

Washington State Joint Legislative Task Force on Jail Standards

MEETING MINUTES

November 17, 2022 3:00 – 5:00 p.m.

1. Welcome

- Co-chair Ethan Frenchman welcomed Task Force members to the fourth meeting of the Joint Legislative Task Force on Jail Standards.
- Ethan Frenchman reviewed the shared operating procedures the group established in the October 2022 meeting.
- Ethan Frenchman reviewed the meeting agenda. The task force adopted the agenda for the November 17 meeting.
- Ethan Frenchman reviewed the previous meeting's minutes. The task force approved the October meeting minutes.
- Establishment of quorum. See list below.

2 Public Comment Period

• No members of the public in attendance submitted a comment.

3. Experiencing Health Services in Jail

• Task force member, Jordan Landry, shared his experiences receiving health services while awaiting trial at the King County Jail between March 2019 and September 2022. Jordan recounted issues with receiving timely prescription medications upon booking and release. During his confinement, Jordan noted he required both emergency and follow-up care. However, he recalled that follow-up care appointments were routinely cancelled due to COVID. Jordan stated that his continued to decline and as a result he was moved into the infirmary to have closer access to care; this move resulted in him living in isolation for the remainder of his confinement. Jordan concluded that in total he waited more than 14 months for follow-up care and ultimately did not receive care he required until he was discharged from the jail.

4. Overview of Jail Health Services & Standards

- Task force member, Dr. Marc Stern provided the group with a presentation covering the following:
 - What health care services are provided in jails and how that care is provided;
 - Who pays for the health care services within a jail;

- What the standards of care and regulations are for health services in a jail; and
- The available data on health care services and related outcomes. See attached slides on page 5.
- Dr. Stern noted that jails provide a wide range of health care services including medical, dental, mental health, and substance use disorder treatment and demonstrated how individuals in custody are able to access and receive care. Dr. Stern referenced RCW 70.48.490 which allows for the delivery and administration of medication and medication assistance by nonpractioner jail personnel. He elaborated on how frequently correctional officers conduct screenings, such as for opioid withdrawal, and highlighted the limited options for care for individuals whom are dealing with mental health related issues.
- Dr. Stern relayed to the group the funding sources for jail health services and noted that an individual's medical insurance is discontinued once they are detained. He noted that as a result, jails charge copays, which can become a barrier for individuals to access care and can later become medical debt, which in some cases can become collectible.
- Dr. Stern outlined the components of a health care standard the structure, the process, and the outcome. He then noted that the components of a standard can be measured both objectively to determine if a policy exists (e.g., the jail has a policy on suicide prevention) as well as subjectively to determine the quality (e.g., the suicide prevention policy is written well).
- Dr. Stern concluded his presentation outlining the available data on health care services and related outcomes. He noted that death rates were exponentially higher in 2019 than in 2000, and that Washington jails have the fourth highest mortality rate in the country.

5. Application of Health Care Standards

- Lauren Robinson, RN, from Seattle & King County Public Health provided an overview of the available health services at the King County Jail and how standards can inform the care that is provided. She emphasized that the jail responds to an array of needs and provides a wide range of services, including supporting public health endeavors, such as HIV screenings at booking. She noted that individuals in custody have daily access to several services and that requests for services are voluminous at the jail.
- Lauren highlighted the challenges staff have in providing care to all individuals and how the lack of both health care and corrections staff is leading to prolonged wait times for individuals in custody to receive non-urgent services. She noted these staffing shortages impact the ability to provide care and stated that people are often waiting for hours in the booking area where they unable to receive care. People are waiting more than 25 days past an expected appointment for non-urgent care and sick calls and routine appointments are repeatedly cancelled. She stated that zero patients were transported to outside health care appointments in the previous week, and that routine health assessments have been cancelled for months now due to COVID precautions.

• Lauren then shared how the health services in the jail is currently accredited by the National Commission on Correctional Health Care. Lauren noted that the Commission's standards help inform and guide policies and practices in jails. However, she also cautioned that standards alone cannot guarantee quality care and that many standards are often vague and lack guidance. She noted that standards often do not account for operations within the jail, and that staffing impacts the ability to meet standards. She concluded that the jail does not lack standards, but lacks the proper staffing and resources to respond in real-time to highly complex needs of individuals in their care.

6. Correctional Health Care Oversight

Held for a following meeting.

7 Next Steps and Closing

- Hailey Ockinga reminded members of the survey that was sent out prior to the meeting to collect preliminary feedback on the group's proposed recommendations and asked that members respond to the survey by Friday, November 18.
- Next meeting will be on Wednesday, December 14 in Spokane

Name	Task Force Affiliation	Organization	Present
Rep. Jesse Young	House of	Washington State	No
	Representatives	Legislature	INO
Rep. Kirsten	House of	Washington State	Yes
Harris-Talley	Representatives	Legislature	1 05
Sen. Perry Dozier	Senate	Washington State	No
		Legislature	NO
Sen. Rebecca	Senate	Washington State	Vas
Saldaña		Legislature	Yes
Chanel Rhymes	Entities involved with	Northwest Community	
	or interested in the	Bail Fund	Yes
	operation of local jails		
Christopher	Defense attorneys	The Swaby Law Firm	Yes
Swaby			Y es
Devon Schrum	Jail administrators	Washington Association	
		of Sheriffs and Police	Yes
		Chiefs	
Eliana Macias	Cities	Yakima City	No
		Councilmember	INO
Ethan Frenchman	State designated	Disability Rights	
	protection and	Washington	Yes
	advocacy agency		
Hailey Ockinga	Persons with lived	Beyond These Walls	Yes
	experience		

Judge Jeffrey	District and municipal	Spokane County District	No
Smith	courts	Court	
Jordan Landry	Persons with lived	Community	Yes
	experience	Representative	1 CS
Laurel Jones	Statewide civil legal	Columbia Legal Services	V
	aid organization		Yes
Lisa Janicki	Counties	Skagit County	Yes
		Commissioner	res
Dr. Marc Stern	Medical and mental	University of Washington,	Yes
	health providers	School of Public Health	res
Norma Tillotson	Prosecutors	Washington Association	NI.
		of Prosecuting Attorneys	No
Judge Sharonda	Superior courts	Thurston County Superior	V
Amamilo	•	Court	Yes
Chief Wendy	Law enforcement	Whatcom County	Yes
Jones		Sheriff's Office	

- 1. What health care is provided, how, and by whom?
- 2. Who pays for the health care?
- 3. Standard of care and regulation
- 4. Data regarding services and outcomes

Types of Care

- Med./Surg.
- Mental Health
- Dental

Substance Use

- Screening (intake)
- Continuity of care/ chronic diseases
- Episodic care
- Specialists
- Dialysis
- Infirmary
 - Hospitalizations







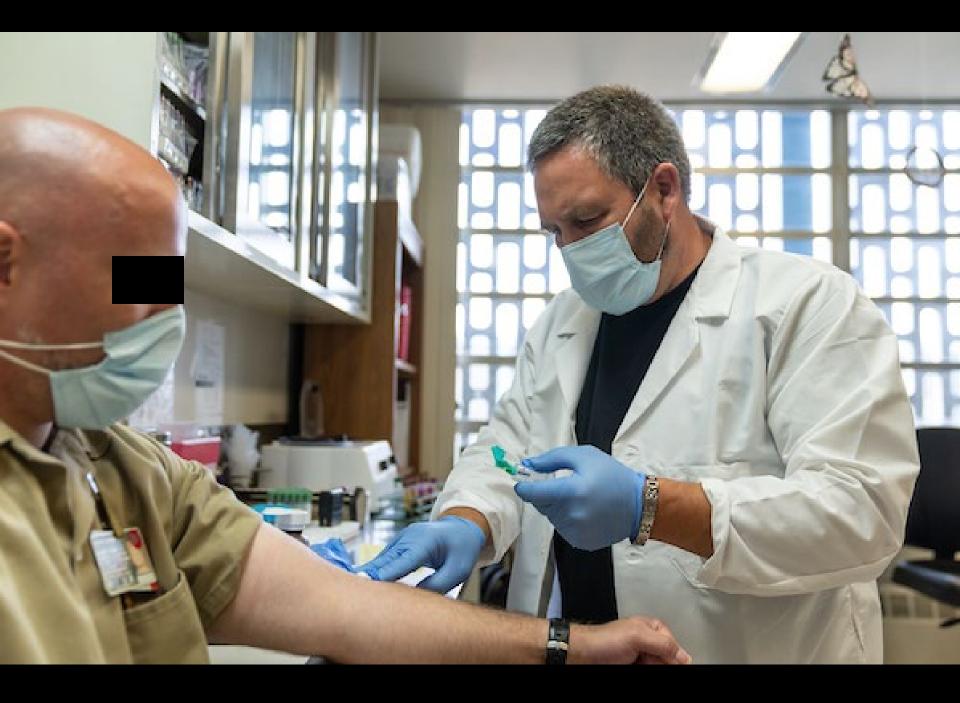
















Who conducts screening for opioid withdrawal at Booking?

Correctional Officer 30 jails

Nurse 17

No one 1

Which treatments are used for opioid withdrawal management?

Buprenorphine (either induction or taper)

28 jails

Symptomatic treatment (prescription medications)

16

Symptomatic treatment (prescription medications)

3

Who is eligible to start and treatment for OUD?

No one

15 jails

Outpatient Care

Episodic Care

Chronic Care

Non-Urgent

Donartment of Corrections

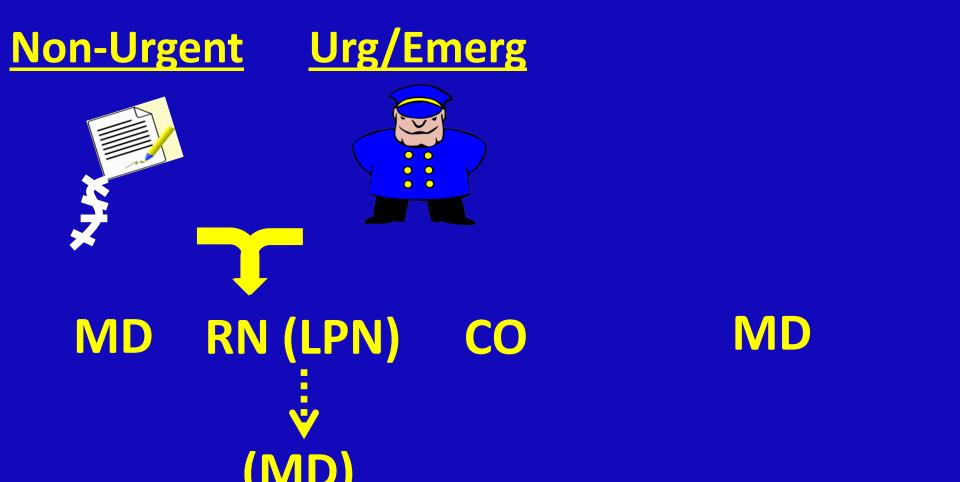
Department of Corrections	
Medical Service Request Form	\bigcirc
Section 1. To be completed by the inmate	RECEIVED SEP 2 7 2017
Type of Request (mark with "x")	Date & Time Stamp-Received by Medical
Medical Dental Psych Medication Refill	
Inmate Name DOC Number 599	30
Date 9-25-17 Location (Facility, Bldg, Zone	
Service Requested: (To better serve you, please be as specific as possible) My book paid midd be out at 1	NEED Something
for onest pops. My Chost keeps h	untry
I understand a Co-Pay will be applied, as noted in the Inmate Handbook and policy. My refusing Inmate Signature	DOC Number
to be seen for a scheduled visit will result in an and the control of the control	

5

Outpatient Care

Episodic Care

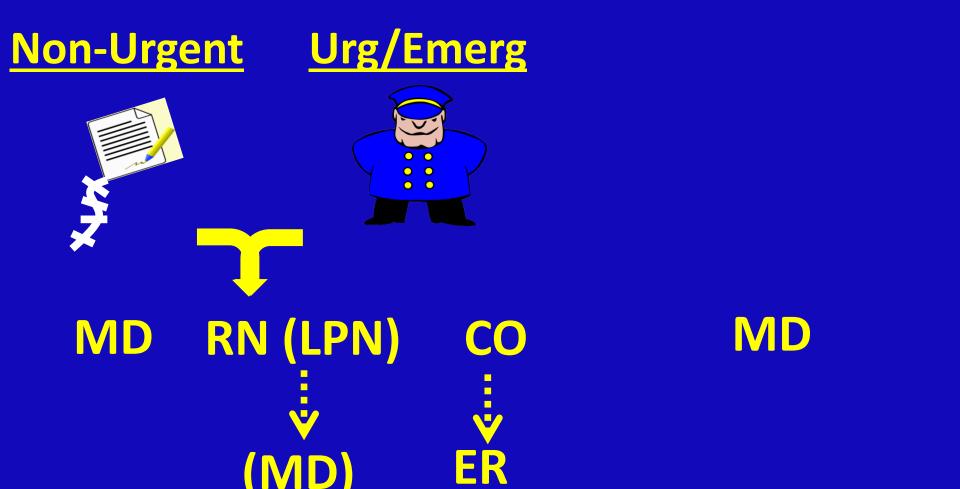
Chronic Care



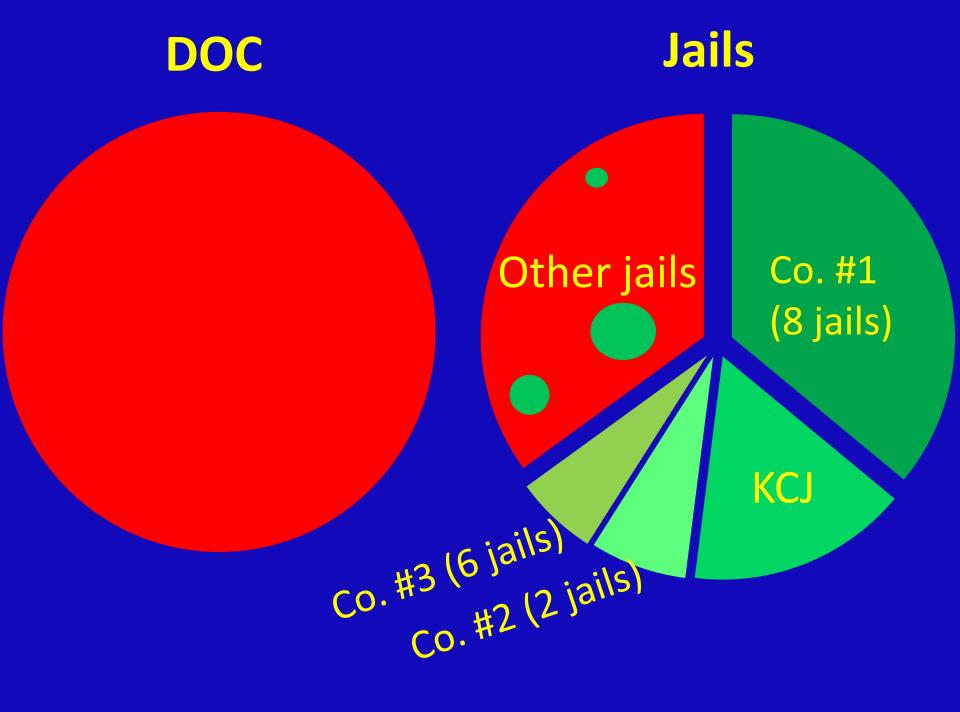
Outpatient Care

Episodic Care

Chronic Care



Electronic Records in Jails?

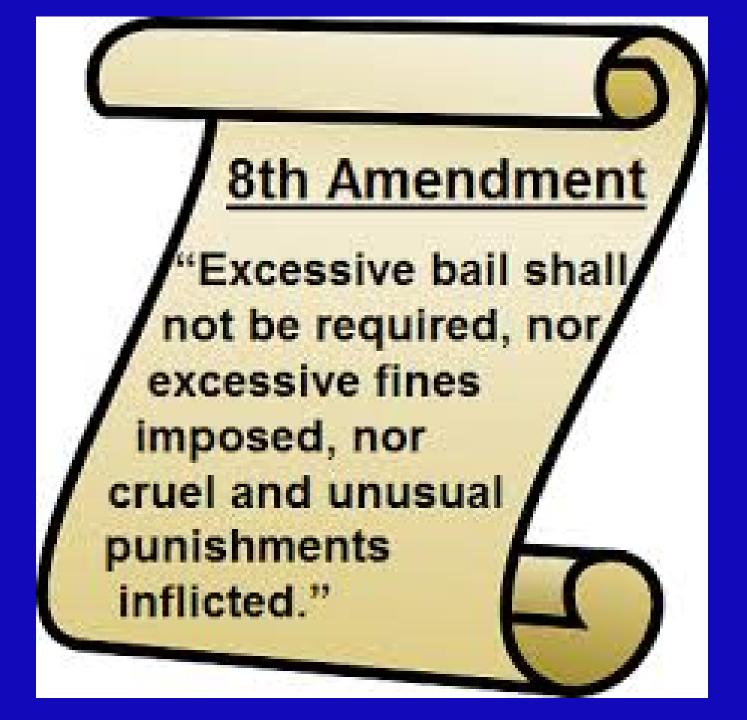


Treating Mental Illness in Jails

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Option 1: In-house expertise and mgt
Option 2: Take to local hospital ER
Option 3: Civil Commitment (= ITA = RCW 71.05)
  Call county DCR:
      a. Will inflict harm upon self, others, property? or
      b. Can't provide for/is not receiving essential health
         & safety needs?
  Outcomes: -admit to MH facility (1-3 days) (rare)
               -Ø
Option 4: Forensic Commitment (= CR = RCW 10.77)
  Ask court to order competency eval (1-2 weeks)
  Outcomes: -competent \rightarrow \phi
               -incompetent → Order CR → wait wks to mos
                   for bed \rightarrow return to jail w competency
                   restored ONLY
```

- 1: In-house on 2: Take to local ho Tit the road, Jack. 1: In-house expertise and representations are representations. a. Will inflict he upon self, others, receiving essential lealth & safety needs? Outcomes: -admit to MH facility (1-3 days) (rare) **-Ø**
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- 4. Data regarding services and outcomes















Arizona State Prisons Pop=30,000



Medicaid = \$275m



Prison = \$200m

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- 2. Who pays for the health care?
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- 4. Data regarding services and outcomes

Standard of care and regulation

Structure ("Have")

Brick & Mortar
Policies
Staff

Process ("Do")

Intake Screening
Grievances
Interpreter Svcs

Outcome ("Get")

Prev'n Suicide Low Recidivism Avoid Assaults

	Structure ("Have")	Process ("Do")	Outcome ("Get")
Objective ("Exists")	Has a policy on Suicide Prevention	Screening for suicide risk is done within 4 hours of arrival	Prevents suicides
Subjective ("Quality")	The Suicide Prevention policy is well- written and complete	Suicide risk screening is done correctly	Prevents other (non- suicide) deaths that are avoidable

Screening for suicide risk is done within 4 hours of arrival

How to draw sample

All admissions? Sample?

Random?

Purposive?

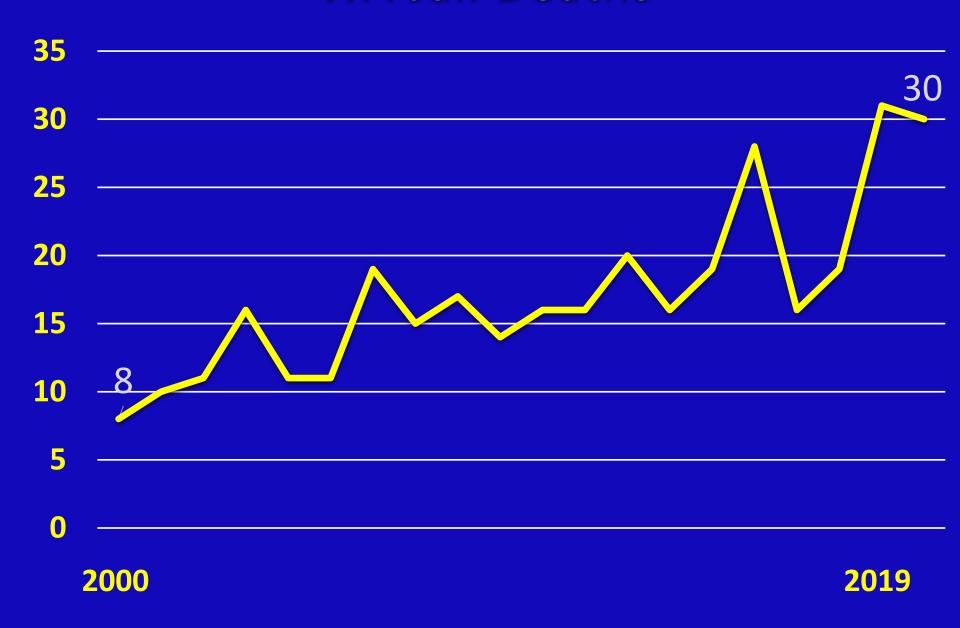
Setting performance level of standard

100%?

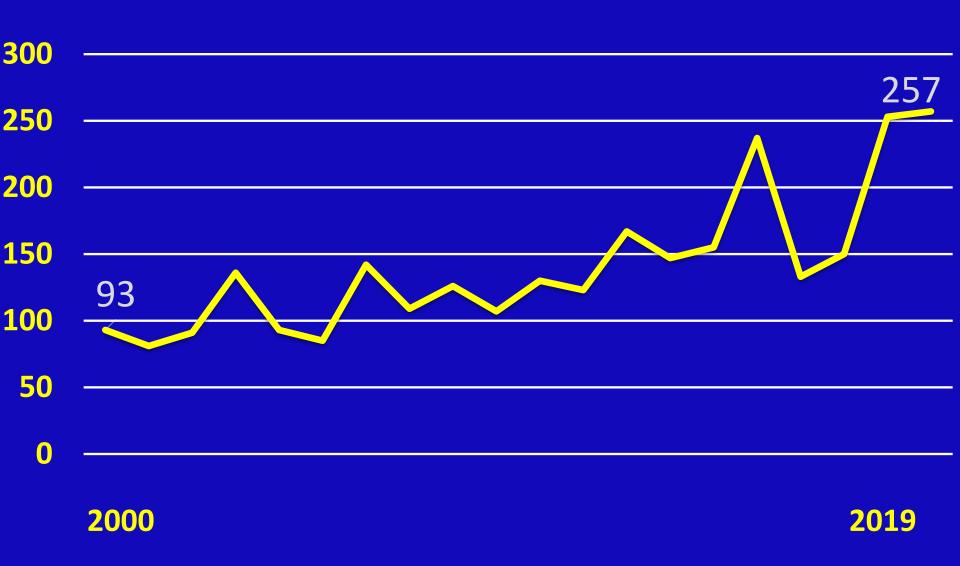
90%?

Data regarding services and outcomes

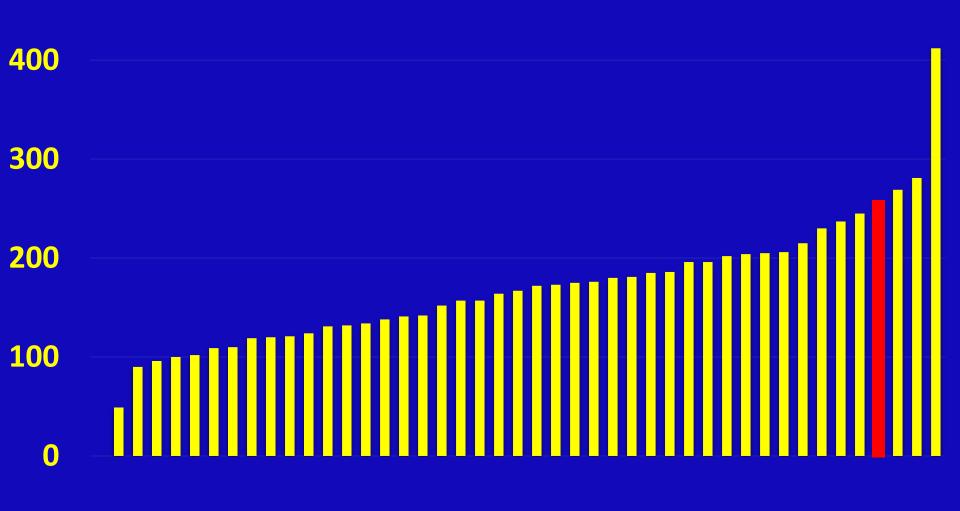
WA Jail Deaths



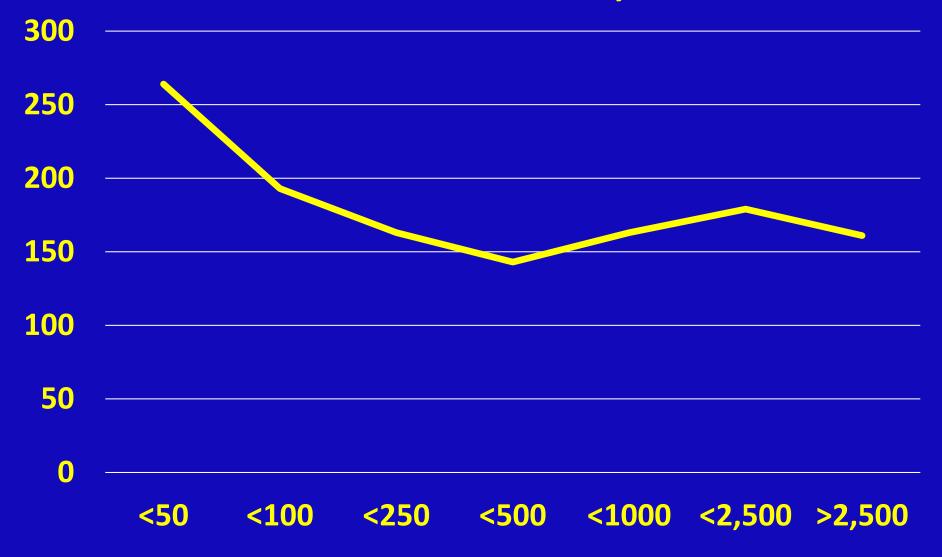
WA Jail Mortality Rate



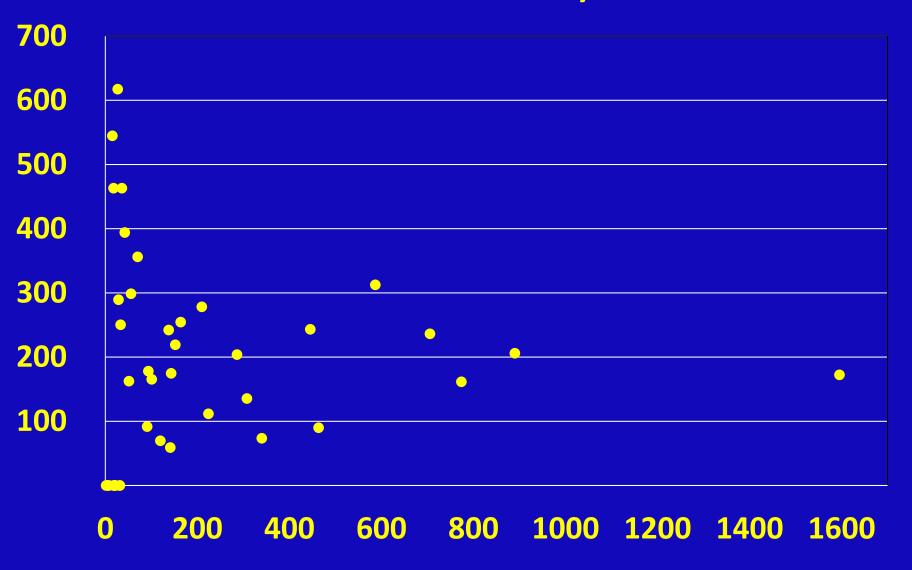
US Jail Death Rates

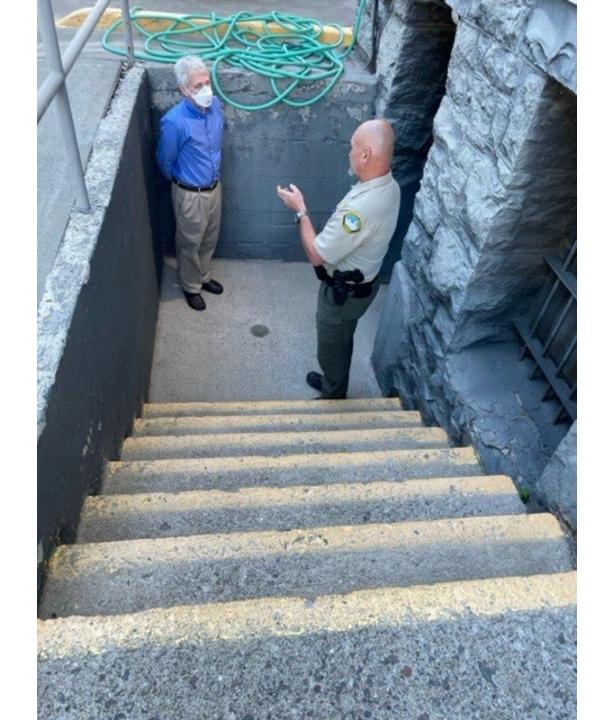


US Jail Mortality Rate



WA Jail Mortality Rate





[video of Garfield County Jail interior]





