



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

APPLICABILITY  
**PRISON/REENTRY/FIELD**  
FACILITY/SPANISH MANUALS

REVISION DATE  
3/18/22

PAGE NUMBER  
1 of 13

NUMBER  
**DOC 630.500**

**POLICY**

TITLE  
**MENTAL HEALTH SERVICES**

**REVIEW/REVISION HISTORY:**

- Effective: 3/8/01
- Revised: 11/25/06
- Revised: 7/19/10
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- Revised: 2/17/12
- Revised: 6/21/12
- Revised: 3/1/13
- Revised: 4/28/17
- Revised: 3/18/22

**SUMMARY OF REVISION/REVIEW:**

Major changes to include updating terminology throughout. Read carefully!

**APPROVED:**

Signature on file

\_\_\_\_\_  
**FRANK LONGANO, MD**  
Chief Medical Officer

1/31/22  
\_\_\_\_\_  
Date Signed

Signature on file

\_\_\_\_\_  
**DAVID FLYNN,**  
Assistant Secretary for Health Services

1/31/22  
\_\_\_\_\_  
Date Signed

Signature on file

\_\_\_\_\_  
**CHERYL STRANGE, Secretary**  
Department of Corrections

2/25/22  
\_\_\_\_\_  
Date Signed

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 2 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

**REFERENCES:**

DOC 100.100 is hereby incorporated into this policy; [RCW 71.05](#); [RCW 72.09](#); [RCW 74.09](#); DOC 300.380 Classification and Custody Facility Plan Review; DOC 320.265 Close Observation Areas; DOC 420.250 Use of Restraints (RESTRICTED); DOC 610.010 Patient Consent for Health Care; DOC 610.040 Health Screenings and Assessments; DOC 610.110 Transfer of Offenders for Health Reasons; DOC 630.540 Involuntary Antipsychotic Administration; DOC 630.550 Suicide Prevention and Response; DOC 630.590 Reentry Community Services Program; DOC 640.020 Health Records Management; [Pharmaceutical Management and Formulary Manual](#); [Washington DOC Health Plan](#)

**POLICY:**

- I. Individuals in a Prison will be provided medically necessary mental health and psychiatric services per the Washington DOC Health Plan, Pharmaceutical Management and Formulary Manual (i.e., The Formulary), Mental Health Services Protocols and Guidelines, and the Mental Health and Psychiatric Care Review Committee.
- II. Individuals under the Department’s jurisdiction in need of mental health and psychiatric treatment who are on community supervision or are housed in a Reentry Center will be provided referrals to community-based providers for services described in this policy.
- III. Mental health and psychiatric services that are not medically necessary but support correctional objectives will be provided as described in this policy.
- IV. The Director of Mental Health and/or the Chief of Psychiatry may allow for exceptions to this policy as needed to optimize the delivery of mental health and psychiatric services to incarcerated individuals.

**DIRECTIVE:**

- I. Responsibilities
  - A. The Director of Mental Health will:
    1. Direct mental health services and ensure statewide implementation of this policy.
    2. Along with the Chief of Psychiatry and Chief Psychologists, develop and implement clinical guidelines, procedures, protocols, and algorithms which are evidence-based and align with the Washington DOC Health Plan and The Formulary.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 3 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

- a. Health Services protocols will be posted under Health Services on the Department's internal website
- B. Supervising psychologists, under the clinical direction of the Director of Mental Health and Chief Psychologists and the administrative direction of the Health Services Manager, will:
1. Implement this policy within the facility, and
  2. Assign a primary therapist (i.e., mental health provider responsible for coordinating the individual's mental health care) prior to arrival at the facility for each individual with a PULHES "S" code of 2 or higher.
- C. Primary therapists will coordinate mental health services for each individual assigned to them in accordance with the Washington DOC Health Plan and this policy.
- D. Mental health employees designated to facilitate care coordination will ensure that individuals with mental illness receive release planning services as outlined in this policy.
- E. All mental health employees and contract staff will report any knowledge, suspicion, or information regarding:
1. Incidents of sexual abuse or sexual harassment occurring within any facility, including non-Department facilities.
  2. Retaliation against individuals under the Department's jurisdiction or Department personnel who have reported incidents of sexual abuse or sexual harassment.
  3. Any neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- II. Access to Care
- A. Individuals under the Department's jurisdiction will have access to mental health services through:
1. Screening
    - a. All individuals will receive a mental health screening at intake by mental health employees/contract staff using DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 4 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

2. Self-Referral

- a. Individuals under the Department’s jurisdiction may request mental health services by:
  - 1) Submitting DOC 13-423 Health Services Kite.
  - 2) Declaring a mental health emergency and expressing acute mental health symptoms to employees/contract staff.
    - a) Once declared, employees/contract staff will notify the onsite mental health provider or Mental Health Duty Officer, if after hours.

3. Employee Referral

- a. Facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment.
  - 1) Urgent referrals will be made through immediate verbal contact with a mental health provider/contract staff and followed up with documenting on DOC 13-420 Request for Mental Health Assessment.
    - a) If the referral occurs when mental health employees/contract staff are not at the facility, the referral will be made to an onsite medical employee/contract staff.

B. Consent for services will be obtained per DOC 610.010 Patient Consent for Health Care.

III. Mental Health Services Provided Under the Washington DOC Health Plan

A. Crisis Services

- 1. Crisis services are provided for individuals with symptoms of an acute mental disorder that impair the individual’s ability to function in areas such as self-care, social functioning, communication, and/or judgment. The individual may pose a safety risk to themselves and/or others. In addition to the services that are provided per DOC 630.550 Suicide Prevention and Response, crisis services may include:

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 5 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

- a. Emergent/urgent mental health crisis screening, which will be the basis for prioritizing the individual for further mental health assessment.
  - b. Immediate access to services if a crisis exists at the time of evaluation.
  - c. Delivery of emergent/urgent psychiatric services and/or psychotropic medications per DOC 610.010 Patient Consent for Health Care and/or DOC 630.540 Involuntary Antipsychotic Administration.
  - d. Delivery of brief crisis counseling services.
2. If mental health providers are not available at the facility during a mental health crisis:
- a. Health Services employees/contract staff or the Shift Commander/designee will contact the Mental Health Duty Officer.
  - b. DOC 630.550 Suicide Prevention and Response and DOC 420.250 Use of Restraints (RESTRICTED) will be followed, as appropriate.
  - c. The Shift Commander/designee, in consultation with the Mental Health Duty Officer, will direct safety and security measures to address the crisis.
    - 1) Mental health will be responsible to direct care needs.
  - d. Responses will continue until mental health providers are available or the individual is moved to a facility with the appropriate mental health services.
3. Based on an individual's behavior and mental health status, a mental health provider may request a safety watch per the Safety Watch Procedure located under Health Services on the Department's internal website, DOC 320.265 Close Observation Areas, and/or DOC 630.550 Suicide Prevention.
- a. Mental health providers will use DOC 13-393 Close Observation Conditions of Confinement to establish any necessary conditions of confinement.

**B. Routine Mental Health Services**

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 6 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

1. A mental health employee/contract staff will complete DOC 13-376 Mental Health Appraisal per DOC 610.040 Health Screenings and Assessments.
  - a. To qualify for outpatient mental health services or admission to a Residential Treatment Unit (RTU), an individual must have a qualifying condition defined in the Washington DOC Health Plan.
    - 1) The Director of Mental Health/designee may approve immediate RTU placement for individuals with acute needs.
  - b. A mental health provider will assess the need for mental health services in cases where the individual reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services documented on DOC 13-509 PREA Mental Health Notification.
2. The assigned primary therapist, in consultation with the supervising Psychologist, will complete DOC 13-450 Behavioral Health Discharge Summary for individuals who are anticipated to meet criteria for unemployability due to disability related to a mental illness.
  - a. Individuals meeting the following criteria will be reviewed:
    - 1) Residing in one of the following at the time of discharge:
      - a) Special Offender Unit at Monroe Correctional Complex (MCC)
      - b) Baker/Adams/Ranier mental health unit at Washington State Penitentiary (WSP)
      - c) Treatment and Evaluation Center at Washington Corrections Center for Women (WCCW)
      - d) Skill Building Unit at Stafford Creek Corrections Center (SCCC)
    - 2) PULHES "S" code of 3 or higher, and
    - 3) PULHES "S" code of 2 identified as having a serious and persistent mental illness believed to be unemployable.

#### IV. Residential Treatment



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

APPLICABILITY  
**PRISON/REENTRY/FIELD**  
FACILITY/SPANISH MANUALS

REVISION DATE  
3/18/22

PAGE NUMBER  
7 of 13

NUMBER  
**DOC 630.500**

**POLICY**

TITLE  
**MENTAL HEALTH SERVICES**

- A. Residential treatment is provided for individuals unable to function in general population with a significant mental disorder, the symptoms of which result in serious impairment in adaptive functioning and may include a safety risk for the individual and/or others.
- B. Residential treatment will be provided as defined in the Washington DOC Health Plan at MCC, WSP, and WCCW.
- C. For RTU services, there will be a treatment plan documented on DOC 13-379 Mental Health Residential Treatment Plan for all individuals with a PULHES “S” code of 2 or higher.
  - 1. DOC 13-379 Mental Health Residential Treatment Plan must be initiated at the beginning of routine mental health services, including case management services, and must be updated:
    - a. At least annually for outpatient services.
    - b. At least every 90 days for residential services.
    - c. If there is a change in the course of treatment.
- D. DOC 13-476 Mental Health Residential Treatment Update for RTU services will be completed for all individuals who have a PULHES “S” code of 2 or higher:
  - 1. At least every 12 months from the original DOC 13-376 Mental Health Appraisal or most recent DOC 13-476 Mental Health Residential Treatment Update, if applicable.
  - 2. Within 30 days of an intrasystem transfer unless one has been completed in the past 180 days.
  - 3. When there is a significant change in mental status that results in providing increased treatment.
- V. Outpatient Services
  - A. Outpatient services are provided for individuals with mild to moderate symptoms of mental illness. Services will be prioritized based on acuity level and functional impairment, with the most acute/impaired being given the highest priority.
  - B. Outpatient mental health services are provided as defined in the Washington DOC Health Plan.
  - C. DOC 13-600 Mental Health Update and Treatment Plan for outpatient services will be completed for all individuals who have a PULHES “S” code of 2 or higher:

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> <b>FACILITY/SPANISH MANUALS</b>		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 8 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

1. At least every 12 months from the original DOC 13-376 Mental Health Appraisal or most recent DOC 13-600 Mental Health Update and Treatment Plan, if applicable.
2. Within 30 days of an intrasystem transfer unless one has been completed in the past 180 days.
3. When there is a significant change in mental status that results in providing increased treatment.

#### VI. Telepsychiatry Services

- A. Telepsychiatry services may be provided for individuals with serious mental illness or individuals who have significant behavioral or cognitive issues per the Telepsychiatry Procedure located under Health Services on the Department's internal website.

#### VII. Mental Health Services Provided Outside the Washington DOC Health Plan

- A. Services provided within restrictive housing units by mental health employees/contract staff include:
  1. DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening completed for all newly admitted individuals within one business day of placement.
  2. Rounds, at least weekly, to assist in ongoing monitoring of all individuals.
    - a. Mental health providers will attempt to make brief, verbal contact with each individual and observe the cell, taking note of any indicators of psychiatric decompensation.
      - 1) If indicators of decompensation are present, or if the individual requests it, a face-to-face meeting will be scheduled for a more thorough assessment.
      - 2) If the individual refuses to come out of the cell for an assessment, the mental health provider will document observations on DOC 13-538 Mental Health Encounter Report and DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment.
      - 3) If there are clinical indicators of potential detrimental effects of restrictive housing upon completion of the assessment,

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 9 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

the mental health provider will make recommendations for an alternative placement.

- 4) Recommendations for alternate placement will be documented on DOC 13-538 Mental Health Encounter Report. If RTU or Close Observation Area is recommended, appropriate steps will be taken per DOC 610.110 Transfer of Offenders for Health Reasons or DOC 320.265 Close Observation Area.

3. Facilitating cognitive behavioral interventions, as resources allow, in consultation with the supervising psychologist.

B. Consultation services provided include:

1. Participation in regularly scheduled screening committees per RCW 72.09 and DOC 300.380 Classification and Custody Facility Plan Review.
2. Coordination between the Custody Facility Plan, DOC 13-379 Mental Health Residential Treatment Plan, and/or DOC 13-069 Individual Behavior Management Plan.
3. Development and implementation of Individualized Behavior Management Plans (IBMPs).
  - a. IBMPs will be developed per Managing Challenging Mental Health Patients (IBMP) Protocol for individuals in a Prison to support change in behavior and increase safety for employees, contract staff, and the individual.

- C. Indeterminate Sentence Review Board evaluations will be conducted by a licensed psychologist.

VIII. Consultation for Individuals on Community Supervision or in a Reentry Center

- A. Community Corrections/Reentry Center employees who express concerns to Department mental health employees/contract staff about an individual's mental health will be referred to:

1. The local community or private mental health provider if the individual is currently receiving routine treatment.
2. Local community mental health crisis services or emergency room for urgent treatment.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> <b>FACILITY/SPANISH MANUALS</b>		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 10 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

3. A designated crisis responder in the community, if there is concern about imminent harm to self or others, or grave disability that would potentially meet the civil commitment requirements of RCW 71.05.

a. The Community Corrections/Reentry Center employee will:

- 1) Request that the individual be evaluated for civil commitment and provide any background or additional information needed for the evaluation, and
- 2) Notify the Nurse Desk at Headquarters of the referral and disposition.

#### IX. Facility Transfer

A. Individuals will be transferred per DOC 300.380 Classification and Custody Facility Plan Review. Additional requirements for transfers to/from a mental health RTU, and transfers of individuals with a PULHES “S” code of 3 or higher, including transfers between restrictive housing units, are as follows:

1. The individual must be transferred per the Mental Health Transfer Procedure located under Health Services on the Department’s internal website.
2. Additional requirements do not apply for individuals initially being placed in a restrictive housing unit.

#### X. Release Planning for Individuals with Serious Mental Illness

A. Six months prior to the individual’s Earned Release Date (ERD), a health services reentry employee/contract staff will initiate care coordination for individuals identified as having a serious mental illness and/or those with an “S” code of 3 or higher.

1. For identified individuals, the health services reentry employee/contract staff designated to facilitate care coordination will:
  - a. Assist with referrals to community supports and appropriate benefits or entitlements, and
  - b. Collaborate with case managers in planning and preparation for transition into the community.

B. Three months prior to ERD, the health services reentry employee/contract staff designated to facilitate care coordination, in collaboration with the supervising

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 11 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

psychologist, will identify individuals that may be eligible for Department of Social and Health Services (DSHS) disability-based benefits and will:

1. Assist identified individuals in completing their application for expedited Medicaid eligibility for medical benefits as required in RCW 74.09.555 by submitting an application through the Headquarters Medicaid Team.
  2. Ensure DOC 13-450 Behavioral Health Discharge Summary is complete and accessible after hours for response to requests from law enforcement and mental health providers per DOC 640.020 Health Records Management.
- C. Release planning for individuals who are designated for the Reentry Community Services Program must be provided per DOC 630.590 Reentry Community Services Program. This includes participation in the planning meetings and responding to all information requests by Reentry Community Services Program employees/contract staff.
- D. Civil Commitment
1. If there is concern about imminent harm to self or others, grave disability, or an individual in the Reentry Community Services Program is releasing under an involuntary antipsychotic medication order that would potentially meet the civil commitment requirements of RCW 71.05, the primary therapist or psychiatric prescriber will coordinate with the supervising psychologist (i.e., psychologist responsible for clinical oversight of mental health services provided for an individual) to:
    - a. Contact the designated crisis responder in the community one week prior to the release date,
    - b. Request that the individual be evaluated for civil commitment,
    - c. Provide any background or additional information needed for the evaluation, and
    - d. Document the process in the health record and in the individual's electronic file, indicating the date that the RCW 71.05 evaluation was requested and the outcome.
  2. Extraordinary Medical Placement (EMP).

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 12 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

- a. The Psychiatric Social Worker or health services reentry employee/ contract staff will assist with finding placement in the community and ensure follow-up health services are identified.

## XI. Recordkeeping

- A. Mental health providers/designees will document all Department mental health services and the individual's responses to treatment in the health record. At a minimum, there must be documentation of:
  1. Crisis, acute, and residential treatment services, including:
    - a. Each clinical contact, evaluation, psychological assessment, and/or medication review,
    - b. Status/progress of the individual at least weekly, and
    - c. Current and updated PULHES codes and diagnosis entered on the Patient Encounter screen in the Health Services section of the individual's electronic file (i.e., OMNI-HS) at the time of the encounter or by the end of the business day.
  2. Facility screenings, outpatient care, appraisals, and evaluations, including:
    - a. Each mental health screening, appraisal, outpatient contact, evaluation, and/or medication review.
    - b. Current and updated PULHES codes and diagnosis entered on the Patient Encounter screen in the Health Services section of the individual's electronic file at the time of the encounter or by the end of the business day.
  3. Designation as a Vulnerable Adult, which will be completed per the Vulnerable Adult Protocol.
    - a. Only the supervising psychologist, Director of Mental Health, or a Chief Psychologist will change an individual's Vulnerable Adult designation for mental health reasons in the Health Services section of the individual's electronic file.

### DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Mental Health Professional, Seriously Mentally Ill, Vulnerable Adult. Other words/terms appearing in this policy may also be defined in the glossary.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON/REENTRY/FIELD</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 3/18/22	<b>PAGE NUMBER</b> 13 of 13	<b>NUMBER</b> <b>DOC 630.500</b>
	<b>TITLE</b> <b>MENTAL HEALTH SERVICES</b>		

**ATTACHMENTS:**

None

**DOC FORMS:**

- DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment
- DOC 13-069 Individual Behavior Management Plan
- DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening
- DOC 13-376 Mental Health Appraisal
- DOC 13-379 Mental Health Residential Treatment Plan
- DOC 13-393 Close Observation Conditions of Confinement
- DOC 13-420 Request for Mental Health Assessment
- DOC 13-423 Health Services Kite
- DOC 13-450 Behavioral Health Discharge Summary
- DOC 13-476 Mental Health Residential Treatment Update
- DOC 13-509 PREA Mental Health Notification
- DOC 13-538 Mental Health Encounter Report
- DOC 13-600 Mental Health Update and Treatment Plan