Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY
BLACKWATER RIVER CORRECTIONAL FACILITY

OCTOBER 15-17, 2019

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Blackwater River Correctional Facility (BRCF) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. BRCF consists of a Main Unit. [1] [2]

Institutional Potential and Actual Workload

Main Unit Capacity	**2000**	**Current Main Unit Census**	**1993**
Annex Capacity	**N/A**	**Current Annex Census**	**N/A**
Satellite Unit(s) Capacity	**N/A**	**Current Satellite(s) Census**	**N/A**
Total Capacity	**2000**	**Total Current Census**	**1993**

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	1187	**803**	**3**	**0**	**0**	**402**
Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**MH Inpatient**		
	1	**2**	**3**	**4**	**5**	**Impaired**
	1549	**87**	**357**	**N/A**	**N/A**	**7**

[1] Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

[2] Medical grades reflect the level of care inmates require. Grades range from M1, requiring the least level of medical care, to M5, requiring the highest level of care. Pregnant offenders are assigned to grade M9. Medical grades are as follows: M1, inmate requires routine care; M2, inmate is followed in a chronic illness clinic (CIC) but is stable and requires care every six to twelve months; M3, inmate is followed in a CIC every three months; M4, inmate is followed in a CIC every three months and requires on-going visits to the physician more often than every three months; M5, inmate requires long-term care (longer than 30 days) in inpatient, infirmary, or other designated housing.

Mental health grades reflect the level of psychological treatment inmates require. Grades range from S1, requiring the least level of psychological treatment, to S6, requiring the highest level of treatment. Mental health grades are as follows: S1, inmate requires routine care; S2, inmate requires ongoing services of outpatient psychology (intermittent or continuous); S3, inmate requires ongoing services of outpatient psychiatry; S4, inmates are assigned to a transitional care unit (TCU); S5, inmates are assigned to a crisis stabilization unit (CSU); and S6, inmates are assigned to a corrections mental health treatment facility (CMHTF).

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
Confinement/ Close Management	36	68	23	N/A	N/A	N/A

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
Registered Nurse	10	1
Licensed Practical Nurse	11	0
CMT-C	N/A	N/A
Dentist	1	0
Dental Assistant	1	1
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	.5	0
Psychiatric APRN/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Psychologist	1	0
Behavioral Specialist	3	0
Mental Health Professional	N/A	N/A
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	1	0
Mental Health LPN	N/A	N/A

BLACKWATER RIVER CORRECTIONAL FACILITY SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Blackwater River Correctional Facility (BRCF) on October 15-17, 2019. 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 BRCF includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include health education, preventive care, chronic illness clinics, emergency care, outpatient mental health, and observation/infirmary care, as required.

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	14	0
Cardiovascular Clinic	18	0
Endocrine Clinic	18	0
Gastrointestinal Clinic	15	0
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	12	0
Neurology Clinic	12	0
Oncology Clinic	5	1
Respiratory Clinic	15	0
Tuberculosis Clinic	7	0

Episodic Care Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	16	0
Infirmary Care	14	0
Sick Call	11	0

Other Medical Records Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	18	0
Inmate Request	18	0
Intra-System Transfers	18	0
Medication Administration	12	0
Periodic Screenings	16	0

Dental Care and Systems Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	18	0
Dental Systems	N/A	1

Administrative Processes Review

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

Institutional Tour Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	0

ADDITIONAL ADMINISTRATIVE ISSUES

Assessment Area	Number of Records Reviewed	Total Number of Findings
Administrative Issue	N/A	1

PHYSICAL HEALTH SURVEY FINDINGS

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

Oncology Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
PH-1: In 1 of 5 records reviewed, there was no evidence of the control of the disease and/or status of the patient.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Dental Systems Record Review	
Finding(s)	**Suggested Corrective Action**
PH-2: There were no preventive dentistry or oral hygiene posters displayed in the dental area (see discussion).	Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-2: *Per Health Services Bulletin (HSB) 15.04.13 Supplement C, preventive dentistry must be taught to all inmate patients and it is recommended that posters be displayed in the dental area to help accomplish this task.*

Additional Administrative Issues	
Finding(s)	**Suggested Corrective Action**
PH-3: The call-out system for notifying inmates of appointments was not effective (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Provide proof that the call out systems in the dorms are in working order. Create a monitoring tool and conduct biweekly monitoring to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-3: *BCRF uses a monitor system in the dorms to announce call-outs for sick call and clinician appointments. Often these monitors are out of service or not turned on and inmates miss their appointments. Additionally, there are so many names on the call-out that if an inmate is not standing there watching, he may miss his name. This was mentioned during interviews as a problem by staff as well as inmates. CMA surveyors expressed concern that this may be an access to care issue and that staff may need to implement a backup plan for call-outs as missed appointments affect not only continuity of care but also clinic schedules. One of the clinicians was waiting for three inmates who had not shown up for their appointments when the CMA surveyor conducted the interview. This issue will be further discussed in the mental health portion of this report.*

PHYSICAL HEALTH SURVEY CONCLUSION

Physical health care is provided on an inpatient and outpatient basis at Blackwater Correctional Facility (BRCF). 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.

There were relatively few findings noted during the record review. Overall, CMA surveyors found that medical records were well organized, and documents appeared to be filed in a timely manner. Interviews with inmates, medical personnel, and security staff indicated familiarity with policies related to the access of health services. The majority of inmates interviewed however, were not complimentary of the sick call process or the lack of access to the clinician and stated, “you can’t get past the nurses to see the doctor.” As mentioned above, one hindrance is the monitor system BCRF uses to announce call outs.

CMA surveyors noted that overall, clinician progress notes were thorough and demonstrated good clinical management. Additionally, nursing protocols and evaluations utilized for sick call, emergency, and infirmary services were compliant with Department standards.

Medical, administrative, and security staff were helpful throughout the survey process and were responsive to the feedback provided by CMA. The medical staff at BRCF indicated they would utilize the corrective action plan (CAP) process to improve care in the few areas found to be deficient.

Self-Injury and Suicide Prevention Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	4	6
Psychiatric Restraints	N/A	N/A

Use of Force Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	11	0

Access to Mental Health Services Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	14	0
Inmate Requests	13	1
Special Housing	8	0

Outpatient Mental Health Services Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	18	0
Outpatient Psychotropic Medication Practices	18	0

Aftercare Planning Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	12	0

Mental Health Systems Review

Assessment Area	Total Number of Findings
Administrative Issue	1

MENTAL HEALTH SURVEY FINDINGS

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

Self Injury and Suicide Prevention (SHOS)	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 4 SHOS records revealed the following deficiencies: **MH-1: In 1 record, SHOS orders were not cosigned by the next working day (see discussion).** **MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).** **MH-3: In 4 records, the "Inpatient Mental Health Daily Nursing Evaluations (Forms DC4-673B) were not completed once per shift or were incomplete (see discussion).** **MH-4: In 1 record, there was no evidence of daily rounds by the clinician.** **MH-5: In 1 record, there was no evidence the decision to discharge the inmate was clinically appropriate (see discussion).** **MH-6: In 1 record, mental health staff did not provide post-discharge follow-up within 7 days.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-1: *A clinician's signature was not found on this order.*

Discussion MH-2: *In one record, the activity code was missing for one entry on the DC4-650. In the other record, blanks were noted for four 15-minute time slots on the DC4-650.*

Discussion MH-3: *These forms were present, but the "subjective" sections were either blank or incorrectly completed.*

Discussion MH-5: *Documentation did not include an evaluation of self-harm or suicide risk.*

Inmate Requests	
Finding(s)	**Suggested Corrective Action**
MH-7: In 4 of 13 records reviewed, the response to the inmate request did not address the stated need (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-7: *In four records, inmates indicated their medications were discontinued, and they submitted requests to have them restarted. Responses appeared to be more focused on the inmates' missed call-outs rather than addressing the request for medication.*

In one record, the inmate submitted several requests asking to be evaluated by the psychiatrist to have his medications restarted; however, these requests were denied because of missed call-outs for psychiatric services. He indicated that the appointments were missed due to security lockdowns or not seeing his name on the call-out screen. The response to the inmate's request, stated "the doctor discharged you because you did not come to two scheduled call-outs. Coming to call-out is your responsibility."

In the second record, the inmate indicated he was having psychotic symptoms and had declared a psychological emergency. The response to the request stated "you saw the psychiatrist on 9/17/19. Discuss your needs with him at your next call-out. You were offered metal health services on 9/25/19; you refused that offer. I will make sure the psychiatrist knows you are not interested in mental health treatment services."

In the third record, the inmate requested to be placed back on medication and indicated that he was experiencing increased symptoms of anxiety and depression. The response to his request did not address his stated need. Rather the response offered was "you are responsible for your behavior, that includes coming to pill call."

In the last record, the inmate requested that his medication be restarted and expressed he was finding it difficult to manage his mental health symptoms. He stated, "I'm doing everything I can to avoid SHOS at this point." The response to his request stated, "I got you the earliest appointment I could. Don't miss pill call and this won't be a problem."

Mental Health Systems Review	
Administrative Issues	**Suggested Corrective Action**
MH-8: The process for medication refusals was inadequate (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-8: *CMA surveyors reviewed several inmate requests and psychological emergencies in which inmates requested that their medications be reinstated, with some indicating that their mental health symptoms were returning. In some cases, inmates' mental health grades were changed from S-3 to S-2 due to either their medications being discontinued or missing call-outs for psychiatry services. Additionally, after medications were discontinued, record reviews and interviews revealed that it was difficult to get them restarted.*

CMA staff observed signs posted on the desks of mental health counselors indicating that inmates missing appointments, or the pill line, would not receive their medications/refills. As discussed in the physical health portion of this report, BRCF's call-out system is television based and inmates' names are reportedly listed in rotation. Institutional staff and inmates reported that it was sometimes difficult to track their names on the screen, which often resulted in missed call-outs. They also reported that there are times when the call-out television is not turned on or is not in working order. Based on record reviews and inmate and staff interviews, it seems that the ineffective call-out system was not considered as a reason for missed appointments, and mental health staff appeared more focused on holding inmates accountable for missed call-outs rather than considering the deleterious effects associated with the sudden withdrawal of psychotropic medications. Discontinuing some psychotropic medications abruptly can cause serious side effects.

In the review of psychotropic medication practices, clinical documentation indicated that after three consecutive missed doses, inmates were placed on "medical hold." One incidental note read "IM refused Vistaril 50 mg and Trileptal 600 mg 3 consecutive doses and has been placed on hold. MH notified. R/C discussed." There was no evidence that nursing staff met with and counseled the inmate after missing medication doses for two consecutive days, nor was there any indication that the inmate was referred to the psychiatrist for evaluation. A review of Medication Administration Records (MAR) revealed that after three consecutive missed doses, nursing staff withheld subsequent medication doses without an order to do so. In one record, medications were held for seven days before a discontinuation order was written.

Florida Administrative Code 33-401.105, Section 2.4(a-c) provides guidance related to medication refusals. The Rule states:

> *(a) Inmates may verbally refuse a dose of medication upon presenting to the medication window.*
>
> *(b) An inmate who has refused either three consecutive doses of medication or five doses over the course of a month shall be required to sign Form DC4-711A, Refusal of Health Care Services. If the inmate refuses to sign the form, the notation "patient refuses to sign" will be entered and witnessed*

by two staff members. The inmate shall be referred to the prescribing provider for review and further clinical disposition.

(c) If an inmate states that he will refuse all further doses of a prescribed medication, Form DC4-711A Refusal of Health Care Services, shall be completed and must be signed by the inmate. If the inmate refuses to sign the form, the notation "patient refuses to sign" will be entered and witnessed by two staff members. The inmate will no longer be required to report to the medication window for the purpose of taking the refused medication. The inmate shall be referred to the prescribing provider for review and further clinical disposition.

Based on record reviews and staff and inmate interviews, it appears that the process for discontinuing medication at BRCF is not in accordance with the administrative rule. Medication refusals were based solely on the inmate not presenting to the medication window. There was no evidence that efforts were made to notify security staff so that inmates could be brought to the medication window to verbally refuse medications and sign refusals. There was no evidence that inmates verbally stated that they would refuse all further doses of prescribed medications. Additionally, inmates were not referred to the psychiatrist for their clinical disposition to be reviewed.

When asked about the process for restarting medication, mental health staff explained that the inmate must be seen by a counselor who then makes the determination if he will be referred to the psychiatrist. According to Health Services Bulletin (HSB) 15.05.19, "request for non-emergent psychiatric consultation for inmates who are graded S-1 or S-2 shall be evaluated by the senior psychologist to determine further disposition. The senior psychologist will document the clinical rationale for his/her disposition in the mental health record. If the senior psychologist determines a psychiatric consultation may be clinically indicated, s/he will discuss his/her findings with a psychiatrist or other qualified prescribing clinician prior to scheduling a psychiatric consultation." The HSB does not state that this policy should be applied to inmates with mental health grade S-3. According to HSB 15.05.18, "some inmates will exercise the right to refuse medication that the physician considers necessary. If the psychiatry staff determines the inmate requires psychotropic medication in order to maintain her/his adaptive functioning in an outpatient setting, the inmate must be maintained as S-3 and be provided psychiatric follow-up and case management until the inmate consents to psychotropic medication or until psychiatry staff determines the inmate no longer requires psychotropic medication in order to maintain her/his adaptive functioning in an outpatient setting." The HSB does not include missed call-out appointments or pill passes as criteria for patients to be removed from the psychiatric caseload.

MENTAL HEALTH SURVEY CONCLUSION

Staff were helpful and responsive which assisted with the survey process. Medical records had improved since the last CMA survey and were generally in good order. There were no findings in the areas of use of force, psychological emergencies, special housing, outpatient mental health services, outpatient psychotropic medication practices, and aftercare planning. Most of the findings were in the area of self-injury and suicide prevention.

CMA surveyors expressed concerns regarding the discontinuation of psychotropic medications following missed pill line and/or psychiatric encounters, particularly given reports from staff and inmates that the call-out system was often ineffective. This practice is not in compliance with FDC administrative rule and policy. Also, there is only one part-time psychiatrist for approximately 350 inmates on psychotropic medications. CMA surveyors indicated that this seemed to be a large caseload for a half-time provider.

Inmates interviewed indicated they knew how to request routine and emergency health services; however, they reported that they were hesitant to do so because of mental health staff's response to requests. Interviews with inmates and staff indicated that mental health appeared to have a culture that was more "security than medically" oriented. None of the inmates interviewed were satisfied with mental health services at this facility.

A corrective action plan (CAP) developed by BRCF for each of the findings in the tables above will be helpful in improving mental health services for the inmates in their care.

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 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.