



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

May 7, 2021

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 Investigation Report on the 'two suicides that occurred in DOC custody in 2020' completed by the Office of Corrections Ombuds.

Recommendation	Response
<p>Ensuring that Suicide Risk Assessments and Mental Health Safety Plans are always completed per policy. To assist this process, some needs include:</p> <ul style="list-style-type: none">a. A confidential location where mental health staff can complete in-person assessments;b. Coverage for staff supervisors when they are out of the office, so that important patient care documents are reviewed and cosigned quickly; andc. A more robust oversight process by the responsible providers to confirm that these assessments are being completed as required by policy.	<ul style="list-style-type: none">a. The chiefs of psychology along with facility administrators will be asked to survey the physical plant of each close observation area (COA) location to identify the confidential space adjacent to the COA where interviews and assessments may occur. The survey will be completed by May 30, 2021. Any areas that do not have confidential interview spaces identified nearby, will be required to establish a formal process, place and time to complete that activity. Staff responsible for performing this task will be trained to the updated processb. The chiefs will establish the coverage plans for each location to insure there is no delay in the review of documents and discharge of patients. The plans will be established by May 30, 2021.c. Active monitoring of all COA admissions and discharges by the chiefs of psychology started March 23, 2021. The monitoring includes insuring that discharge suicide risk assessment (SRA) evaluations are conducted, and the safety plans completed and placed into the patient's chart before a person is



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	<p>released from the COA, per protocol. The chiefs of psychology are monitoring the work completed by primary therapists (primarily psychology associates and psychologist 4s).</p>
<p>Reviewing and revising the current mental health screening process to achieve a staffing level that allows for a more reasonable daily caseload, so that staff can perform a thorough review of medical documents accompanying new intakes.</p>	<p>The sense of urgency during the reception process is not exclusively about the number of staff at the Washington Corrections Center (WCC) in Shelton but is also driven by the intake process itself and the expectations of the process. An example includes finishing in a brief period of time to get the individuals to their living units or because another bus is soon to arrive as the department must accept new incarcerated individuals within seven days of sentencing by the courts, per state law.</p> <p>To best achieve a reasonable caseload, a comprehensive review of the intake process is needed and will be conducted by July 1, 2021. The department recognizes that greater efficiencies and increased safety would be likely with the addition of two more full-time psychology associates to better address the workload at WCC. These additional staff would be in addition to the necessary changes in the workflow/physical plant.</p>
<p>Improving nursing staff knowledge and comfort level regarding the use of resuscitative equipment.</p>	<ul style="list-style-type: none"> • The department has contracted with Newcastle Training to provide cardiopulmonary resuscitation (CPR)/ basic life support (BLS) training for staff out of compliance with their CPR certification and to train new CPR certified instructors across the agency. As of May 1, 2021, the training has been initiated. • The department has developed emergency drills that include the use of emergency equipment and a debrief session afterward to review the drills



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	<p>and discuss potential training opportunities needed for staff.</p> <ul style="list-style-type: none">• Conduct after action incident debriefs to help staff identify conformance to policy, physical plant issues, exemplary recognition or opportunity for improvement. Ensure the debrief performed is captured in the institution shift log.• The department has developed a competency review process for all nursing staff that will allow the department to review nursing procedures, including emergency response and the use of emergency equipment, on an annual basis.• Re-educate staff on the process that emergency equipment is to be checked on a routine basis to ensure equipment is in proper working condition when needed.
Confirming that all AED pads used throughout the system maintain adequate adhesion during resuscitation efforts.	Per policy 890.000 Safety Program and its corresponding form 16-347 Monthly Safety & Sanitation Inspection, AEDs are inspected monthly by trained inspectors and local safety committee members. The status of the AED, to include maintenance of adequate adhesion during resuscitation efforts, is to be noted on the checklist and reported to the Health Services senior supervising nurse for those located in Health Services and/or inpatient units. Area supervisors are to be informed of any deficiencies noted during the inspections to ensure they are corrected and will be tracked until the correction occurs. Reviews, findings and completed actions will be documented in the meeting minutes, and routinely audited by local Health Services administration to ensure compliance.
Improving the communication between custody and health services staff who interact with people with mental health disorders, so	The department is presently piloting a new disciplinary process at Washington Corrections Center for Women (WCCW) in



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<p>that:</p> <ul style="list-style-type: none">a. An individual’s mental health status is considered throughout the disciplinary process, since many behaviors may be linked to a disability; andb. Mental health staff are promptly notified when people with significant disabilities are being infraacted and sanctioned, losing privileges, and/or being confined.	<p>Gig Harbor and the Monroe Correctional Complex-Special Offender Unit (MCC-SOU) for those people with a serious mental illness. The pilot includes review of all serious infractions by a person’s primary therapist. When indicated, the primary therapist will develop alternative sanction recommendations to address the behavior of concern. This pilot is modeled after a similar program in Oregon Department of Corrections.</p> <p>In addition, each hearings officer will receive additional training on identification of mental health symptoms that would prompt the hearings officer to make an immediate referral for services to a mental health provider.</p> <p>Interventions for these individuals are developed collaboratively between mental health, custody and classification staff. The collaboration includes modified sanction recommendations as well as interventions necessary if the infractions are dismissed. The Residential Treatment Units (RTU) each utilize a multidisciplinary team to review all patient needs. These teams include the correctional unit supervisor (CUS), classification counselors, sergeants and officers as available.</p>
<p>Clarifying the process of assigning PULHES S codes, for the benefit of staff responsible for making those assignments. Routine supervisory review and feedback to staff can ensure consistency and appropriateness of S code assignments.</p>	<p>The department’s mental health leadership team will develop a plan to address training and supervision of the assignment of S codes by May 30, 2021. Only trained mental health and psychiatry staff can assign S codes. Part of the onboarding of a new mental health staff person is to learn about the how to make determinations of S codes. The determination relies on professional judgement of a person’s functioning. The department’s mental health leadership will be reviewing the S Code thresholds to see if there are any updates needed and then have a refresher training with psychologist 4’s who will then refresh their</p>



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	staff. The department is working to put together a plan that will improve the reliability of S code assignments across the system.
Clarifying DOC 890.620 (Emergency Medical Treatment) so that AEDs are inspected at specific regular intervals.	Per policy 890.000 Safety Program and its corresponding form 16-347 Monthly Safety & Sanitation Inspection, AEDs are inspected monthly by trained inspectors and local safety committee members. At the next scheduled updating of policy 890.620 Emergency Medical Treatment, the department can consider whether the regular monthly interval should also be stated in policy 890.620.

The department recognizes that in person interviews with staff was impractical for this event due to COVID, but encourages the Office of the Corrections Ombudsman interview staff by alternative means when serious events occur to give a full picture of the department's opportunities for growth or exemplary action that may occur.

In any case, suicide prevention is a top priority for the Washington Department of Corrections. The rate of suicide among incarcerated individuals in the Washington state correctional system in the three calendar years prior to 2019 as well as in calendar year 2020 are less than half the national rates, and Washington is among the states with the lowest suicide rates in state correctional facilities, according to the federal Bureau of Justice Statistics (BJS). Nonetheless, one death by suicide is too many. The Department continues to strive to implement new efforts and activities to further reduce the number with a target rate of zero. 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 safe space for all incarcerated individuals.

We also appreciate your team's understanding of the unique processes across the correctional system and the addition of policies and procedures being put in place to address them. We are working proactively to improving quality standards throughout the department. Moving forward, the Washington Department of Corrections will continue to collaborate with the Office of the Corrections Ombuds to strengthen procedures and practices that positively impact individuals' health, safety and welfare.

Sincerely,

Julie Martin, Acting Secretary
Washington Department of Corrections