



# Correctional Medical Authority

## PHYSICAL AND MENTAL HEALTH SURVEY BAY CORRECTIONAL FACILITY

FEBRUARY 11-13, 2020

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# INSTITUTIONAL DEMOGRAPHICS AND STAFFING

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.<sup>1</sup>

## Institutional Potential and Actual Workload

|                                   |            |                                    |            |
|-----------------------------------|------------|------------------------------------|------------|
| <b>Main Unit Capacity</b>         | <b>985</b> | <b>Current Main Unit Census</b>    | <b>955</b> |
| <b>Annex Capacity</b>             | <b>N/A</b> | <b>Current Annex Census</b>        | <b>N/A</b> |
| <b>Satellite Unit(s) Capacity</b> | <b>N/A</b> | <b>Current Satellite(s) Census</b> | <b>N/A</b> |
| <b>Total Capacity</b>             | <b>985</b> | <b>Total Current Census</b>        | <b>955</b> |

## Inmates Assigned to Medical and Mental Health Grades

|  |                                 |            |            |                     |            |                 |
|--|---------------------------------|------------|------------|---------------------|------------|-----------------|
| <b>Medical Grade<br/>(M-Grade)</b>           | <b>1</b>                        | <b>2</b>   | <b>3</b>   | <b>4</b>            | <b>5</b>   | <b>Impaired</b> |
|  | <b>560</b>                      | <b>321</b> | <b>95</b>  | <b>N/A</b>          | <b>N/A</b> | <b>255</b>      |
| <b>Mental Health<br/>Grade<br/>(S-Grade)</b> | <b>Mental Health Outpatient</b> |            |            | <b>MH Inpatient</b> |            |                 |
|  | <b>1</b>                        | <b>2</b>   | <b>3</b>   | <b>4</b>            | <b>5</b>   | <b>Impaired</b> |
|  | <b>708</b>                      | <b>70</b>  | <b>177</b> | <b>N/A</b>          | <b>N/A</b> | <b>35</b>       |

## Inmates Assigned to Special Housing Status

|  |           |           |           |            |            |            |
|--|-----------|-----------|-----------|------------|------------|------------|
| <b>Confinement/<br/>Close Management</b> | <b>DC</b> | <b>AC</b> | <b>PM</b> | <b>CM3</b> | <b>CM2</b> | <b>CM1</b> |
|  | <b>3</b>  | <b>12</b> | <b>2</b>  | <b>0</b>   | <b>0</b>   | <b>4</b>   |

<sup>1</sup> Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

Medical Unit Staffing

| Position                 | Number of Positions | Number of Vacancies |
|--------------------------|---------------------|---------------------|
| Physician                | 1                   | 1                   |
| Clinical Associate       | 0                   | 0                   |
| Registered Nurse         | 6.5                 | 0                   |
| Licensed Practical Nurse | 4.5                 | 1.5                 |
| CMT-C                    | 0                   | 0                   |
| Dentist                  | 1                   | 0                   |
| Dental Assistant         | 1                   | 0                   |
| Dental Hygienist         | .5                  | 0                   |

Mental Health Unit Staffing

| Position                        | Number of Positions | Number of Vacancies |
|---------------------------------|---------------------|---------------------|
| Psychiatrist                    | .5                  | 0                   |
| Psychiatric APRN/PA             | 0                   | 0                   |
| Psychological Services Director | 0                   | 0                   |
| Psychologists                   | .5                  | 0                   |
| Behavioral Specialist           | 0                   | 0                   |
| Mental Health Professional      | 2.5                 | .5                  |
| Human Services Counselor        | 0                   | 0                   |
| Activity Technician             | 0                   | 0                   |
| Mental Health RN                | 0                   | 0                   |
| Mental Health LPN               | 0                   | 0                   |

# BAY CORRECTIONAL FACILITY SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Bay Correctional Facility (BAYCF) on February 11-13, 2020. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

The overall scope of services provided at BAYCF includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health.

A summary of physical and mental health survey findings is outlined in the tables below.

## Physical Health Clinical Records Review

### *Chronic Illness Clinic Review*

| Clinic                         | Number of Records Reviewed | Total Number of Findings |
|--------------------------------|----------------------------|--------------------------|
| General Chronic Illness Clinic | 16                         | 0                        |
| Cardiovascular Clinic          | 18                         | 0                        |
| Endocrine Clinic               | 16                         | 3                        |
| Gastrointestinal Clinic        | 14                         | 2                        |
| Immunity Clinic                | 12                         | 0                        |
| Miscellaneous Clinic           | 10                         | 0                        |
| Neurology Clinic               | 13                         | 0                        |
| Oncology Clinic                | 2                          | 1                        |
| Respiratory Clinic             | 15                         | 2                        |
| Tuberculosis Clinic            | 2                          | 0                        |

### *EPISODIC CARE REVIEW*

| Assessment Area    | Number of Records Reviewed | Total Number of Findings |
|--------------------|----------------------------|--------------------------|
| Emergency Services | 17                         | 1                        |
| Infirmary Care     | N/A                        | N/A                      |
| Sick Call          | 18                         | 1                        |

***OTHER MEDICAL RECORDS REVIEW***

| Assessment Area           | Number of Records Reviewed | Total Number of Findings |
|---------------------------|----------------------------|--------------------------|
| Consultations             | 17                         | 1                        |
| Inmate Request            | 16                         | 4                        |
| Intra-System Transfers    | 16                         | 2                        |
| Medication Administration | 12                         | 1                        |
| Periodic Screenings       | 13                         | 2                        |

***DENTAL CARE AND SYSTEMS REVIEW***

| Assessment Area | Number of Records Reviewed | Total Number of Findings |
|-----------------|----------------------------|--------------------------|
| Dental Care     | 18                         | 0                        |
| Dental Systems  | N/A                        | 0                        |

***ADMINISTRATIVE PROCESSES REVIEW***

| Assessment Area   | Number of Records Reviewed | Total Number of Findings |
|-------------------|----------------------------|--------------------------|
| Infection Control | N/A                        | 0                        |
| Pharmacy Services | N/A                        | 1                        |
| Pill Line         | N/A                        | 0                        |

***INSTITUTIONAL TOUR REVIEW***

| Assessment Area    | Number of Records Reviewed | Total Number of Findings |
|--------------------|----------------------------|--------------------------|
| Institutional Tour | N/A                        | 1                        |

# PHYSICAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

| Endocrine Clinic Record Review  |   |
|---|---|
| Finding(s)  | Suggested Corrective Action   |
| <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 6 records, there was no evidence of the control of the disease and/or status of the patient.</b></p> <p><b>PH-2: In 6 records, the DC4-770 “Chronic Illness Clinic Flowsheet” was incomplete or missing (see discussion).</b></p> <p><b>PH-3: In 5 of 12 applicable records, there was no evidence of an annual fundoscopic examination.</b></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 endocrine 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:** *Per Department standards, the DC4-770 series must be completed in its entirety. Although addressed here, these forms were missing or incomplete in several clinics. When the flowsheet is incomplete, it may be difficult to obtain an adequate understanding of the inmate’s status as the flowsheet provides an at-a-glance snapshot of the last clinic visit and laboratory results.*

## Gastrointestinal Clinic Record Review

| Finding(s)   | Suggested Corrective Action  |
|--|--|
| <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 4 of 9 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</b></p> <p><b>PH-5: In 2 of 10 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></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 gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Oncology Clinic Record Review

| Finding(s)  | Suggested Corrective Action  |
|---|--|
| <p><b>PH-6: In 1 of 2 records reviewed, there was no evidence of an appropriate examination for the diagnosis (see discussion).</b></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-6:** *The objective section of the assessment was blank.*

## Respiratory Clinic Record Review

| Finding(s)   | Suggested Corrective Action   |
|--|---|
| <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-7: In 2 of 10 applicable records, reactive airway disease was not classified as mild, moderate, and/or severe.</b></p> <p><b>PH-8: In 3 records, there was no evidence of a peak flow reading at each clinic visit.</b></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 respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Emergency Services Record Review

| Finding(s)  | Suggested Corrective Action   |
|---|---|
| <p><b>PH-9: In 1 of 4 applicable records (17 reviewed), there was no evidence of immediate staff response for a patient with a potentially life-threatening condition (see discussion).</b></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 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:** *The inmate presented at 2320 hours with severe chest pain of 5 on the 0-10 pain scale. The nurse attempted to contact the clinician per protocol but was unable to reach him. The clinician called the next morning at 0644 and ordered an electrocardiogram.*



## Sick Call Record Review

| Finding(s)  | Suggested Corrective Action   |
|---|---|
| <p><b>PH-10: In 5 of 15 applicable records (18 reviewed), there was no evidence the follow-up visit was completed in a timely manner by the clinician (see discussion).</b></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 sick call 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-10:** In one record, an inmate with a wrist injury was seen in sick call on 1/3/20 but was not seen by the clinician for follow-up until 1/16/20. An X-ray was ordered at that time but was not done until 1/24/20. In the other four records, it was over a month before the inmates were seen for follow-up.*

## Consultations Record Review

| Finding(s)  | Suggested Corrective Action  |
|---|--|
| <p><b>PH-11: In 7 of 17 records reviewed, the diagnosis was not recorded on the problem list.</b></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 consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Intra-System Transfers Record Review

| Finding(s)  | Suggested Corrective Action  |
|---|--|
| <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-12: In 4 records, the DC4-760A “Health Information Transfer/Arrival Summary” was not completed in its entirety.</b></p> <p><b>PH-13: In 5 of 15 applicable records, there was no evidence the clinician reviewed the DC4-760A and record within seven days of arrival.</b></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 who've transferred into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Inmate Request Record Review

| Finding(s)   | Suggested Corrective Action   |
|--|---|
| <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-14: In 11 records, the inmate request was not in the medical record and could not be located by institutional staff.</b></p> <p><b>PH-15: In 1 of 5 applicable records, there was no evidence the request was responded to in an appropriate time frame.</b></p> <p><b>PH-16: In 2 of 5 applicable records, there was no evidence of an incidental note regarding the request.</b></p> <p><b>PH-17: In 1 of 4 applicable records, there was no evidence entries were dated, timed, signed, and/or stamped by staff.</b></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 medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Medication Administration Record Review

| Finding(s)   | Suggested Corrective Action   |
|--|---|
| <p><b>PH-18: In 3 of 12 records reviewed, there was no evidence medication orders were signed, dated, and/or timed by appropriate staff.</b></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 on single dose medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Periodic Screenings Record Review

| Finding(s)   | Suggested Corrective Action  |
|--|--|
| <p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-19: In 3 records, the DC4-541 “Periodic Screening Encounter” form was not completed in its entirety.</b></p> <p><b>PH-20: In 4 records, there was no evidence diagnostic tests were completed as required (see discussion).</b></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 periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-20:** *In all four records, the diagnostic tests were not completed seven to fourteen days prior to the screening appointment; rather, old laboratory results were used with a date that occurred more than four weeks prior to the screening.*

| Pharmacy Services Record Review   |  |
|---|--|
| Finding(s)  | Suggested Corrective Action  |
| <p><b>PH-21: The stock level inventory log and the actual count of medications did not match.</b></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 pharmacy services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

| Institutional Tour  |  |
|---|--|
| Finding(s)  | Suggested Corrective Action  |
| <p><b>A tour of the facility revealed the following deficiency:</b></p> <p><b>PH-22: Some medications and/or supplies were outdated (see discussion).</b></p> | <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> |

**Discussion PH-22:** *The sick call room located in H-dorm contained expired nasal saline spray and topical astringent solution.*

## PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at BAYCF serves a complex population. 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.

At the time of the survey, BAYCF was affected by staffing shortages, primarily the Chief Health Officer/Medical Director. This position has not been steadily filled since Hurricane Michael hit in October 2018. A locum tenens was currently providing coverage. The remaining staff at BAYCF was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates expressed satisfaction with the care they received although one did mention that having a steady physician providing care would be beneficial.

There were findings due to deficiencies in the provision of clinical services as well as documentation issues. These deficiencies were related to missing hepatitis and pneumococcal vaccinations, laboratory and diagnostic tests not being completed timely, delayed follow-up after sick call or emergency encounters, and incomplete or missing assessment forms. Surveyors expressed concern that delays in treatment or missed opportunities for follow-up could adversely impact inmate health outcomes.

Based on the findings of this survey, the CMA 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 Clinical Records Review

### *SELF-INJURY AND SUICIDE PREVENTION REVIEW*

| Assessment Area                    | Number of Records Reviewed | Total Number of Findings |
|------------------------------------|----------------------------|--------------------------|
| Self-Injury and Suicide Prevention | 1                          | 0                        |

### *USE OF FORCE REVIEW*

| Assessment Area | Number of Records Reviewed | Total Number of Findings |
|-----------------|----------------------------|--------------------------|
| Use of Force    | 0                          | 0                        |

### *ACCESS TO MENTAL HEALTH SERVICES REVIEW*

| Assessment Area           | Number of Records Reviewed | Total Number of Findings |
|---------------------------|----------------------------|--------------------------|
| Psychological Emergencies | 2                          | 0                        |
| Inmate Requests           | 14                         | 0                        |
| Special Housing           | 8                          | 0                        |

### *OUTPATIENT MENTAL HEALTH SERVICES REVIEW*

| Assessment Area                              | Number of Records Reviewed | Total Number of Findings |
|--|----------------------------|--------------------------|
| Outpatient Mental Health Services            | 18                         | 1                        |
| Outpatient Psychotropic Medication Practices | 18                         | 1                        |

### *AFTERCARE PLANNING REVIEW*

| Assessment Area    | Number of Records Reviewed | Total Number of Findings |
|--------------------|----------------------------|--------------------------|
| Aftercare Planning | 12                         | 1                        |

| Assessment Area       | Number of Records Reviewed | Total Number of Findings |
|-----------------------|----------------------------|--------------------------|
| Mental Health Systems | N/A                        | 2                        |

## MENTAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

| Outpatient Mental Health Services  |  |
|--|--|
| Finding(s)   | Suggested Corrective Action  |
| <p><b>MH-1: In 1 of 2 applicable records (18 reviewed), the Individualized Service Plan (ISP) was not completed within 30 days of receiving an S-2/S-3 grade (see discussion).</b></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 with Outpatient Mental Health Services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion MH-1:** In one record, the inmate had an S-grade increase from S-1 to S-2 on 9/08/19. At the time of the survey, there was no evidence an ISP had been completed.

## Outpatient Psychotropic Medication Practices

| Finding(s)   | Suggested Corrective Action   |
|--|---|
| <p><b>MH-2: In 4 of 17 applicable records (18 reviewed), inmates did not receive medications as prescribed (see discussion).</b></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 with Outpatient Psychotropic Medication Practices 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 one record, an order was written on 8/06/19 to “continue Celexa 40 mg q PM and increase Buspar to 15 mg q AM and 30 mg q PM” (was previously receiving Buspar 30 mg q PM) which was transcribed correctly onto the medication administration record (MAR). A new order was written on 8/23/19 to “Continue Celexa 40 mg q PM and increase Buspar to 30 mg twice a day”. However, on the MAR the inmate continued to receive the lower dose of Buspar for the remainder of August 2019 until the correction was made on the September 2019 MAR. In the second record, an inmate was taking “Effexor XR 225 mg q PM and Zyprexa 5 mg q PM.” The Effexor XR was increased to 300 mg q PM on 1/31/20. The previous order was continued until the expiration of the order on 2/06/20 before starting the new dose immediately as ordered. In the third record, the inmate was at another institution and was titrated to doses of Zoloft 150 mg q PM and Buspar 20 mg q PM with the last order written for 90 days on 10/01/19. He arrived at BAYCF 12/11/19 but the December 2019 MAR created by BAYCF had only medications name, dose, and start/ stop dates. The December 2019 MAR was blank indicating the inmate did not receive these medications. The inmate was seen by psychiatry on 1/03/20 when he indicated that he no longer wanted medications and signed a refusal for all future doses. In the remaining record, the inmate was taking Haldol 5 mg, Effexor XR 300 mg, and Buspar 30 mg all in the evening with an order to continue these doses written on 2/07/20. However, the MAR only showed the new orders for Effexor and Buspar with an incorrect start date of 2/14/20. The MAR did not contain the new Haldol order but instead the old order was initialed daily but was set to expire 2/13/20. It appeared that in two of these four records, nursing was waiting on the prior order to expire before starting the new order. Surveyors expressed concern that there was an increased risk of medication errors when new medication doses were not initiated as ordered, and/or the previous orders were not discontinued.*



| Aftercare Planning   |   |
|--|---|
| Finding(s)   | Suggested Corrective Action   |
| <p><b>MH-3: In 1 of 1 applicable record (12 reviewed), the Discharge Summary of Outpatient Care was not completed within 30 days expiration of sentence (EOS).</b></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 with aftercare planning to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

| Mental Health Systems Review   |  |
|--|--|
| Finding(s)   | Suggested Corrective Action  |
| <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>MH-4: Safety concerns were noted in isolation management rooms (see discussion).</b></p> <p><b>MH-5: Adequate privacy could not be provided for inmates while being interviewed in special housing (see discussion).</b></p> | <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> |

**Discussion MH-4:** Two isolation management rooms (IMR) had gaps around the vent near the sink that should be closed in with non-pliable filler so that the vents do not have exposed sharp edges.

**Discussion MH-5:** At the time of the survey mental health staff were meeting with inmates in the cell if no other inmate was assigned to bunk there, or in a nearby shower stall. Due to patient confidentiality requirements, an area is needed that is private for sound to insure privacy of inmates and safety of staff.

## MENTAL HEALTH SURVEY CONCLUSION

The staff at BAYCF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including psychotropic medication management, case management, and individual counseling are provided to approximately 250 inmates. 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 and provide aftercare planning for eligible inmates.

Interviews with inmates indicated they were familiar with the process to access care and overall found mental health services to be more than adequate. There were no findings requiring corrective action in many areas reviewed. Staff interviewed expressed a strong desire to provide mental health services for inmates in their care, familiarity with mental health policies, and competency in multiple therapeutic techniques.

The main area of concern was noted in the review outpatient psychotropic medication practices. Almost 25% of the records reviewed indicated that the inmate did not receive medications as prescribed. New orders were written to change dosages or medications; however, the previous orders were continued. Surveyors expressed concern that medication errors could lead to a disruption in care.

A tour of the facility revealed safety concerns in IMRs and the need for a private meeting area within the special housing unit. The staff were receptive to feedback from the CMA and expressed their desire to improve mental health services in the areas found to be deficient.

# Survey Process

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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 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. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.