident Advisory Council (RAC)** is another **Washington Way** initiative. It is currently exclusive to SCCC, with aspirations for its implementation throughout the state. The RAC board convenes with SCCC leadership to discuss proposals, address concerns, and share ideas. The objective of the RAC is to foster a safer, healthier, and more engaged and empowered living and working environment at Stafford Creek. They aim to reshape prison culture by confronting detrimental policies and practices that fail to adequately support rehabilitation, enhance health and wellness, or facilitate successful reentry.

	The **Cell 2 Cell** program is part of the **Washington Way** program that connects incarcerated individuals and prison staff in Washington state with their counterparts in Norway via virtual video chat. The Washington residents recently learned that there are no peer-to-peer groups within facilities in Norway. The facility they are connected with in Norway will be implementing peer-to-peer groups in the future, thanks to the connection with Stafford Creek. **Facility Medical Director Dr Curl's poem:** **Rise** **When we are confronted by the shortcomings of others, when disappointment weighs heavy** **and we are tempted to answer hurt with hurt,** **may we remember who we are.** **Strength is not found in standing above another, but in choosing grace when grace is difficult, in reaching out rather than striking back, in lifting rather than diminishing.** **We rise by lifting others.** **Every kindness we offer, every burden we help carry, every moment we choose compassion over judgment builds something no one can take from us.** **So when others fall short,** **do not let their shortcomings lessen you.** **Stand steady.** **Choose grace.** **Lift where you can.** **For none of us rises alone—** **and sometimes, in lifting another,** **we discover that we have risen too.** **Wendy WCC:** We're having a facility tour on Oct 9th that will be led by our new CPM. We also got a finalized agreement that we can have tier reps come to our LFC meetings twice a year. We also have an event coming up next Saturday. **Greg WCCW:** Meeting minutes are not being sent to the units and are not being posted. Is it possible for family members to donate for things like Christmas events and decorating. CI has recently taken bowls. They'd like bowls and disposable cups returned. They're not getting medical as needed, they're having issues with seniors having to stand in the pill line for a very long time. Could there be separate senior pill line? CUS says it's not in policy, but can we add it. The facility has been very respectful in the way drug searches have been conducted. They've noticed a big difference. **WSP: Vacant**

	Andi Shotwell: Absent
Secretary Time Scott Russell for Tim Lang	Jeri: Ben has been promoted to CCCC as Superintendent. WCC superintendent Mason will retire at the end of the month and we're currently recruiting. We're also working on recruiting for the Deputy Assistant Secretary position that was vacated when Chuck Anderson retired. Scott: Secretary Lang shares his appreciation for everyone here today. I recently had the pleasure of participating with the OMBUDS interviews and we had some very good, diverse candidates for that Director position. I wanted to give you some updates on the Departments fiscal year 2027 supplemental budget and the 2027-2029 biennial budget requests. The Department put forward our budget requests and needs to the Governor's office. The house, senate and Governor all put their ideal budget forward and then they work towards a final budget. There is a need for close custody beds in the department. We did open MCC's A unit, but we were only partially funded for that, so we've requested additional funds. We're also asking to open unit B as it looks like we will continue to need additional beds. Medication for Opioid Use Disorder (MOUD), we're working to expand those services across the agency. Staffing relief, unfortunately we've never been fully funded across the department. We have a large request submitted to help fund our custody staff. We don't have the staffing to maintain operations and different services get shut down because of it. Electronic health records, we continue to work towards that. That will be a legacy moment for DOC. That will be such a great improvement! Contraband management, we face as a department, challenges with drugs and violence. We've implemented clear bags and we're looking for further opportunities to improve our processes. ISRB, we've had a great staff team, but the case load has increased significantly. So, we've asked for additional funding to add team members. The 1115 waiver will be running out so we're asking for funding to keep that going. Reductions, we're looking at how we can make reductions without affecting safety and security. We've requested a small reduction in Hep C funds, but it will not affect treatment or testing. We haven't been using all the funds allocated for Hep C so we're just asking them to reallocate those funds. Elise: Can you talk a little more about the need for more close custody beds. I have assumptions but I don't want to assume it's due just to violence. Scott: A lot of it also has to do with sentencing. Certainly, there's also those folks who are trafficking or doing harm with drugs. Typically, that does result in changes to their custody level. We're trying to focus on the 97% that are doing what they need to and not focus so heavily on the 3% that aren't. Trisha: What we've seen since 2020 is a large drop in people coming into our facilities. Which is good but there are also other changes happening. We're having higher amounts of drugs being brought in. We've just had a major change in the population we have in our facilities. Now our population is starting to uptick again and we don't have enough close custody to safely house them. Daphne: ISRB – it sounds like the workload has gone up. I've been in contact with a family that is very concerned about their loved one, they think he's not going to get out on the date that he's supposed to. Is that because they're understaffed? Scott- We're working hard to make sure that doesn't happen. Keisha is the leader of that team, and she's noticed over the last few years that the workload has continued to increase. There are programs that folks are

	required to complete before their release and we're working to get those done for folks before their release dates. It's not just total confinement; it's also partial confinement. They have steps they must complete as well in GRE, CPA and Reentry. Greg: Legal mail, can you provide more details on what you're working on? Also, for betterment fund, are you looking to use those funds for something else? Trisha: The department is not looking for any reductions in the betterment fund. We were against the previous reductions. Scott: Legal mail, what we've found is that there are individuals in the community impersonating law firms. They're sending mail in that's saturated in drugs. When legal mail comes in, we contact the law office to verify that they sent it and we're finding they have no knowledge of the documents or the individuals. Elise: What are we looking at to figure out why there's been such an increase in violence? Is it a stress issue? What discussions are we having? Scott: Drugs are a major issue. Some individuals accumulate have debt from buying drugs, the STG issues are also a problem. We're trying to go upstream, working with the DEA and law enforcement. We're trying to stop the drugs before they get to the facility. We have gangs that also fight on site, so we have to separate them for everyone's safety.
Patrick Mendel Medical Updates	- There was someone at the last meeting that was concerned that their son couldn't get access to vision care. We followed up and got him an appointment that week. - TBI – This is something that affects a large number of incarcerated individuals. I've been trying to find a clinical champion for this cause. The problem is we have so many major projects happening right now that we're kind of at project capacity. But I have found 2 clinical staff who are interested and want to have that conversation. - There was a comment about health services not accepting outside health records. We will accept patient records, but we can't accept them until the individual has arrived at the facility. And we can only accept documents directly from a health care provider. We cannot accept them from a family member who went and got them. If family wants to make that connection, I'll share that contact information. **Follow-up:** ○ DOCHealthInformation@doc1.wa.gov ○ Fax 360-273-9420 ○ Mailing: Health Services, PO Box 41141, Olympia WA 98504-1141 - There was a question about how I/I can help with suicide prevention. This is a very important subject dear to my heart. I took this question to Dr. Espitia and asked for her help. We are working on a course that will be led by a health care specialist and it would train folks to help their peers through periods of suicidal ideation. - Suicide prevention memo *See Attachment #2* This is something we'd like your feedback on. We would send this out to I/I's via the kiosk after a suicide attempt in the unit. Elise: I think it's awesome, but my comment is that I see it says to contact any staff however I know that many people are afraid to talk to staff. Daphne: SCCC has been great about getting peer support out with grief support the same day of a suicide.

	Gerg: Do they still allow the I/I's to have safety plans? They used to but I don't know if they still do? Patrick- That's a great question. I will look into that and get you that answer. (Answer is below from Dr. Espitia) Elise: Another thing that I think is important to point out, I think there is a good opportunity to highlight that incarceration is stressful. This doesn't address the reality that you live in a stressful place, and we recognize that and we want to help with that. Here are the resources available. Scott: I think it's an opportunity for us to review the handbook and see if that information is there and maybe elaborate. Elise: To close the loop on it. In the past, when my husband was in a dark place I felt like my hands were tied. My husband did not want to talk to staff because they would make it worse for him. They'd isolate him, pull him out of activities, etc. What can we do to fix that? When the people you have to talk to are people you don't trust, that's not a functional process. Patrick: You mentioned trust a few times there and Jeri and her team and our Health Services team is devoted to building that trust. Catherine: I have a suggestion. My daughter is an MPC(?) she did intensive training with all the CO's and she had check lists that she developed to watch for different behaviors in the individuals. She had the stronger kids looking out for the ones that were struggling, peer support. But I recognize that the magnitude of what you're dealing with is a much larger scale. Dr. Espitia: To answer the earlier question, yes, we do still use safety plans. And we just added a new form that is the Aftercare Plan. It's not sensitive information; it's more general information that is released to the custody staff at the unit when they're released from COA. It will have the date of their follow-up appointments and any other after-care information. It will also have behaviors to watch for, for that specific person. It also has skills to offer if staff notices someone is slipping backwards. Like yard time, working out, talking to staff. This is all specific to that person. Jo: In regard to the comments and concerns about building trust. We have a lot of work going on around suicide prevention, building trust with staff. It's in most people's nature to care for other humans. Daphne: Jo, I'm really glad to hear that that's being encouraged and pushed. A family member asked if individuals would be allowed to use telehealth for outside mental health providers? Patrick: Telehealth is something that is happening right now within the prisons, but I don't think access to community providers is accessible. But we do have the 988 line that can be contacted when having a mental health crisis.
Open Forum	
Daphne	As far as using a telehealth provider. I'm thinking of how useful it could be for an individual to have someone that knows them that they could talk to once a week. (We'll have follow-up for this at the next meeting.)
Elise	You were telling the story about the person who needed vision care. What had the I/I done to advocate for themselves? At what point did the person on the outside feel they needed to step in? Patrick: When I was reviewing, it was very hard for me to understand why the person perceived they were not able to access the services. We had no problem getting him an appointment that same week.

Birdie	You were talking about suicide prevention and mental health. That goes with pain management to me. What are you doing for pain management? Patrick: Is the experience you're referencing with a DOC provider? Yes, although all his outside physicians are recommending pain management, the DOC provider is denying them. Patrick: I will research this and get back to you at the next meeting.
Catherine	I just want to clarify something that Daphne was talking about. A mom was asking if her son could talk to his dad during the counseling session. It was denied because she was thinking the counselor would have to be added as an approved visitor before they could do that. Karin: Yes, for video visits on the tablet, they do have to be an approved visitor to be added. I know they're still working on the situation. Scott: I'd like to add that 988 has saved two lives, CBCC we saved a life of a potential overdose and WSP we also saved a suicidal individual.
Elise	How can we make sure that the individual experiencing the crisis can advocate for themselves and get the resources they need. I advocate for my husband a lot, because I love him, but those who don't have someone to advocate for them should not be at a disadvantage. Patrick: We are working on a process to get feedback from individuals, and not only when things are not working. The current process is not ideal, and we need to rework it. Scott: The patient can declare a medical emergency as well and we will respond immediately. Elise: I'll give an example. My husband came out of surgery, and he was prescribed medicine afterwards. But because DOC doesn't have that medication in our pharmacy, he did not get it. Even though they were sent to have it filled at the hospital, they wouldn't do that. They weren't going to give it to him at all. He went for days dealing with very difficult side effects before they could find him a substitute medication.
Gwen	Work release, when will the bike program at Brownstone Reentry Center be implemented? Lorne: We'll have to follow-up and get that answer for you. **Follow-up from Brownstone:** The implementation was contingent on having an area for storage to include securing the bikes. We ordered a secured bike rack that took approximately 3-weeks to arrive. However, the bike rack arrived damaged, and we waited another 2 weeks for the replacement. It arrived yesterday (9/22) and should be installed this week.
Elise	HIPPA compliance – where are we seeing that be a challenge currently and how are we working to shore up those gaps? Patrick: The important thing with HIPPA is that we have processes in place to protect that private information. Luckily, being in government we already have a lot of processes in place. But there are some gaps and we're working to locate them and correct them.
Elise	Are we seeing delays in release dates simply because ISRB workloads are too high and they're not able to process them? Trisha- I want to be clear that ISRB is a completely different agency and I'm hesitant to answer this question on their behalf. I have spoken to them, and caseloads have increased 100-150% every year, partially due to lifetime supervision. I'm hesitant to answer for them.
Indigent Process Phoebe Hutsell,	*See Attachment #3*

Trust Accounting Manager	Elise: Are you saying they cannot take their account below $100. What happens to the balance of their account? Phoebe: That is correct. It stays in their account. When they release the debt sits there indefinitely unless they come back. Felicia: With all due respect, I feel like we were reiterated information that we already know. For someone who has nothing and we're indebting them, it isn't right. Phoebe: Because it's done based on RCW, it would require a change in RCW. Daphne: What percentage of I/I are considered indigent? Phoebe: I don't have that information right now, but we could get that for you. Keep in mind that number is constantly updating and changes rapidly. **Follow-up:** Please be aware that the calculation is a moment in time based on available data. As of September 21, 2026, there were 4926 indigent accounts. This is approximately 38% of the total population using the ADP for August 2026 of 12842 individuals. Jim: How many people are being allowed to have a job to be able to support themselves? There needs to be more opportunities to have jobs. Daphne: What does the average debt look like? Pheobe: When you get a look at that deduction matrix it's very helpful. It breaks down each type of deposit. It varies wildly. **Deduction Matrix:** Attachment #4 Elise: What are the general job payments? Aren't we capping people off at certain amount? They may still not be able to cover basic hygiene? Is DOC involved in trying to change the RCW's? Trisha: We have had a lot of conversations with outside stakeholders trying to reduce the cost of incarceration. It's been a painfully slow process. Incarcerated wages and deductions are two topics that we continue to have conversations about and focus on. We continue to talk about video visits, calls to try and make them less expensive or free but that has a very large price tag, and we don't have anyone to pay for that. We also continue to talk about health copays. Catherine: They were talking about taking the deductions away from commissary. They did pass that. If I put money on other things, there are deductions. Securus is a different animal. You could put $20, $30, or $40 on it. Mr. Bennett said they're revamping that, but I don't know if that will be for the better or worse. Phone calls and Securus are a mess. Phoebe: The commissary subaccount is active, and you can deposit up to $500/month and there are no fees. Trisha: There have been and continue to be a lot of conversation about the reasonable cost for communication. Dianne: There should not be any fees for communication. We will follow up with Mr. Bennett and add that to the minutes. **Follow-up:** There are no fee deductions by the vendor when depositing money via JPAY/Securus. We are working to get the DOC# in question so that we can investigate this instance. Daphne: That $100 limit for indigency, how is that tracked? Phoebe: That's automated in the trust accounting system, it's tracked automatically and updated. Jim: How does medical work, do they still have the separate medical account? Is that untaxed? Does the required savings affect indigency?

	Phoebe: Correct, the medical and postage are not taxed. Jim: How do child support payments get affected? Phoebe: I would refer to the policy language, it's very specific. Elise: I want to circle back to the idea that people can be benefiting from indigency. It's not something to look down on. Everyone is coming at this from a different angle and has different needs. Catherine: My loved one had a pair of glasses that were issued to him. CI billed him $200 for his glasses, should I have put that money on his medical account? Phoebe: Yes, you can put money on a medical subaccount for glasses.
Drug Treatment Paul French, Administrator – Substance Abuse Dr. Zainab Ghazal, Community Corrections Administrator	*See Attachment #5* Jim: When I was assessed, they found me as very low need, but DOC HQ overrode that and said that I needed more treatment. That was in 2020. Paul: Our process is different now. I haven't experienced an instance when our clinical recommendation was overruled by the Department. We don't change our recommendations; it's a clinical decision. Elise: How is someone determined to need an assessment. Paul: That would be the through the initial screening, it's determined by the results of your screening at reception. If it's DOSA, they are automatically assessed. Certain pathways also automatically get assessed, like GRE, CPA or Reentry. Elise: How could we get someone assessed earlier who maybe later is told they need an assessment, but it could then interfere with their release if they're unable to get it done in time. They get rolled for an assessment that could have been done earlier. Paul: An individual can request to be assessed and then they'll be added to list. A classification counselor can also ask for an individual to be assessed. But we only have so many spots for assessments and we have to prioritize who gets them first. With Senate Bill 5219 we are assessing people earlier and getting them unto treatment earlier. It's challenging to have so many people and so much need without enough staff. Jim: I noticed on your slide that you're working on getting to people earlier when they enter DOC. Do you have any data on how many people admit to needing treatment? Paul: That would be the assessment, I can get the numbers and add that to the minutes. **Follow-up:** From 1/1/2026 – 8/31/2026 there have been 2919 Substance Abuse Prescreens with 1564 of those resulting in the need to be assessed for substance use disorder. There were 2872 Opioid Use Disorder (OUD) Intake Screenings which resulted in 896 needing an assessment for OUD. Paul: I would encourage you all, when you talk to your loved ones, to encourage them to use Atlas.

Roundtable open discussion

Name	Discussion/Key Points
Daphne	I wanted to say that I really appreciate your comment, Elise, the idea of treating everyone with dignity and respect. Paul, it's really comforting to hear that people are not treated negatively that for self-admitting that they want help.

Catherine	Is there a plan to only use union direct supply for any of the orders and do away with all the other vendors? I was told that union direct supply people are going around DOC meetings and saying they want to be the only one you order from. **Follow-up:** There is no plan to make any changes from the current approved vendors. A series of meetings occurred in August with Tier Reps and other incarcerated individuals which included Correctional Industries management overseeing the package programs, members of the Security Management Unit who oversee and approve allowable property items and members of Union Supply's leadership team. These meetings were not to share any changes to current approved vendors, as there are no changes currently being discussed. The intent of these meetings were to have a variety of stakeholders available to collect feedback and answer questions relating to the property approval process and package program operations. Those conversations were quite successful in those regards as they provided the opportunity to answer a large number of questions and collect significant feedback that we hope will drive future program improvements.
Elise	My husband recently had a very traumatic surgery, and the entire process was trying. He wasn't allowed to bring a book; I wasn't able to be with him or pass a note to him to check on him and let him know I was thinking of him. It was a very lonely, scary time. Patrick: Thank you for bringing this to our attention. I can see that would be very hard on the patient and the family. This is a security issue, and there may be some instances where people try to take advantage of the system but I'd like to look into this and investigate it more. Jeri: I think there are ways that we should be following up with families at the very least. There are significant security issues, but I see there is space for us to be more compassionate in this space. Patrick and I will look into this more.
Jim	A lot of folks also don't think about signing a ROI before they leave for medical trips, we should be reminding them to sign those so their families can be informed. Dr. Ghazal: I can add that to our process but those do have to be patient initiated but we can give them the forms.
Elise	Is there anything that DOC wants to share with us?
Karin	I would like to share something that the facility is really proud of. At that graduation, we had 14 bachelor's degree graduates receive their degrees!
Daphne	I was at Stafford Creek the other day and there was a code and for quite a while family members were waiting for their loved ones and the Captain announced to everyone how long it would be and a little bit about what was happening. It was very nice to get that update; we all appreciated it. I'd also like to say that those in person SFC meetings are so valuable, I loved them. I wish we could do more.
Trisha	I'd like to give a shout out to our crew that was at the front line of the wildfires in Spokane this year. They are amazing!
Megan	I'd like to share that there was some heaviness at our last meeting due to the loss of an individual and I'd like to share that we were able to have an Incarcerated led service for him. It was recorded and will be shared only with the family so that they can see how many people cared about him.

Daphne	Megan has been such a great help to me, connecting people. Karin has also been so supportive and helpful. The medical team has been so wonderful as well.
Jo	Every time we have an SFC meeting, beforehand I'm up having coffee with The Women's Lived Experience group, they're formally incarcerated women and they share so many ideas on how we can help women who are incarcerated. Today they mentioned that there is not a sponsor for Lifer's group right now.

Next meeting location: MS Teams Date: 11/21/2026 Time: 10 am – 2:30 pm

Comments:

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Distribution: **ORIGINAL** - Family council co-chairs