



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1110

August 17, 2020

Joanna Carns
Office of Corrections Ombuds
2700 Evergreen Parkway NW
Olympia, WA 98505

Dear Ms. Carns:

The Washington Department of Corrections appreciates the opportunity to respond to the OCO Report on the 'OCO investigation into the suicide of an incarcerated individual at the Monroe Correctional Complex' completed by the Office of Corrections Ombuds.

Recommendation	Response
Strengthen the processes for identifying those at risk of self-harm. Existing intake forms should be reviewed and updated to include multiple ways of eliciting mental health histories, intellectual disabilities, and feelings of depression or suicidality. In addition, staff should be required to ask suicide screening questions each time they come in contact with an incarcerated individual on the violator unit, rather than only on intake.	<p>The Department of Corrections has reviewed the intake form for both the violator and general population. The Department has planned changes to ensure that individuals who pose a suicide risk concern will be referred to a mental health professional.</p> <p>Custody staff working in violator units are not trained in specialized suicide prevention or clinical processes. Additionally, by asking suicide screening questions during each contact could give an appearance of expected suicidality and create a destabilizing impact.</p> <p>Staff are currently required to complete annual suicide awareness training to educate staff on effectively identifying potential suicide risk factors and warning signs. The training instructs staff on identifying signs someone may be contemplating suicide, and is practiced each hour while staff perform tier checks and have cell front exchanges with individuals. Based on the mandatory annual training, staff have an increased ability to accomplish the mission of the agency.</p>
Give staff clear guidance on how to respond when history or risk of self-harm is elicited. Since stays in the violator unit are typically short, rapid referral for mental health	The Director for Mental Health distributed a reminder email to all health services staff reminding them of the process stated in DOC policy 630.500 Mental Health Services, for



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<p>assessment is critical. Nursing staff responsible for intake must have very specific instructions on how to respond to answers that suggest suicide risk; the current process – which requires staff to report to a supervisor – should be streamlined to allow staff to directly notify the mental health and/or medical provider. Community corrections officers also need clear guidelines on how to protect those on community supervision when they express a desire to self-harm, including a process for connecting them to a mental health provider who can assist with securing their safety.</p>	<p>submitting a 13.420 and the processes that are available for staff to urgently notify mental health staff of any urgent medical needs.</p> <p>The department has limited jurisdiction over individuals who are placed on community supervision. There are resources available to community corrections officers working with individuals who express a desire to self-harm. The department has the authority and does direct individuals to providers in the community who are available to them as a resource for their own safety and mental health needs if the individual informs department personnel of the intent to self-harm. We will continue to offer these resources and services to these individuals on community supervision.</p> <p>Please see Attachment A</p>
<p>Promote continuity of care by developing policies and processes unique to the violator population. Medical records for the violator population should be maintained in a single folder or binder, so that information from prior incarcerations is readily available for assigned staff. In addition, a dedicated medical practitioner and mental health provider should be assigned to the Violator Unit, and they should be responsible for collaborating in the care of each patient – from intake through transfer or discharge.</p>	<p>Violator confinement does have established policies and processes. Policies include 320.145 Violator Confinement in Department Facilities and 610.650 Outpatient Services.</p> <p>The agency has begun a review of the inter-facility transition of medical records and availability of records upon intake. Staff reviewing these processes are working to create recommendations to provide efficiency to current process and new implementations that can be worked toward to close any gaps that may currently exist.</p> <p>Per policy 610.650, “community supervision violators have access to healthcare services conducted by qualified personnel per the health plan.” The Department of Corrections has a standing protocol where each facility that houses a violator population has dedicated mental health and medical staff for that population. As some facilities have a smaller violator population, those resources are utilized with other populations as their</p>



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<p>Connect violator patients to mental health providers after release. Linkages to mental health care after release is one of the key strategies to reduce recidivism. DOC should develop referral relationships with community health practitioners so that the violator patients who are at risk for suicide have a definitive place to seek help after release. Reentry staff should also assist those in the violator unit with pre-release Medicaid enrollment to avoid interruptions in treatment.</p>	<p>time allows.</p> <p>The agency currently provides mental health referrals to known providers that accept the Medicaid insurance near the area of transition for the incarcerated individual.</p> <p>The Department of Corrections provides an evaluation for imminent suicide risk concerns prior to individuals release in the case that a civil confinement is recommended for the individual.</p> <p>Health services assists individuals pre-release with Medicaid enrollment to avoid interruptions in treatment. In accordance with the Washington State Medicaid rules, the State Medicaid system will keep individuals in the community on Medicaid up to 30 days. Community supervision violators are sanctioned for 30 days or less within a confinement setting and therefore benefits are typically not suspended and there should not be interruptions to treatment.</p>
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The information provided by the OCO was useful to ensure the Department of Corrections is doing everything it can to ensure an incarcerated person's time in the agency's facilities is a fair and safe space for all incarcerated individuals.

We also appreciate your team's understanding of the unique processes across facilities and the addition of policies and procedures being put in place to address them. We are working towards proactivity and improving quality assurance processes throughout the department. Moving forward, Washington Department of Corrections will continue to collaborate with the Office of the Corrections Ombuds to implement additional policies, procedures, and security measures to continue to improve the facility operations.

Sincerely,

Steve Sinclair, Secretary
Washington Department of Corrections

Attachment A

From: [Rainer, Karie L. \(DOC\)](#)
To: [DOC DL HS ALL STAFF](#)
Cc: [Perkinson, Paige T. \(DOC\)](#); [Barclay, Jeremy S. \(DOC\)](#)
Subject: Mental Health Referrals
Date: Thursday, July 30, 2020 4:00:55 PM

Sharing information across disciplines is essential for the health of our patients. This is particularly the case when you have a concern about a person's functioning and would like to have them assessed by Mental health staff. In this instance please send a 13-420 to the identified email address for your facility. If you are not sure of the email address please check with your Psych 4 or HSM. When sending a 13-420 it is important to be as specific as possible about the concerning behavior/symptom/statement. It is not sufficient to say that they are "off-baseline". How are they off baseline? Once the MH staff have received the 13-420 they will triage the request for an assessment and make arrangements to see the person, based on their triage.

If the concern is more critical than can be addressed through the usual 13-420 process, please follow your local crisis response process. This will usually include contacting the MH unit by phone or, if after business hours, calling the MH Duty Officer. The crisis phone call should be followed with the submission of a 13-420 in order to track the request for assessment.

I appreciate your attention to this process which can be found in DOC Policy 630.500.

Please let me know if you have any questions.

Karie Rainer, Ph.D.

Director of Mental Health

Department of Corrections

360-725-8708