

STATE OF WASHINGTON

OFFICE OF THE CORRECTIONS OMBUDS

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November 23, 2020

Steve Sinclair, Secretary Department of Corrections (DOC)

Office of the Corrections Ombuds (OCO) Investigative Report

Attached is the official report regarding the OCO investigation into the DOC's single cell policies. We look forward to working with DOC to amend current policies and practices to better ensure that all incarcerated persons' health, safety, welfare, and rights are protected while they are within state confinement.

Any member of the public who wishes to report a concern to OCO is welcome to contact the office at (360) 664-4749 or at the address above. All concerns are logged into the OCO database and used as part of its overall reporting to policymakers and analysis of issues within DOC.

Sincerely,

Danna Carns

Joanna Carns Director

cc: Governor Inslee

OCO INVESTIGATION AND REPORT BY JOANNA CARNS, OCO DIRECTOR

Summary of Complaint/Concern

On January 27, 2020, the Office of the Corrections Ombuds (OCO) received a complaint which alleged the following:

- The complainant, a white male, is an ADA qualified individual with mental health disabilities and special needs who was victimized while trapped in a two-man cell. He believes that he meets the criteria for single cell housing listed in DOC Policy 400.020, and he was recently recommended for single cell placement by his facility mental health provider. However, DOC HQ denied the single cell placement as he did not meet a separate set of criteria listed in DOC Policy 300.380.
- OCO has received almost a dozen similar complaints from persons who are requesting single cell placement based on medical or mental health needs and who are denied placement because they do not meet the criteria that Headquarters follows in DOC Policy 300.380.

OCO Statutory Authority

- Per RCW 43.06C.005, OCO was created to assist in strengthening procedures and practices that lessen the possibility of actions occurring within DOC that may adversely impact the health, safety, welfare, and rehabilitation of incarcerated persons, and that will effectively reduce the exposure of DOC to litigation.
- Per RCW 43.06C.040, OCO has the authority to receive, investigate, and resolve complaints related to incarcerated persons' health, safety, welfare, and rights.

OCO Investigative Actions

• As part of this investigation, OCO reviewed DOC policy 300.380 Classification and Custody Facility Plan Review and DOC Policy 400.020. In addition, OCO communicated with relevant DOC facility and HQ staff, spoke with the complainant, and held a meeting with DOC's Chief of Classification and Director of Mental Health Services.

OCO Findings

• OCO substantiates the allegation as written. As the complainant alleged, facility mental health staff recommended him for single cell placement based on his mental health needs, and then HQ staff denied the placement based on a separate set of criteria that did not include mental health needs as an option.

- DOC staff follow two different policies for single cell placement, which create two different standards and criteria for single cell placement.
 - WSP mental health staff relayed that the facility multi-disciplinary team recommended the complainant for a single cell following DOC Policy 400.020(III), which provides that single cell occupancy "will be available to individuals meeting one or more of the following criteria:
 - Severe medical disability
 - Serious mental illness
 - Sexual predator
 - Likely to be exploited or victimized by others
 - Maximum custody
 - Other special needs
 - DOC Headquarters staff relayed that in reviewing single cell placement requests by facilities, they follow DOC Policy 300.380(I)(G), which states that single cell screenings follow three criteria: if the incarcerated person has committed murder, aggravated assault, or documented rape of another incarcerated individual who was assigned to his cell.
 - In discussion with Headquarters staff, a further confounding issue is that Policy 400.020 is a Prisons policy and Policy 300.380 is a Classification policy; these are two different chains of command and utilized by two different groups of staff. In practical terms, this means that there could be two different final decisionmakers, and there is no bridge between the two.
 - Further, there is no appeal mechanism cited. Prison decisions are generally grievable; classification decisions are generally not grievable. It therefore is confusing how or whether an incarcerated person can officially appeal or grieve the decision and to whom.
 - Last, although medical and mental health needs are both cited as criteria for single cell placement under 400.020, there is no clear feedback loop for healthcare staff's professional recommendations to be taken into consideration by the Prisons or Classification staff making the single cell placement decisions; nor is there any clarification on when healthcare staff should actually have the final determination on the matter, based on said healthcare needs.

Recommendations

• DOC should synthesize the single cell placement criteria and decisionmaking process, creating one clear, written, streamlined policy that applies to all situations. Assuming that single cell placement decisions will still be made based on medical or mental health needs, this new protocol needs to include formal opportunities for healthcare staff to give their recommendation and rationale, and

clarity around who is the decisionmaker. The policy also needs to include direction regarding whether the single cell restriction can be appealed or grieved and to whom.



April 30, 2021

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

Dear Ms. Carns:

As it pertains to the Office of Corrections Ombuds' 'investigation into the DOC's single cell policies,' the department convened a workgroup to evaluate and revise policy language for policies 300.380 Classification and Custody Facility Plan Review, 400.020 Facility Capacity Management and Space Standards and 420.140 Cell/Room Assignment. Provided below are the actions taken by the Department and its recommended policy amendments.

Overview of Action Taken

The operational divisions of Reentry, Prisons and Health Services convened a workgroup to evaluate the agency's current single cell process. The participating staff encompassed the operational areas of Americans with Disabilities Act (ADA) coordination, mental health, medical services, missioned housing, classification, prison program management, transportation and prison administration. They evaluated the process and had the following findings/recommendations:

- · Medical and mental health requests should be part of the process.
- The new process will reside in policy 300.380 Classification and Custody Facility Plan Review. New policy language will not preclude immediate action required in policy 420.140 Cell/Room Assignment.
- Expand the definition for security risk to include all who commit murder, aggravated sexual assault, aggravated assault with life threatening injuries, or other extreme safety or security concerns on another person while incarcerated. Previously, policy only included these acts committed against a cellmate.
- Policy 490.700 Transgender, Intersex and/or Gender Non-Conforming Housing and Supervision and the policy-mandated headquarters multi-disciplinary team (MDT), working with facility teams, will continue to determine housing for individuals to whom this policy pertains.
- Additionally, the group recommended that if these same three crimes were committed on a cellmate, they will have an indefinite single cell assignment, barring facility emergency operations.
- The group determined the referral to Headquarters as sufficient review and did not see the need for an additional appellate review as all the leadership staff are represented in the current committees of Max Custody Committee, Headquarters Community Screening Committee (HCSC) and Transgender Headquarters Committee.

Final Recommendations

The Department has determined the best way forward is the adoption of expanding HCSC to include the consideration and approval of single cell requests that do not fall under the current

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process of safety and security as considered in the Max Custody Committee, and the Transgender, Intersex and Gender Non-Conforming evaluated with Headquarters MDT. The HCSC addition will add medical and mental health requests, which are not included within the previously mentioned committees.

The HCSC currently has mental health leadership and will request medical leadership to be included in those meetings where consideration for single cell is on the agenda. Additionally, the ADA compliance manager will be included to ensure ADA consideration and/or recommendations will be part of HCSC consideration. The chief medical officer and director of mental health are in support of the single cell protocol revision.

Corrections will also update the current training tools and job aids for single cell review and determination to support expanded process steps and staff actions.

The following is the additional policy language for 300.380 to address this process change. Under Section VII, an additional section C will be added.

- A. Single Cell Screening and Assignment:
 - 1. Case managers will complete single cell screenings when an individual does not have a history of murder, aggravated sexual assault or aggravated assault with life threatening injuries (as determined by a medical professional) on another person during any period of incarceration.
 - 2. Case managers will initiate a single cell screening in the electronic file, if one has not been completed or the incarcerated individual has committed murder, aggravated assault (with life threatening injuries as determined by a medical professional) or aggravated sexual assault of another individual during any period of incarceration.
 - 3. Incarcerated individuals may be assigned a single cell/room for a specified period for the following reasons:
 - a. Medical condition or infectious disease as recommended by the chief medical officer/or designee. Designee must be facility medical director or above and approved by HCSC.
 - Health Services will notify the case manager of the need to initiate a single cell screening for medical or infectious disease reasons to include recommended timeframes, if applicable.

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- b. Mental Health condition as recommended by director of mental health/or designee. Designee must be psychologist 4 or above and approved by HCSC.
 - Mental health professionals will notify the case manager of the need to initiate a single cell screening for mental health needs to include recommended timeframes, if applicable.
- C. Any history of murder, aggravated sexual assault, aggravated assault with life threatening injuries, or other extreme safety or security concerns on another person while incarcerated, as decided by Headquarters Max Custody Committee.
 - Individuals confirmed to have committed murder, aggravated assault with life threatening injuries or aggravated sexual assault on another person who was assigned the same cell/room will be approved for indefinite single cell assignment.
 - 2) During emergency operations, the incident commander may make temporary and time-limited exceptions.
- 4. The screening and approval process does not preclude initial requirements and guidance, per DOC 420.140 Cell/Room Assignment.

Sincerely,

on behalf of Steve Sinclair, Secretary Washington Department of Corrections

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