STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1100

July 29, 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 June 26, 2021 Office of Corrections Ombuds (OCO) report on the 'Mental Health Access & Services.'

Recommendation	**Response**
Recommendation 1: DOC should review and revise the current mental health screening and assessment processes to: a. Achieve a more reasonable daily caseload that allows staff to perform a thorough review of the documents accompanying new intakes. b. Ensure that suitably confidential space exists where mental health staff are able to screen and assess individuals. c. Ensure that assessments are provided on a timely basis.	The department is preparing decisions packages for the 2022 supplemental budget to request two additional psychology positions and capital funds to create a more effective intake/reception process.
Recommendation 2: DOC should ensure that quality, timely mental health treatment services are available to anyone in DOC custody who demonstrates a clinical need for treatment. Efforts to address this may include increasing the number of qualified mental health providers available to provide short- and long-	The department provides in the DOC health plan mental health assessment, medication and treatment services: https://www.doc.wa.gov/docs/publications/600-HA001.pdf Staff prioritize treatment, to include individual and group therapy, psychiatric medication, and case management services, based on clinical

term mental health treatment services.	assessment and evaluation. Individuals request services via kite and department staff are trained to identify early indicators of mental health concerns and refer identified individuals for a mental health assessment. Individualized treatment is provided based on clinical assessment. The department routinely reviews its distribution of staffing resources to make sure positions are located where the greatest patient needs exist. The department is preparing a decision package to increase the number of mental health providers at key locations with the intent to provide mental health services for more individuals.
Recommendation 3: DOC should ensure maximum availability of group therapy. This could include prioritizing custody coverage of all necessary spaces proposed for use by mental health providers. Ideally, this could shift custody time to supporting individuals as they return to or sustain stability, rather than using custody time to respond to incidents stemming from mental health crises.	Many facilities continue to experience COVID-19 as a barrier to increasing the use of group therapy. The physical space available to accommodate groups with appropriate correctional supervision is a significant barrier to providing more group therapy. Leadership for psychology and health services at each facility have been asked to evaluate the physical space available at each correctional facility and identify potential space available to hold treatment groups. The health services managers will then work with prison administrators to develop implementation plans for utilization of those spaces. If additional resources are needed to create access to space this work will help to inform decision packages in current and future years. The assessment of space is estimated to be completed in September 30, 2021.
Recommendation 4: DOC should meet the demand for additional mental wellness programs available	The department is contracted with Amend at the University of California-San Francisco. The primary focus of this work is to identify and

to assist incarcerated people with addressing past trauma. This could include developing additional programs led by qualified individuals (staff and/or volunteers) and/or implementing evidence-based peer support programs.	incorporate a correctional culture with a public health-oriented mission. The work is focused on creating a healthier prison population, staff and communities. One of the goals of the partnership is the improvement of the health and wellbeing of the incarcerated and avoidance of re-traumatization. A comprehensive list of the therapy and support programs available through the department can be found at https://www.doc.wa.gov/corrections/programs/descriptions.htm - therapy-support. In collaboration with the department's correctional program administrator and family & volunteer services manager, there are a series of steps planned to re-introduce these programs as the state's correctional facilities begin reopening following COVID-19. Below are two important examples of popular and effective "peer-based" programs utilized in support of those in the department's custody and care: Yoga Behind Bars (YBB) is a very popular evidence-based activity led by trained incarcerated individuals. There are plans to expand the YBB program across more facilities. There is a trauma-based component of the YBB program, which will be included in the training of new leaders and roll-out of the program across most correctional facilities. Alcoholic Anonymous/Narcotics Anonymous (AA/NA) groups are volunteer-led groups offered at most, if not all, facilities. Availability is dependent on volunteers though this has historically not been a challenge. The department identified funding available through the Incarcerated Individual Betterment Fund (IIBF) that will be used to research, develop and introduce a pilot program to focus on wellness within the next 12 months.

Recommendation 5: DOC should create better behavioral health linkages for individuals in work release. This could include re-creating a work release program with a special focus on supporting individuals with mental health needs.	The department has developed a continuity of care document for use with the Health Care Authority (HCA) and managed care providers and is slated for implementation by November 30, 2021. This will be the foundation for a similar plan for those people transitioning from a state correctional facility to work release. The work release programs have individualized plans, which may include exclusive focus on treatment. The department will continue efforts across organizational divisions (Prisons, Reentry, Health Services, Community Corrections) to develop and implement a plan for greater collaboration to ensure treatment needs are met in the community.
Recommendation 6: DOC should support race equity measures by ensuring that the demographics of mental health staff and contract providers reflect the racial and ethnic diversity of the incarcerated population.	The Mental Health Leadership Team will continue to consult with Equity and Inclusion Administrator Dr. Adrian Thompson and the health services staff recruitment team about ways in which to improve the racial and ethnic diversity of mental health staff. These efforts will include more intentional recruitment strategies such as career postings with professional groups for people of color. Plans will be developed in collaboration with Dr. Thompson to improve retention of staff. This may include mentoring opportunities as well as training in cultural competence.
Recommendation 7: DOC should ensure that prescribers are no longer discontinuing medications without first meeting with the patient to plan for this. Resolving this may include tracking data to ensure that this practice is no longer occurring.	A memo was sent to all psychiatric prescribers by the director of mental health and the chief of psychiatry in July 2020, with a follow-up in June 2021. The memo strictly prohibited the discontinuation of medications without having assessed the patient and discussed it with them. The chiefs of psychology, the chief of psychiatry and health services managers are expected to use vigilant supervision to identify if this occurs, even if a patient does not report a concern. This will be monitored through filed grievances and accountability

	checks with health care providers, if such practices are determined to have resurfaced, a more vigorous approach will be considered.
Recommendation 8: When grave disability is being considered for the basis of a referral for involuntary antipsychotic medications, DOC should provide the patient with objective indicators of self-care for the patient to demonstrate for some sustained period of time.	The self-management of psychiatric symptoms form (Attachment A) was developed for use when considering involuntary antipsychotic medications. An official agency form is developed and will be published by July 30, 2021. The form identifies the expected behaviors indicative of adequate self-care. The form gives the patient up to 30 days (the timeframe can be varied based on patient need, health and safety) to improve prior to a referral for involuntary medications. Training of staff will occur by July 30, 2021.
Recommendation 9: DOC should ensure that an individual's mental health status is considered throughout the disciplinary process. Changes to ensure consideration of mental health status may include implementation of a unique policy or protocol to allow different handling of disciplinary cases for individuals who are assessed as S-3 or higher, infracted while in an RTU or COA, or when the circumstances indicate a need for input from mental health staff in order to fairly determine guilt and sanction	In March 2021, the department began to pilot a new disciplinary process at Washington Corrections Center for Women (WCCW) and Monroe Correctional Complex-Special Offender Unit for those people with a serious mental illness. The pilot includes a review of serious infractions by a person's primary therapist. The review is used to determine whether functional limitations contributed to the infracted behavior and whether the person has the mental status to participate in the infraction hearing. If either of these situations is found, the infraction will be dismissed. When the infraction is dismissed, the treatment team is responsible for the development of an intervention plan to assist in the reduction or elimination of the concerning behavior. If the infraction does result in a hearing and the infraction is upheld, the treatment team will recommend a modified sanction designed to assist the person in the reduction or elimination of the behavior. These individuals are not subject to the traditional sanctions used in the disciplinary process. The pilot is modeled after a program in the Oregon Department of

	Corrections and is scheduled to conclude at the end of September 2021. After the conclusion of the pilot, the procedure (Attachment B) will be reviewed and adjusted as needed and is expected to roll out more broadly in the first quarter of 2022.
Recommendation 10: DOC should ensure all appropriate staff are aware of the need to update PULHES-DXTR R codes.	Refresher training was provided on May 20, 2021 to all psychologist 4 staff to review the criteria for establishing R codes and the expectations for making necessary updates to those codes. These staff have been directed to reinforce with their staff the importance of reliable reporting of these codes. The chiefs of psychology will monitor the completion of the training and ensure all staff have been reminded of the importance of reliable coding by July 31, 2021.
Recommendation 11: DOC should ensure staff are adhering to the requirements of DOC 320.265 Close Observation Areas related to the creation of mental health safety plans prior to discharge from COA.	Active monitoring of all close observation area (COA) admissions and discharges by the chiefs of psychology began in March 2021. The monitoring ensures that per protocol and policy, discharge suicide risk assessment (SRA) evaluations are conducted along with safety plans before a person is released from the COA. The monitoring includes quarterly audits for COA documentation by each chief of psychology.
Recommendation 12: DOC should ensure that suitably confidential space exists where mental health staff are able to meet with and assess individuals	The chiefs of psychology assessed the physical plant of each COA location to identify the confidential space adjacent to the COA where interviews and evaluations may occur. The assessments of interview spaces were completed as of June 30, 2021. Health services managers and prison administrators will be notified of any areas that do not have confidential interview spaces and will be asked to collaborate on how this can be addressed.
Recommendation 13: DOC should ensure that approved transfers out of COA are prioritized.	Transportation agrees that transfers will occur with four or less people, when needed, to move a person out of the COA. Headquarters-based classification staff will be monitoring the

	timeliness of the classification process for these individuals. Mental health leadership will continue to work closely with classification and transportation staff to prioritize individuals to minimize length of stay in COAs.
Recommendation 14: DOC should develop a comprehensive RTU policy that addresses: a. objective criteria for admission; b. modified disciplinary system; c. modified classification system; d. pathway out of RTU, including objective criteria for discharge; e. mandatory specialized mental health training for RTU custody staff; and f. programming availability in RTU (to include programming support).	The residential treatment unit (RTU) workgroup is expected to begin meeting by the end of August 2021. The workgroup includes health services, prisons and classification staff along with representation from OCO and Disability Rights Washington (DRW). The charter of the workgroup includes the development of policy to support the RTU. The policy will address the process and general criteria for admission and discharge from RTU level of care, and training for staff working in RTUs. The modification of the disciplinary process to accommodate those individuals with serious mental illness is currently being piloted as discussed above and includes modified sanctions and behavioral approaches designed to support those with mental health conditions. A modification of the classification system for those people placed in residential treatment units will be discussed for changes to the classification policy. Efforts to identify and implement additional programming opportunities continue in coordination with the Reentry Division and local community-based organizations.
Recommendation 15: DOC should develop a comprehensive IBMP policy, which may include: a. objective criteria for who should or must have an IBMP; b. guidelines for incentives that may be used; c. guidelines for safety	The Managing Challenging Mental Health Patient Protocol, which directs the development and implementation of individual behavior management plans (IBMP), was updated to improve the multi-disciplinary approach to the IBMP process as well as insure greater utilization of incentivizing prosocial behaviors over ending negative behaviors. (Attachment C). The department will develop guidelines for

responses that may be used, including whether/when use of restraints may be part of an IBMP; d. mandatory training for all mental health providers that addresses how to write an IBMP; e. mandatory training for any DOC custody staff who routinely work with individuals who have IBMPs; and f. routine audits of IBMPs by qualified headquarters staff.	incentives to be used to improve standardization across facilities. It is key however, that flexibility remains so that the incentives included in the IBMP is as individualized as possible. The updated protocol calls for IBMPs continued beyond six months to be reviewed by a chief of psychology to ensure the quality and efficacy of the plans developed and implemented. The psychologist 4s, who are most frequently involved in developing IBMPs, were trained on the updated protocol on June 3, 2021. Training for other staff involved with the implementation of IBMPs, to include correctional officers, will be developed by Oct. 1, 2021 and implemented by January 2022.
Recommendation 16: DOC should reduce the frequency of placement and the length of stay in any segregated housing, including A and B units of SOU, for individuals with serious mental health conditions.	Through work with the Vera Institute of Justice and Amend, the department has progressively addressed both the frequency and length of stay in restrictive housing. The department's use of restrictive housing has consistently declined since 2012, particularly for those with serious mental health concerns. Since 2012, the administrative segregation population has been reduced by a third (Over 570 in 2012, 420 June of 2021). There has been a 33 percent decrease in the median length of stay in maximum custody and a 45 percent reduction in self-harm/suicide attempts in restrictive housing. The department also reviewed the number of extensions for investigations past 30 days and has developed strategies for a more rigorous consideration process to be used when considering approval for those extensions. The department has increased its scrutiny of those who have extensions granted to further reduce the length of stay in restricted settings were appropriate. By policy, the department has stopped the use of assigning disciplinary segregation as a sanction and instead focus on sanctions designed to disincentivize behaviors of concern. Work is being done to pilot projects like

	transfer pods and transition pods to limit restrictive housing and place incarcerated individuals in the least restrictive environment given their circumstances.
Recommendation 17: DOC should explore best practices for successfully housing and treating individuals with behavioral challenges, regardless of diagnosis, in a setting that is not IMU or other segregated housing.	As the department expands its continuum of care by developing strategies for intensive outpatient treatment (i.e. more frequent therapeutic interventions), it is expected that some of these individuals' treatment needs will be met in a general population and reduce the frequency of placement in restrictive housing. Information and documentation gathered from programs in the New York and Massachusetts correctional systems are being reviewed and considered to determine if similar programs may be a good fit for the department and those in our facilities. These programs include small units (40-100 beds), an emphasis on incentivizing behavior and the use of dialectical behavior and cognitive behavioral treatment approaches. The department this includes an assessment of currently available physical plant and operational resources to determine feasibility for implementing a similarly designed program.
Recommendation 18: DOC should continue to use multi-disciplinary teams to routinely address the need for accommodations that arise from individuals' mental health disabilities.	The department will continue to use multi-disciplinary teams to routinely address the need for accommodations that arise from an individual's mental health disabilities.
Recommendation 19: In order to equip DOC correctional officers and other staff with the knowledge and skills needed to support individuals with mental health conditions, DOC should: a. Strive to facilitate culture change among staff in order	In collaboration with the training and development unit (TDU): a. Culture change is a constant goal of the agency and is communicated via the mission, vision and values training currently assigned to new employee orientation (NEO) for all new staff and annual in-service (AIS) and the leadership values course for supervisors.

to best support incarcerated individuals, the efforts of mental health staff, as well as goals associated with institutional safety. b. Set and communicate clear conduct and support expectations for all staff members who interact with individuals who have mental health conditions. c. Provide in-depth mental health awareness trainings to all DOC staff. It is critical that staff are able to recognize behaviors associated to mental health conditions before they become problematic for the individual, staff, and facility. d. Provide in-depth training on de-escalation techniques to all DOC staff. e. Provide specialized training on mental health conditions and basic behavior theory to all staff who work in RTUs and all staff assigned to COAs. These staff members must be better able to understand how an individual's behavior may be impacted by a mental health condition. f. Provide specialized training on mental health conditions to hearing officers and Resolution Program coordinators. g. Consider implementing additional training strategies and requirements as used by other jurisdictions, including Oregon DOC.	b. Staff working in specific areas where individuals are known to have a mental health concern, such as an RTU, specific training objectives are addressed through the RTU workgroup. Because a person's functioning is impacted by a mental illness, they may not clearly express their needs and for this reason, it is recommended that a "universal precautions" approach be used and respond by engaging the person and assisting them with identifying their concerns or making referrals. Staff are expected to address all people with respect and individually. c. Training specific to individuals experiencing mental health symptoms is provided to all staff who attend both community corrections officer academy (CCOA) and correctional worker core (CWC). The training is instructed by mental health professionals and is two hours in length. d. In-depth de-escalation techniques are taught to all staff during both academies (CCOA and CWC). In addition, it is part of the CCOA AIS. For new employee orientation (NEO), the training is an eight-hour course. The employees attending CWC receive 12 hours of training. Employees receive six hours of initial training in CCOA. e. & f. More specific training can be developed and provided to people in specialized job classes. Such training would require resources to develop appropriate curricula, instruct courses and establish the training as a priority for the agency. A proposal for what would be required for these recommendations will be prepared for presentation to the department's executive leadership by September 30, 2021. g. The department will connect with its

	counterparts in Oregon and other jurisdictions to learn more about their programming and determine if there are components that can assist with enhancing training.
Recommendation 20: DOC should create policy or protocol language that specifically addresses the unique needs of individuals in violator status.	The department recognizes the unique healthcare needs of those in violator status. To further adapt the screening, assessment and treatment process for the unique population, a workgroup will be formed to address the need to develop policy and protocol to address the population. The initial charter of the workgroup has been drafted and participants identified (Attachment D). The workgroup is targeted to begin meeting by August 15, 2021. The department is also reviewing options for both contracting and resource requests that may be part of decision packages this year and in the future to support targeted resources within state correctional facilities for those held on a community violation and increase the use of community jail beds.
Recommendation 21: DOC should ensure implementation of internal quality assurance measures for mental health care. This may include: a. Conducting an overall mental health system assessment. b. Implementing routine peer-review of mental health records to ensure quality and consistency across the system.	The mental health leadership at the department developed an audit tool that provides an in-depth assessment of the quality of mental health services provided to individuals in the department's custody (Attachment E). The tool is used as a component of clinical supervision (peer-to-peer) as well as in the biannual operational inspections conducted at each facility. All mental health staff meet with their supervisors on a regular basis, the frequency of which is not less than monthly. Chart documentation is reviewed and evaluated according to the standards in the audit tool. The outcomes of the chart audits provide guidance for the clinical staff to improve their work, as documented on supervisory conference forms. This model of clinical supervision is consistent with industry standards.

	In addition to these audits, the biannual operational inspections provide a facility-wide assessment of the quality of mental health services and identify any systemic concerns at each location. Action plans developed from the outcomes of the operational inspections address any concerns in the quality of care provided.
Recommendation 22: DOC should work with DSHS to set a clear pathway to allow DOC to temporarily transfer individuals in need of in-patient psychiatric care to Eastern or Western State Hospitals.	The department recognizes access to inpatient psychiatric care for the most severely mentally ill population can be an important tool. A statutory mechanism exists that authorizes a transfer between the Department of Corrections to an inpatient institution that cares for the mentally ill. Court decisions also require certain procedural safeguards prior to such transfers. Additionally, any transfers would need to be accomplished in a manner that also allows the Department of Social and Health Services (DSHS) to accomplish its broader mission. The department has explored the possibility of a MOU with DSHS, but it has yet to find a workable MOU that meets these goals. The department can continue to further explore such an MOU. The department would like to emphasize its continued committed to providing care to those individuals who remain in department custody and any process that would be developed to transfer someone to an inpatient facility would only be considered to provide care once all care options within the department are exhausted.

The information provided in the mental health access & services systemic report by the Office of Corrections Ombuds was useful to ensure the Department of Corrections is designed and managed to provide safety for the persons in its custody.

We also appreciate your team's understanding of the unique processes across the correctional system and the addition of policies and procedures, as well as additional resource requests, being put in place to address them. We are working proactively to continuously improve quality assurance 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 positive impact individuals' health, safety and welfare.

Sincerely,

Melena Thompson, Director of Executive Policy
Washington Department of Corrections

SM:kr

cc: Cheryl Strange, Secretary
Sean Murphy, Deputy Secretary
Julie Martin, Chief of Staff
Jeremy Barclay, Director of Engagement and Outreach

Attachment A:
- Self-Management of Psychiatric Symptoms

Attachment B:
- SMI Hearings MEMO & SMI Hearings memo process (attached as 17-089)

Attachment C:
- Managing Challenging Mental Health Patients Protocol (IBMP)
- 13-069 IBMP
- 13-595 MH Functional Assessment

Attachment D:
- Project Charter

Attachment E:
- Monthly supervision score card
- Operational Inspection Audit Preparation - MH Sections

Attachment A

Self-Management of Psychiatric Symptoms

1. Your treatment team is concerned about the following symptoms:
    a. _____
    b. _____
    c. _____
    d. _____
2. We believe these symptoms may be related to your diagnosed mental illness of:
    a. _____
    b. _____
3. We believe that if these symptoms continue your health and safety are at risk. If these behaviors continue you may experience:
    a. _____
    b. _____
    c. _____
4. The medication prescribed to you to address these symptoms is:
    a. _____
    b. _____
5. Over the next 30 days the Medical, Psychiatric and Mental Health teams will closely monitor your symptoms and manifestations described above as well as your medication adherence. If there is insufficient improvement in your symptoms you may be considered for involuntary medication administration, as an attempt to reduce such risks. Sufficient progress in symptoms is defined as:
    a. _____
    b. _____
    c. _____
    d. _____

    OR

    - __% adherence to prescribed medication on a week-by-week basis

I, __Patient Name__, understand the risks associated with continuing the symptoms described above and am aware that my Treatment Team may petition for the use of involuntary medication in 30 or _____ days if such behavior and associated manifestations does not change sufficiently to improve my health and safety.

Comments from the Patient:

_____

_____

_____
_____
_____
_____

_____ (Patient Signature)

_____ (Primary Therapist Signature)

_____ (Psychiatric Provider Signature)

Date initiated: _____ Review Date (30 or ___ days): _____

Instructions:

1. Possible behaviors/symptoms of concern:
    a. Not going to the dining hall during mealtimes to eat and drink your meals
    b. Not ordering food from store
    c. Not accepting to be weighed by nursing staff
    d. Not attending to your personal hygiene and self-care
    e. Emitting unpleasant body odor
2. Please use diagnosis of record
3. Possible health or safety risks may include:
    a. Skin break-down which could lead to serious infection and open sores
    b. Electrolyte disturbance and chemical imbalances in your body which could contribute to neurological difficulties
    c. Negative impact on your internal organs potentially leading to organ shutdown
4. Medication as recommended by Psychiatric prescriber
5. Possible target behaviors indicative of adequate functioning:
    a. Accepting to be weighed by nursing staff at least every 2 weeks
    b. Maintaining a BMI of at least 18
    c. Showering at least 2 times a week and putting on clean clothes following your shower

Attachment B

Department of Corrections
WASHINGTON STATE

SERIOUS MENTAL ILLNESS (SMI) HEARINGS MEMO

Facility:	Infraction Date:	WAC Violation #:	Date Notification Received:

Incarcerated individual Name:	DOC #:	Assigned Housing Unit:
Completed by (print name):		

- Questions are answered based on information I reviewed, including infraction report, relevant chronos, Incarcerated individual Health Record, and interviews with the incarcerated individual and other employees/contract staff involved, as indicated.
- I request a _____ day postponement. This will not be longer than 5 working days from receipt of this form. If a longer postponement is necessary approval will be sought from the CPM and HSM.

1. Is the incarcerated individual able to understand the infraction and hearings process at this time?
   - ☐ Yes — Incarcerated individual was determined to be able to participate in the hearing process at the time of the assessment.
   - ☐ No — Mental health staff will determine appropriate level of care and coordinate housing placement with MDT. **Infraction is dismissed**.

2. Was the infracted behavior directly associated with an act of self-harm or a suicide attempt?
   - ☐ Yes — This incarcerated individual's actions constitute an act of self-harm or suicide attempt. Mental health staff will determine appropriate level of care and coordinate housing placement with MDT. **Infraction is dismissed**.
   - ☐ No — This incarcerated individual's actions were not associated with an act of self-harm or suicide attempt. Hearing proceeds per Policy.

3. Did the incarcerated individual's mental health status contribute to the alleged violation?
   - ☐ Yes — This incarcerated individual has an SMI and has ACTIVE symptoms WITH significant functional impairment. Detailed information has been documented in a Mental Health Encounter Report in the MH section of the medical chart. Mental health staff will determine appropriate level of care and coordinate housing placement with MDT. **Infraction is dismissed.**
   - ☐ No — This incarcerated individual qualifies as SMI but has NO ACTIVE symptoms and/or NO significant functional impairment at this time. Detailed information has been recorded in a Primary Encounter Report in the MH section of the medical chart. Hearing proceeds per Policy
   - ☐ No — This incarcerated individual does not qualify as SMI. Hearing proceeds per Policy.

4. From a mental health standpoint, if a finding of guilt is determined from the hearing, should sanctions be modified or are sanction for the alleged misconduct contraindicated?
   - ☐ Yes — The incarcerated individual has a Serious Mental Illness (SMI). Long term segregation is not recommended. Detailed information has been documented in the Mental Health Encounter Report in the MH section of the medical chart.
     Recommendation for Sanction Modification: _____
   - ☐ No — This incarcerated individual does not qualify as SMI. Hearing proceeds per Policy.

5. If an infraction has been recommended to be dismissed in items 1, 2 or 3 above, the following intervention will be implemented with the incarcerated individual:
_____
_____

Mental Health Employee/Contract Staff Name:	Date Completed:

Supervising Psychologist/designee Name:	Date Submitted:

Department of Corrections
WASHINGTON STATE

SERIOUS MENTAL ILLNESS (SMI) HEARINGS MEMO PROCESS

Process to Complete the Hearings Memo

- ☐ Interview the incarcerated individual within one business day of notification of placement in restrictive housing. This includes, (but is not limited to) incarcerated individuals with an S3 or above.
- ☐ Submit the memo to the Hearings Officer **(Facility Hearings Office)** within two business days of receipt of notification of the infraction report.
- ☐ To postpone the disciplinary hearing, notify the Hearings Clerk by submitting a copy of the 17-089 signed by the Supervising Psychologist. Ensure request for continuance is specified for: 30/45/60/unknown days.
- ☐ Review the infraction report, infraction history, chronos, health records and interview incarcerated individual and collect input from staff involved (if applicable) before answering questions **#1, 2 and 3**.
- ☐ Determine if the incarcerated individual is able to participate in the hearing process at this time.

  The Restrictive Housing screening (13-349 will serve as the initial source of information).
- ☐ Answer **Question #1** regarding the incarcerated individual's ability to participate in the hearing process. If the answer is "No". You may stop there. The process is complete.
- ☐ Answer **Question #2:** Does the incarcerated individual meet the criteria for "Seriously Mentally Ill (SMI)" based on a review of the health services file and consultation with the primary therapist and Supervising Psychologist. If the answer to Question #2 is YES make recommendations for appropriate sanctions. This may include types of sanctions that may be beneficial (meet with Primary Therapist once a week) or sanctions that should be avoided (restrictive housing, loss of phone, loss of contact with visitors).
- ☐ If an infraction report for violation is submitted and the behavior is associated with an act of self-harm or suicide attempt a review will be completed by the **Primary Therapist** in consultation with the **Supervising Psychologist**. This may require a continuance of the hearing until the review by the **Primary Therapist** has been completed. A Suicide Intervention Inventory (13-371) will be completed. The MH provider will determine the appropriate level of care of the incarcerated individual and work with custody staff regarding placement to meet those needs.
- ☐ Consider need for Individualized Behavior Management Plan (IBMP). This may apply to supporting the incarcerated individual during their time in restrictive housing or addressing the behavior that resulted in placement in restrictive housing/infraction. Ensure that the appropriate staff are involved in the development of the IBMP.
- ☐ Answer **Question #3** YES this incarcerated individual qualifies as SMI and has ACTIVE symptoms with significant functional impairment, NO this incarcerated individual qualifies as SMI but has no ACTIVE symptoms and NO significant functional impairment, or NO incarcerated individual does not qualify as SMI.
- ☐ If an incarcerated individual has an intellectual disability that meets criteria for H4 the answer to Question #3 would be YES this incarcerated individual qualifies as SMI and has ACTIVE symptoms with significant functional impairment.
- ☐ Document in Primary Encounter Report the current DSM diagnosis with the complete diagnostic justification and detailed active or inactive symptom, significant functional impairment and significant suicide/self – harm behavior in the past year for all SMI

Multidisciplinary Team (MDT): Minimum requirement of Mental Health, Custody, and Classification

Serious Mental Illness (SMI): Incarcerated individuals determined to have a current diagnosis with documented active/inactive symptoms or a recent history (6 months) of any of the following current DSM diagnosis:

Bipolar I and II	Major Depressive Disorder (Recurrent/single) NOT Depression NOS
Bipolar Disorder NOS	Psychotic Disorder NOS
Brief Psychotic Disorder	Schizoaffective Disorder
Delusional Disorder	Schizophrenia (all subtypes)
Intellectual disability that meets criteria for H4	Schizophreniform Disorder

And Incarcerated individuals:

Who are actively suicidal or who have engaged in a recent (1 year) serious suicide attempt (intent/lethality) as determined by the Chief Psychologist or Director of Mental Health;

Diagnosed with an organic brain syndrome (general term used to describe decreased mental function due to a medical disease, other than a psychiatric illness) such as Dementia/Alzheimer that results in significant functional impairment involving acts of self - harm or other behavior that has a seriously adverse effect on life or on mental or physical health;

Diagnosed with a severe personality disorder that is manifested by frequent episodes of psychosis or depression, and results in significant functional impairment involving acts of self – harm or other behavior that have a seriously adverse effect on life or on mental or physical health;

Attachment C

Managing Challenging Mental Health Patients Protocol (IBMP)

Purpose: Formerly known as Individual Behavior Management Plan (IBMP) Protocol. To direct DOC staff behavior in response to a patient demonstrating an observable pattern of problematic behavior (i.e., self-harm, covering cell window, refusing cell searches and/or meals) by creating an emphasis on providing incentives for exhibiting targeted behavior. This will be most effective when patients who would benefit from behaviorally based strategies are proactively identified.

Applicability: Primary Therapist, in collaboration with unit staff, will identify people who may benefit from a more structured approach to changing behavior. It is critical to identify the potential benefits of this approach to intervention prior to complete burn-out/exhaustion of staff.

A. Patient Identification
   1. Primary Therapist will:
      a. Develop a clear case conceptualization of the patient's functional dynamics to determine if an IBMP would be a beneficial tool to help change a problematic behavior pattern.
         i. This may include documenting data of the chronology of problematic behaviors.
         ii. It is important to identify motivational factors which may help to develop appropriate incentives.
      b. Criteria for a patient to be included in this process:
         i. High utilization of the COA
            - 3 admissions within 6 months
            - More than 30 days in a 4-month period
         ii. Max Custody and S3 or greater
         iii. Frequent interpersonal conflict as evidenced by such things as infractions, negative BOEs, clinical and staff observation
         iv. Clinically referred based on the case conceptualization
   2. If a person meets the above criteria and the Primary Therapist chooses not to develop an IBMP they will enter a chart note to document the rationale for not utilizing this approach to behavior change and identifying the alternative intervention.

B. Development of Individual Behavior Management Plan (IBMP)
   1. Primary Therapist will:
      a. Request input/observations for a period of 4 days via the Mental Health Functional Assessment tool (13-595) from all relevant staff where the offender is housed including;
         i. Multidisciplinary Team (MDT)
            - Unit Sergeant;
            - Minimum of one front-line custody staff member;
         ii. Management (CUS, CPM, and/or Associate Superintendent);
         iii. Custody;
         iv. Classification; and
         v. Health Services
      b. Reviews information in the completed 13-595s and completes draft IBMP (13-069) within 2 days
      c. Sends draft IBMP to all relevant staff requesting review and feedback within 4 business days.
      d. Modifies the IBMP based on provided feedback.

2. Multidisciplinary Team (MDT) meeting takes place to review and sign IBMP.
3. MDT and patient meet to review finalized IBMP. While the active participation of the patient in the IBMP is valuable, it is not essential.
4. If there is a significant disagreement regarding an IBMP, the unit's Supervising Psychologist will review available information and meet with Unit or Prison Administration to seek a resolution. Superintendent/designee makes final determination regarding an IBMP.

C. Implementation
1. Once approved (MDT signs off), a start date will be established within 3 business days.
2. All regularly assigned unit staff will be oriented to the plan
3. Unit Sergeant ensures that all custody staff have been oriented to the IBMP
4. No changes to IBMP will be made for the first 2 weeks (unless there is an emergent need).

D. Review and Updates
1. IBMP is reviewed in an MDT (no patient present) and suggested changes solicited
    a. Any adjustments agreed upon by the MDT will be made by the Primary Therapist.
    b. The new IBMP will be presented to the offender.
    c. All staff will be oriented to new plan according to Implementation protocol
2. Review schedule:
    a. 2 weeks;
    b. 30 days after the 2 week review;
    c. Once every 90 days thereafter.
3. If an IMBP is being continued to utilize after two 90-day reviews, the Chief of Psychology will also review and provide feedback on the plan.
4. IBMP's are discontinued when no longer needed (as determined by an MDT).
5. IBMP's will be considered "in effect" once signatures are obtained by members of the MDT and it is posted on the patient's cell door (if in restrictive housing).
6. Any updates to IBMP's must be put in writing on form 13-069, and then will only be considered "in effect" once the criteria described above are met.

E. Locations of IBMP:
1. Patient's cell door (if in restrictive housing),
2. Medical record: "Mental Health" section,
3. SharePoint: Mental Health Documents folder;
4. Unit Booth,
5. Unit Sergeant's office,
6. Medical office,
7. Shift office, and
8. Mental Health Duty Officer (MHDO).

Documents:
Functional Assessment (DOC 13-595)
Individualized Behavior Management Plan form (DOC 13-069)

Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:

(Name, DOC#, DOB)

INDIVIDUAL BEHAVIOR MANAGEMENT PLAN

DATE	FACILITY

PASTE PHOTO HERE

Primary Therapist: _____

Psychologist: _____

Plan Expiration date: _____

Rationale for plan/situational background:

Trigger(s):

Consequence(s) of behavior(s) (obtains/avoids):

Function(s) of the behavior(s):

Incentives:

Current Behavior:

Target Behavior:

Action steps:

Current Behavior:

Target Behavior:

Action steps:

PATIENT SIGNATURE: _____ DATE SIGNED: _____

MULTIDISCIPLINARY TEAM SIGNATURES

PRIMARY THERAPIST (PRINT NAME)	SIGNATURE	DATE
PSYCHOLOGIST (PRINT NAME)	SIGNATURE	DATE
PSYCHIATRIC PRACTITIONER (PRINT NAME) ☐ check if none	SIGNATURE	DATE
CUS/CMHUS (PRINT NAME)	SIGNATURE	DATE

Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:

(Name, DOC#, DOB)

SHIFT/UNIT SGT (PRINT NAME)	SIGNATURE	DATE
MEDICAL (PRINT NAME)	SIGNATURE	DATE
CLASSIFICATION COUNSELOR (PRINT NAME)	SIGNATURE	DATE
CHIEF OF PSYCHOLOGY* (PRINT NAME) *If 3rd renewal or more	SIGNATURE	DATE
OTHER (PRINT NAME AND TITLE)	SIGNATURE	DATE

Department of Corrections
WASHINGTON STATE

PATIENT NAME:	
DOC NUMBER:	DATE OF BIRTH:

MENTAL HEALTH FUNCTIONAL ASSESSMENT

DATE	FACILITY	UNIT (optional)

Instructions: To be completed in conjunction with 13-069 Individual Behavior Management Plan (IBMP).

1. Target Behavior

What happened? How often has this occurred in past week/month? How long does the behavior last when it occurs?

2. Context

Where did the behavior occur? Who was present when the behavior started? What was occurring in the setting when the behavior occurred (shift change, movement time)?

3. Triggers

Within the past 24 hours have any of the following occurred: Room move; New or stopped medications; Change in staff – shift change or new staff; Bad news from home; Unit became loud/quiet; Punishment – change in sentence, return from court, sanctions, infractions, etc.

4. Outcome

What happens when the individual engages in the behavior? What does the individual gain from engaging in the behavior? What does he/she avoid from engaging in the behavior?

5. Intervention/Evaluation

How did you intervene? Was anyone besides other custody notified of the behavior (MH or Medical)? If physical forced and restraint were used, how long was the individual restrained? How much time lapsed after the intervention and before the behavior occurred again? Sometimes behavior gets worse before it gets better: Was there any change (better or worse) to the intensity of the behavior?

COMPLETED BY (NAME AND SIGNATURE)
Type name and title here - Spell check will run when tabbing out

Attachment D

Project Charter

Project Name	**Violators**		**Date:** 4/26/2021
Description	*Current Condition*	"Why" are we doing this? Problem/Goal statement… The Department's approach to violators requires improvement and update to policies, procedures, forms, and operations. Utilizing best practices from partners, including Clark County, the Department will update To meet the needs of this population, updates to policy are required that identifies the criteria for this population, classification requirements, and staffing, composition, and operations for violators.	
	Objective(s)	A successful project will result in recommendations for: • Updates to policies, procedures, and forms • Identify change management needed to implement changes	
	Alignment	This project aligns and furthers DOC goals, policy, statute, etc: • DOC 2019-2023 Strategic Plan, Goal 1 (Improve Lives), Objective #1, • DOC 2019-2023 Strategic Plan, Goal 2 (Achieve Organizational Excellence, Objective #4 • DOC 300.380 Classification and Custody Facility Plan Review • DOC 310.150 Reception, Initial Classification, and Custody Facility Plan • DOC 320.145, Violator Confinement • DOC 320.160, Tolling of Supervision in the Community • DOC 350.750, Warrants, Detainers, and Holds • DOC 420.390, Arrest and Search • DOC 610.040, Health Screenings and Assessments	
Scope	*Includes*	1. Draft Policy language for violators 2. Update to forms and procedures 3. Curriculum development and process documentation for sustainable change management	
	Excludes	1. Information Technology assets 2. FTEs 3. OMNI enhancements	

Milestones	**#**	**What**	**When**
	1	Identify project team	TBD
	2	Develop charter	TBD
	3	Convene first project team meeting	TBD
	4	Identify and standardize criteria and process for violators	TBD
	5	Develop draft policy language, including updates to forms	TBD
	6	Develop training needed for sustainable change management	TBD

Risks	**#**	**Risk**	**Prob**	**Impact**	**Strategy**
	1	TBD	H/M/L	H/M/L	
	2	TBD	H/M/L	H/M/L	
	3	TBD	H/M/L	H/M/L	

	4	Staff buy-in and support	(H)M/L	(H)M/L	Communication and change management

	Item or Project Phase	**Projected Cost**	**Fund**
Project Budget	## FTEs x # project meetings x # hrs. per meeting / Planning	Budget document to be developed by Budget (Greg Scott-Braaten)	#% Fund 500 (Health Services) #% Fund 200 (Prisons) #% Fund ### (Reentry)

	Role	**Person**	**Responsibility**
Roles & Responsibilities	*Sponsor*	Dan Johnson Dr. Sara Kariko	• Provide leadership and resources to achieve the project objectives • Approve, communicate, and support implementation
	Process Owner(s)	Dr. Karie Rainer Rae Simpson	• Provide oversight and direction for seamless implementation • Monitor and report on implementation schedule • Monitor and report on systems and human performance • Work with Project Manager to develop implementation strategies
	Project Manager / Facilitator	Shawn Pritchard	• Manage project processes: charter, work plan, and status reporting • Work with sponsor and process owner(s) to resolve issues • Lead and facilitate teams • Achieve project objectives detailed in the charter • Develop implementation strategies
	Team	Health Services Rep(s) • Medical • Nursing • Mental Health • Social Work Reentry Division Rep(s) Prisons Division Rep(s)	• Participate fully and collaboratively as a subject matter expert and member of the project team • Analyze current practice against best business practice • Identify business requirements, ensuring regulatory compliance • Identify policy, process, and practice gaps • Work collaboratively to identify the best improved state DOC can successfully adopt • Identify solutions and make recommendations that support the business • Maintain accountability for timely & quality completion of assigned tasks

	Role	**Signature**	**Date**
Authorization	**Co-Sponsor**		
	Co-Sponsor		
	Process Owner(s)		
	Project Manager/Facilitator		

Attachment E

Monthly Supervision Score Card Staff: _____ Date: _____

	DOC #		DOC #	
MHA/MHU		Comments		Comments
1. Is there a current MHA/MHU?	Y / N		Y / N	
2. Is there a diagnosis supported by the diagnostic rationale? If no diagnosis, rationale provided for that decision.	0 1 2 3 4 5		0 1 2 3 4 5	
3. General plan for services is documented in the last section.	0 1 2 3 4 5		0 1 2 3 4 5	
Treatment Plan				
4. Is there a current Mental Health Treatment Plan (DOC 13-379)?	Y / N		Y / N	
5. Does the problems/needs section identify functional challenges the patient faces?	0 1 2 3 4 5		0 1 2 3 4 5	
6. Are the treatment goals associated with the problems/needs?	0 1 2 3 4 5		0 1 2 3 4 5	
7. Do the planned services clearly identify either case management or therapy and the frequency of meeting?	Y / N		Y / N	
MHER				
8. Is there documentation (MHER) to support treatment identified in the treatment plan?	0 1 2 3 4 5		0 1 2 3 4 5	
9. Do the MHER notes address the problems/needs of the patient?	0 1 2 3 4 5		0 1 2 3 4 5	
10. Does the course of treatment conform to the treatment plan?	0 1 2 3 4 5		0 1 2 3 4 5	
OMNI-HS				
11. Is there an OMNI-HS encounter for the chart notes, MHA/U's, Treatment Plan?	Y / N		Y / N	
12. Is there a chart documentation for each OMNI-HS encounter?	Y / N		Y / N	
13. Are the S codes consistent across chart documentation and OMNI-HS encounters?	Y / N		Y / N	
14. Are the diagnoses consistent across chart documentation and OMNI-HS encounters?	Y / N		Y / N	

Reviewer: _____ Date: _____

Operational Inspection Audit Preparation - Mental Health Sections:

Health Services Part 4 – Offender Health Records. Page 12 of 17.
Health Services Part 4 – Offender Records – Reception Center. Page 17 of 20. (Identical questions)

26. Is there a **DOC 13-386 Consent for Mental Health Treatment** in the patients' health record? Y/N
26.1 Is there a current MHA/MHU? Y/N
26.2 Is there a diagnosis supported by the diagnostic rationale (in the most recent MHA/MHU)? If no diagnosis, rationale provided for that decision.

- 0 = Diagnosis not listed and diagnostic rationale not presented
- 1 = Diagnosis listed, but no other information listed.
- 2 = Diagnosis listed with appropriate code (DSM V/ICD 10); several symptoms of diagnosis are included in writing (i.e. writing includes terms like "inflated self-esteem" or "recurrent thoughts of death;" may include mix of DSM V symptoms and patient narrative, but is not comprehensive). One or two sentences are included about why the diagnosis makes sense from the clinician's perspective
- 3 = Diagnosis listed with appropriate code; number of symptoms and duration of symptoms required for dx (per DSM V) are listed without examples from patient narrative
- 4 = Diagnosis listed with appropriate code; number of symptoms required for dx (per DSM V) is listed; examples of those symptoms are given from patient narrative
- 5 = Diagnosis listed with appropriate code; number of symptoms required for dx (per DSM V) is listed; examples of those symptoms are given from patient narrative; differential diagnosis addressed

26.3 General plan for services is documented in the last section of the most recent MHA/MHU.

- 0 = No plan
- 1 = A box is checked under general services section
- 2 = Statement written indicating that in general, therapy or medication is needed
- 3 = Statement written that a referral for a specific type of services has been made ("depression therapy" or "referral for urgent medication evaluation based on psychotic symptoms")
- 4 = Statement written that identifies level of care per the Offender Healthcare Plan (OHP) depending upon diagnosis given in MHA/MHU and indicates the specific type of treatment recommended (may include references to protocols/guidelines if applicable, i.e. for PTSD, ADHD)
- 5 = Statement written that identifies level of care per the Offender Healthcare Plan (OHP) depending upon diagnosis given in MHA/MHU; indicates the type of treatment recommended (included protocols/guidelines if applicable, i.e. for PTSD, ADHD); clarifies who will next "touch" the case (therapist or psychiatrist) and when the patient will next be seen.

27. Is there an annual (outpatient) or 90 day (RTU) **Mental Health Treatment Plan (DOC 13-379)**? Treatment plans are considered "annual" if within 13 months. (Required) Y/N

27.1 Does the treatment plan document the same diagnosis provided in the MHA/U (in the most recent treatment plan)? Y/N

27.2 Does the problems/needs section identify both the symptoms and functional challenges the patient faces? Functional challenges may also be listed as an "overall" problem in the strengths/challenges section. Credit is given if the functional challenge is listed in either section.

- 0 = No social, psychological, occupational, or housing challenges noted. Basic symptoms not associated with diagnosis.
- 1 = Symptoms noted as category only (i.e. "PTSD symptoms" or "PTSD diagnosis"). No functional challenge presented.
- 2 = References overall problem caused by the functional challenge patient is facing (i.e. "repeated SEG placements"). Generic symptoms of disorders are listed (i.e. "sadness" or "anger" or "sleep problems").

- 3 = Lists functional challenges (i.e. social, occupational, recidivistic, repeated placement in restrictive housing) and gives example of overall problem caused by the functional challenge patient is facing (i.e. no friends, can't hold a job, recurrent SEG placements). Lists specific symptoms as they relate to the diagnosis (i.e. sadness related to depression).
- 4 = Lists functional challenges (i.e. social, occupational, recidivistic) and gives examples of overall problem caused by the functional challenge (i.e. no friends, can't hold a job, recurrent SEG placements); includes collateral information (i.e. nursing, custody on unit). Lists specific symptoms as they relate to the diagnosis (i.e. sadness related to depression) and how they go with each functional challenge.
- 5 = Lists functional challenges (i.e. social, occupational, recidivistic) and gives examples of overall problem caused by the functional challenges (i.e. no friends, can't hold a job, recurrent SEG placements); includes collateral information (i.e. nursing, custody report/interactions, or notation of a brief review of custody record and significant findings such as weekly major infractions, 5 restrictive housing placements in last month). Lists specific symptoms as they relate to the diagnosis (i.e. sadness related to depression) and how they go with each functional challenge. Includes patient quote.

27.3 Are the treatment goals associated with the problems/needs?

- 0 = Treatment goals are not associated with problems/needs (i.e. custody facility plan will be reviewed within 90 days)
- 1 = Treatment goals are associated with a general need of the patient (i.e. patient will "get better.")
- 2 = Treatment goals are associated with general problems for people facing the diagnosis listed, but are not patient specific (i.e. patients with schizoaffective disorder experience mood problems; patient goal targets "stabilizing mood" for patients with "mood disorders.").
- 3 = Treatment goals use key components listed in problems/needs sections of treatment plan. Treatment goals are patient specific (do not list general problems related to patients in general with same diagnosis but give patient specific examples of how the diagnosis impacts that particular patient).
- 4 = Treatment goals use key components listed in problems/needs sections of treatment plan. Treatment goals are patient specific (do not list general problems related to patients in general with same diagnosis but give patient specific examples of how the diagnosis impacts that particular patient) and use plain language and patient centered language.
- 5 = Treatment goals use key components listed in problems/needs sections of treatment plan. Treatment goals are patient specific (do not list general problems related to patients in general with same diagnosis but give patient specific examples of how the diagnosis impacts that particular patient) and use plain language and patient centered language. Treatment goals focus on mental health interventions that target those problems/needs (i.e. providing a course of treatment, or provide quarterly case management).

27.4 Are the goals measurable, attainable and relevant? Are the goals specific to interventions provided by MH staff?

- 0 = Goals are not measureable (i.e. no metrics, no categories), not attainable (i.e. are thematic only, extremes presented), and not relevant (i.e. relate to health and wellness, but not to the mental illness being treated)
- 1 = Goals are present, but not related to mental health (i.e. "complete offender change programming").
- 2 = Goals are related to mental health (i.e. "attend group therapy").
- 3 =Goals are relevant to mental health and attainable (i.e. "attend 75% of case management check-in groups as measured by passport program" etc.).
- 4 = Goals are relevant to mental health, attainable, and include a subjective measurable piece (i.e. "Patient will attend depression group and mood will decreased on 1-10 score by 3 points by end of group").

- 5 = Goals are relevant to mental health, attainable, and include a subjective and observable measurable piece (i.e. “Patient will attend depression group and mood will decreased on 1-10 score by 3 points by end of group”).

27.5 Is the patient’s pathway in treatment identified in the Next Steps? Y/N
28. Is there documentation (PER) to support treatment identified in the treatment plan (in the current or existing treatment plan)? Action steps part of treatment plan.

- 0 = No documentation
- 1 = Documentation available, reflects only that patient was seen. No treatment details (i.e. “rounds completed”).
- 2 = Documentation available, reflects patient was seen and name of treatment (no interventions or session details, i.e. “Case management note: patient seen for case management.”). Or, treatment documented in PER is not related to treatment plan.
- 3 = Documentation available; indicates name/type of treatment being offered (i.e. case management; Cognitive Processing Therapy, DBT Group) and is the type of treatment documented in PER is the type of treatment identified in treatment plan. A few details provided (i.e. “Attended DBT group and completed skills card).
- 4 = Documentation available; indicates name/type of treatment being offered (i.e. case management; Cognitive Processing Therapy, DBT Group) and the type of treatment documented in PER is the type of treatment identified in treatment plan. Treatment summary provided (standard CPT treatment paragraph provided; DBT summary provided) in addition to how patient responded to treatment.
- 5 = Documentation available; indicates name/type of treatment being offered (i.e. case management; Cognitive Processing Therapy, DBT Group) and the type of treatment documented in PER is the type of treatment identified in treatment plan. Treatment summary provided (standard CPT treatment paragraph provided; DBT summary provided). Summary of to how patient responded to treatment and how this integrates with the plan moving forward is provided. Treatment being offered follows protocols or guidelines, when applicable.

28.1 Do the PER notes address the problems/needs of the patient (in the current or existing treatment plan)?

- 0 = PER notes do not reference problems/needs of patient
- 1 = Documentation available, reflects only that patient was seen. No treatment details.
- 2 = Documentation available, reflects patient was seen and relates to a problem/need in general fashion (i.e. “patient seen for depression”). Or treatment provided is not related to treatment plan.
- 3 = PER notes identify problems/needs of patient in a specific way from treatment plan (i.e. Patient targeted PTSD avoidance in therapy today by…”).
- 4 = PER notes identify problems/needs of patient from treatment plan in specific way (i.e. patient targeted PTSD avoidance in therapy today by…”) and notes functional challenge goal (i.e. decrease in isolation).
- 5 = PER notes identify problems/needs of patient from treatment plan in a specific way (i.e. patient targeted PTSD avoidance in therapy today by…”) and notes functional challenge goal (i.e. decrease in isolation). PER includes an assessment section in which the therapist reflects on how what is seen in session (comparison of S and O sections) relates to diagnosis, problems/needs of treatment plan, and patient prognosis.

28.2 Does the course of treatment conform to the treatment plan (current or existing treatment plan)?

- 0 = No course of treatment or course of treatment provided that does not make sense based on general and reasonable practices.
- 1 = A course of treatment is referenced, but does not relate to treatment plan.
- 2 = The PER references treatment that is not referenced in treatment plan, but is a type of treatment used for the diagnosis being treated, and theoretically makes sense as a treatment offering.
- 3 = Course of treatment uses key components used in the treatment plan to identify the type of treatment that will be offered.
- 4 = Course of treatment uses key components used in the treatment plan to identify the type of treatment that will be offered. PER's reference not only the same words in the treatment plan, but the theory and conceptualization behind the treatment being offered in the A section of the PER.
- 5 = Course of treatment uses key components used in the treatment plan to identify the type of treatment that will be offered. PER's reference not only the same words in the treatment plan, but the theory and conceptualization behind the treatment being offered in the A section of the PER. Treatment being offered focuses on treatment identified need in treatment plan theoretically.

28.3 In the Assessment and Plan section of the PERs does the course of treatment conform to the treatment plan or is there a clear rationale for why it does not conform to the treatment plan (current or existing)? Y/N

28. Is the Mental Health PER documentation legible (writing is clear enough to read without undue distress)? Y/N

29. On each PER (13-345), is the provider's name typed in the space provided or stamped below the signature? Y/N