



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Bay Correctional Facility

In

Panama City, Florida

on

August 16-18, 2016

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Distributed on September 1, 2016
CAP Due Date: September 31, 2016

DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

| INSTITUTIONAL INFORMATION | | | |
|---------------------------|------|---------------|---------------|
| Population | Type | Custody Level | Medical Level |
| 974 | Male | Medium | 3 |

Institutional Potential/Actual Workload

| | | | |
|-----------------------------------|-----|------------------------------------|-----|
| Main Unit Capacity | 985 | Current Main Unit Census | 974 |
| Satellite Unit(s) Capacity | N/A | Current Satellite(s) Census | N/A |
| Total Capacity | 985 | | 974 |

Inmates Assigned to Medical/Mental Health Grades

| <i>Medical Grade</i> | 1 | 2 | 3 | 4 | 5 | <i>Impaired</i> |
|--------------------------------------|--|-----|-----|----------------------------|-----|-----------------|
| | | 644 | 277 | 58 | N/A | N/A |
| <i>Mental Health Grade (S-Grade)</i> | <u><i>Mental Health Outpatient</i></u> | | | <u><i>MH Inpatient</i></u> | | <i>Impaired</i> |
| | 1 | 2 | 3 | 4 | 5 | |
| | 770 | 27 | 182 | N/A | N/A | |

Inmates Assigned to Special Housing Status

| <i>Confinement/ Close Management</i> | <i>DC</i> | <i>AC</i> | <i>PM</i> | <i>CM3</i> | <i>CM2</i> | <i>CM1</i> |
|--------------------------------------|-----------|-----------|-----------|------------|------------|------------|
| | | 5 | 6 | 0 | 0 | 0 |

DEMOGRAPHICS

Medical Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|--------------------|---------------------|---------------------|
| Physician | 1 | 0 |
| Clinical Associate | 0 | 0 |
| RN | 7 | 0 |
| LPN | 4 | 1 |
| Dentist | 1 | 0 |
| Dental Assistant | 1 | 0 |
| Dental Hygienists | 0 | 0 |

Mental Health Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|------------------------------------|---------------------|---------------------|
| Psychiatrist | .5 | 0 |
| Psychiatrist ARNP/PA | 0 | 0 |
| Psychological Services Director | 0 | 0 |
| Psychologist | .5 | 0 |
| Mental Health Professional | 2 | 0 |
| Human Services Counselor | 0 | 0 |
| Mental Health RN | 0 | 0 |
| Mental Health LPN | 0 | 0 |

OVERVIEW

Bay Correctional Facility (BAYCF) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. BAYCF consists of a Main Unit.

The overall scope of services provided at BAYCF include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health care. BAYCF does not provide infirmary services on site.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at BAYCF on August 16-18, 2016. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

Bay Correctional Facility (BAYCF) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at BAYCF:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings in four of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings requiring corrective action in the general chronic illness clinic record review.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call. There was a finding requiring corrective action in the review of emergency care; the item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, medication administration, periodic screenings, or medical inmate requests. There was a finding requiring corrective action in the review of consultations; the item to be addressed is indicated in the table below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental systems. There was a finding requiring corrective action in the review of dental care; the item to be addressed is indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of pharmacy services, the pill line, or infection control.

INSTITUTIONAL TOUR

There were findings as a result of the institutional tour; the items to be addressed are indicated in the table below.

Miscellaneous Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-1: In 1 of 4 records reviewed, there was no evidence of complete vital signs.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Neurology Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-2: In 2 of 9 applicable records (11 reviewed), there was no evidence that abnormal labs were addressed appropriately or in a timely manner (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-2: *In one record, the inmate's Keppra level was low in November 2015 and again in May 2016 but there was no change in medication or management. In the other record, the inmate had a Dilantin level of 1.8 (10-20 is normal range) on 2/25/16. The inmate's regimen was 300 mg each evening and 100 mg each morning. The clinician discontinued the morning dose at the 3/27/16 clinic visit even with the low level lab result.*

Oncology Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-3: In 1 record, the diagnosis was not appropriate for the clinic (see discussion).</p> <p>PH-4: In 2 records, there was no evidence of pneumococcal vaccination or refusal.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-3:** There was not a diagnosis of cancer found in this record. The inmate self-reported liver cancer at the reception center and was placed in the oncology clinic. During the clinic visit at this institution, an ultra sound of the liver was ordered and revealed no cancer. However, the inmate was not removed from the oncology clinic. The inmate was appropriately being followed in the gastrointestinal clinic.*

Tuberculosis Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>PH-5: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-6: In 1 of 1 applicable record, there was no evidence that monthly AST/ALT laboratory studies were completed for an inmate with HIV.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Emergency Care Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-7: In 5 of 16 records reviewed, vital signs were not complete (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-7:** In four records, the O2 saturation was not recorded. In two of those records, the inmate's weight was also missing. In one record, there were no vital signs documented.*

Consultations Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>PH-8: In 6 of 14 applicable records (15 reviewed), the diagnosis was not on the problem list or was not accurate (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-8:** In three records, the problem list was not updated after surgical repair of the problem. In two records, the diagnosis was not on the problem list. In one record, the diagnosis was recorded as severe eczema when it was actually tinea pedis.*

Dental Clinic Review

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-9: In 3 of 13 applicable records (18 reviewed), there was no evidence of</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> |

Dental Clinic Review

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>complete and accurate charting of dental findings (see discussion).</p> | <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-9: *In one record, the tooth number was not recorded for a filling done on 8/8/16. In another record, the lesion on a tooth was charted as distal rather than mesial. In the last record, tooth number 32 was missing but charted as present.*

Institutional Tour

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-10: There were multiple supplies in the medical treatment and storage areas that were expired.</p> <p>PH-11: There was no evidence that the first-aid kits in the inmate housing areas were inspected monthly.</p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

CONCLUSION

The physical health staff at BAYCF serves a complex population. Of the 974 inmates currently served, 335 are classified as either an M-grade 2 or 3, and 6 are physically impaired. Physical health care is provided on an outpatient basis. Inmates requiring infirmary care are transferred to another institution or to the hospital. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Overall, medical charts were in order and documents were filed in a timely manner. The staff at BAYCF were helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. Inmates were complementary of their experiences at the medical clinic and the provision of medical services.

There were relatively few deficiencies that required corrective action. Seven of the eleven findings were related to clinical care and are described in the tables above. Four findings were documentation or administrative in nature and were specific to the problem list, expired supplies, and the inspection of first aid kits. Problem lists are an important tool medical staff can use to gather "at a glance" data about the health issues an inmate is facing or has faced. Surveyors expressed concern that if information was incorrect or out of date, the clinician may miss significant medical diagnoses, conditions, or procedures that could effect current treatment.

Based on the discussions above, it is clear that the corrective action process will be beneficial to BAYCF as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Bay Correctional Facility (BAYCF) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at BAYCF:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group, and/or individual counseling, as well as psychiatric care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below. There were no episodes of restraints at BAYCF.

USE OF FORCE REVIEW

There was a finding requiring corrective action in the review of use of force episodes; the item to be addressed is indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies or inmate requests. There were findings requiring corrective action in the review of special housing; the items to be addressed are indicated in the table below.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient mental health services and psychiatric medication practices; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There was a finding requiring corrective action in the review aftercare planning; the item to be addressed is indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

Self-harm Observation Status (SHOS)

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 7 records, the admitting clinician's orders did not specify frequency of inmate observation while on SHOS.</p> <p>MH-2: In 7 records, the "Infirmarium/Hospital Admission Nursing Evaluation" (DC4-732) was not completed within 2 hours of an SHOS admission (see discussion).</p> <p>MH-3: In 4 of 4 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-4: In 3 records, documentation did not indicate the inmate was observed continuously or every 15 minutes (see discussion).</p> <p>MH-5: In 7 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift.</p> <p>MH-6: In 9 records, rounds by the attending clinician were not completed daily (see discussion).</p> <p>MH-7: In 3 records, daily counseling did not occur by mental health staff (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-2: In four records, there was no indication that this evaluation was completed. In two records, there were one or more pages excluded from the evaluation. In the remaining record, there were multiple blank prompts found.

Discussion MH-3: According to the Department's HSB, during the fourth day of infirmarium mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the four applicable SHOS admissions reviewed, there was no evidence that this was considered.

Discussion MH-4: Observations of inmates on SHOS were documented on "Observation Checklist" (DC4-650). In two records, there was one or more days of observation forms missing. In

the last record, the observation checklist was not initiated until greater than 30 minutes after the order was written.

Discussion MH-6: In three records, rounds by the attending clinician were documented only once during the SHOS admission. In two records, there was one day of rounds missing. In the remaining four records, rounds were not documented for more than two days.

Discussion MH-7: In two records, daily counseling was not provided for one day. In the last record, there were two days in which counseling was not provided.

| Use of Force | |
|--|---|
| Finding(s) | Suggested Corrective Action(s) |
| <p>MH-8: In 3 of 4 records reviewed, the post use of force exam was not completed in its entirety (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-8: In all three records either oxygen saturation was not addressed as part of the vital signs or the form was not signed by the attending clinician.

| Special Housing | |
|---|--|
| Finding(s) | Suggested Corrective Action(s) |
| <p>A comprehensive review of 11 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-9: In 6 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete (see discussion).</p> <p>MH-10: In 1 of 4 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-9: In all six records, the form was present but not all prompts on the form were addressed.

Discussion MH-10: Health Services Bulletin (HSB 15.05.08) indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In one record, there was no evidence that the medication was given or refused on 7/01/16 and 7/02/16.

| Outpatient Mental Health Services | |
|--|---|
| Finding(s) | Suggested Corrective Action(s) |
| <p>MH-11: In 5 of 8 applicable records (18 reviewed), the Bio-psychosocial Assessment (BPSA) was not approved by all members of the multidisciplinary services team (MDST) within 30 days of initiating treatment (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-11: Health Services Bulletin 15.05.11 states that all relevant members of the MDST must meet to discuss the BPSA and sign that they are in agreement within 30 days. In five records, one or more signatures were missing.

| Outpatient Psychotropic Medication Practices | |
|---|---|
| Finding(s) | Suggested Corrective Action(s) |
| <p>A comprehensive review of 19 outpatient records revealed the following deficiencies:</p> <p>MH-12: In 2 of 5 applicable records, there was no evidence that abnormal lab results were addressed (see discussion).</p> <p>MH-13: In 5 of 14 applicable records, follow-up lab tests were not completed as required (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-12: In one record, there was no indication that an elevated Thyroid Stimulating Hormone (TSH) level was addressed. In another record, there was no indication that increased cholesterol and triglyceride levels were addressed.

Discussion MH-13: In three records, there was greater than six months between monitoring the Complete Blood Count (CBC) and Liver Function Tests (LFT). In one

record, there was no evidence that a lipid profile was completed. In the remaining record, TSH had not been checked since 2014 and the Lithium level was not checked in greater than twelve months.

| Aftercare Planning | |
|--|--|
| Finding(s) | Suggested Corrective Action(s) |
| MH-14: In 3 of 10 records reviewed, aftercare planning (problem #309) was not addressed on the Individualized Service Plan within 180 days of expiration of sentence (EOS). | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days of EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

| Additional Administrative Issues | |
|--|--|
| Finding(s) | Suggested Corrective Action(s) |
| MH-15: Observation cell #AA-108 had a safety concern (see discussion). | <p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |
| MH-16: There was no psychiatric restraint equipment for the inmate population (see discussion). | <p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-15: The shatter resistant observation window on the door of the cell was cracked in three places. This produced sharp edges that could compromise inmate or staff safety.

Discussion MH-16: According to HSB 15.05.10, the health services administrator shall ensure that specific restraint equipment is available and in good working condition. Two or more sets of wrist and leg restraints were not available at BAYCF.

CONCLUSION – MENTAL HEALTH

The staff at BAYCF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The majority of clinical findings noted in this report are related to the management of inmates in SHOS. Assessments were not consistently completed and there were issues related to the frequency of observations. Files containing SHOS episodes were disorganized. Forms were not filed chronologically or in compliance with chart loading guidelines. In two records, another inmate's documents were found. Additionally, a safety concern was noted in one of the observation cells. There were also clinical findings noted in the review of psychotropic medication regarding abnormal and follow-up labs. Remaining findings were documentation related or issues with equipment.

Overall, treatment plans were goal directed and individualized and the course of treatment was easy to follow. The inmates interviewed were knowledgeable about how to access care and inmate requests were responded to and followed up in a timely manner. Responses to psychological emergencies were timely and resulting dispositions were clinically appropriate. Staff was knowledgeable about the inmates on their caseload.

The inmates interviewed reported that they benefit from frequent and easily accessible meetings with mental health staff and that their treatment needs are being met. Members of mental health staff reported open and reciprocal communication with security staff. Staff throughout the facility were cooperative and helpful during the survey and were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.