



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Charlotte Correctional Institution

in

Punta Gorda, Florida

on

April 1-2, 2015

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1271	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1416	Current Main Unit Census	1271
Satellite Unit(s) Capacity	117	Current Satellite(s) Census	117
Total Capacity	1533	Total Current Census	1388

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		839	465	100	1	1
<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	
	742	93	462	38	50	0

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>
		84	51	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	9	1
LPN	18	0
CMT-C	3	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychological Svc. Director	1	0
Sr. Mental Health Clinician	1	0
Behavioral Specialist	6	1
Human Svc. Counselor	3.8	0
MH RN	0	0
MH LPN	0	0

OVERVIEW

Charlotte Correctional Institution (CHACI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1, 2, 3, 4, and 5. CHACI consists of a Main Unit and a work camp.

The overall scope of services provided at CHACI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, infirmary services, as well as inpatient and outpatient mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at CHACI on April 1-2, 2015. 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

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

- 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.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

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

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care, sick call, or infirmary services.

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 care. There was a finding requiring corrective action in the review of dental systems; 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 infection control, pharmacy services, or in the administration of the pill line.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 5 of 16 records reviewed, there was no evidence of a complete and appropriate examination (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 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-1:** Per Health Services Bulletin (HSB)15.03.05 Appendix #2 the physical examination for the endocrine clinic will include an evaluation of the cardiovascular system, sensory and vascular status of the extremities, and a description of the feet, nails, and skin. In four records, there was no documentation regarding the feet. In another record, the narrative was not legible making it difficult to determine if a complete and appropriate exam had occurred. Illegibility was a consistent issue in the majority of records reviewed during the survey. CMA clinical surveyors expressed concern that illegible documentation could lead to errors in patient care.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 4 of 12 applicable records (14 reviewed), there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</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>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 2 of 9 records reviewed, there was no evidence that seizures were classified.</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>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 1 of 3 records reviewed, there was no evidence of a complete and appropriate examination (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 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-4: *The documentation was illegible in this record. Staff and the clinician were asked to review the narrative but were unable to interpret it. Therefore, it was not possible to determine if the examination contained all required elements.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 8 of 12 applicable records (15 reviewed), reactive airway diseases were not classified (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 respiratory 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-5: Per HSB 15.03.05 Attachment #1, reactive airway diseases will be classified as mild, moderate, or severe.

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 4 of 14 records reviewed, the diagnosis was not recorded on the problem list.</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>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: There was no emergency drug kit located in the dental clinic (see discussion):</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-7: *Per HSB 15.04.13 Supplement #A, the dental staff should be capable of treating a medical emergency, should one arise. A portable oxygen tank with tubing and mask, airway, blood pressure cuff, stethoscope, alcohol sponges, at least two 3cc syringes, padded tongue blade, and emergency drugs are to be kept on hand in the dental clinic. The emergency drug kit should include benadryl, hydrocortisone sodium succinate, epinephrine, nitroglycerin tablets, ammonia inhalant buds, and a tube of glucose gel. The contents, expiration dates, and clarity of all drugs are to be reviewed at least once per month. The emergency kit was located in the medical unit, not in the dental clinic as required.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: Over-the-counter medication counts in the dorms did not match the number indicated on the logs.</p> <p>PH-9: The sink in the pharmacy area is rusted and unusable.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The physical health staff at CHACI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 262 records and found deficiencies in 50 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Medical charts were well organized and documents were filed in a timely manner. 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 were complementary of their experiences at the medical clinic.

The majority of the findings discussed above are related to minimal and illegible documentation rather than the provision of clinical services. For example, inmates with seizures and reactive airway diseases were being seen in clinic but there was often no indication of the disease classification in the records. The illegibility of the clinic visit notes was a hindrance in determining if an appropriate and complete exam occurred. CMA surveyors expressed concern that incomplete or inadequate documentation could disrupt continuity of care or lead to medical errors.

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

MENTAL HEALTH FINDINGS

Charlotte Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at CHACI:

- 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 or psychiatric ARNP care).
- S4 - Inmates are assigned to a Transitional Care Unit (TCU).
- S5 - Inmates are assigned to a Crisis Stabilization Unit (CSU).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no available episodes of restraints for review at CHACI. 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.

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

INPATIENT SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were findings requiring corrective action in the aftercare planning review; the items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEM REVIEW

There was a finding requiring corrective action in the review of mental health systems; the item to be addressed is indicated in the table below.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 6 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-2: In 4 of 13 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</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-1: Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 "Observation Checklist." In 5 records, there were blanks on the checklist indicating the inmate was not observed as required. In another record, there were two completed checklists for the same day that were contradictory.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 use of force episodes revealed the following deficiencies:</p> <p>MH-3: In 4 records, the post use of force physical exam was not completed in its entirety (see discussion).</p> <p>MH-4: In 2 records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-5: In 3 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p> <p>MH-6: In 1 of 2 applicable records, appropriate follow-up care was not provided for problems identified in the mental health documentation (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-3: In four records, the post use of force exam was missing the second page.

Discussion MH-4: According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3. In two records, there was no written referral to mental health in the medical record.

Discussion MH-6: In one record, the inmate had a diagnosis of Schizophrenia and exhibited rambling and rapid speech after the use of force episode. The notes indicated the inmate was requesting to be placed on medication but there was no documentation of a referral or justification for not referring the inmate to psychiatry for evaluation.

Inmate Requests	
Finding(s)	Suggested Corrective Action(s)
<p>MH-7: In 4 of 12 records reviewed, a DC4-663 “Consent and Authorization for Use and Disclosure, Inspection, and Release of Confidential Information,” was not signed or valid prior to conducting an interview with the inmate.</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 inmate request episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Special Housing	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-8: In 3 records, the mental status exam (MSE) was not completed within the required time frame (see discussion).</p> <p>MH-9: In 2 of 8 applicable records, follow-up mental status exams (MSEs) were not completed within the required time frame (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-8 & 9: The Department's HSB (15.05.08) states that each inmate who is classified as S3 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a MSE within 5 days and every 30 days thereafter. The MSEs listed above did not meet the required time frames.

Inpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> <p>MH-10: In 3 of 9 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-11: In 3 of 13 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-12: In 2 of 5 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days (see discussion).</p> <p>MH-13: In 3 of 10 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</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 inpatient 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: According to HSB 15.05.19, nursing staff will meet with an inmate who has refused a prescribed psychotropic medication within the previous 2 consecutive days to assess the situation, counsel the inmate, and refer the inmate to the psychiatrist if warranted. In 2 records, there was no indication that this meeting occurred after 2 consecutive days of refusing psychotropic medication.

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 inpatient records revealed the following deficiencies:</p> <p>MH-14: In 3 of 13 applicable records, vital signs were not taken daily for 5 days for new admissions.</p> <p>MH-15: In 10 records, a risk assessment for violence was not completed in the required time frame (see discussion).</p> <p>MH-16: In 8 records, Individualized Service Plans (ISP) were not initiated or reviewed within the appropriate time frame and/or signed by the inmate (see discussion).</p> <p>MH-17: In 5 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-18: In 4 records, weekly documentation of the inmate's participation in the group activity was missing or not completed.</p> <p>MH-19: In 6 records, weight was not recorded weekly as required.</p> <p>MH-20: In 16 records, behavioral level assessments were missing or not reviewed within required the time frame (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 inpatient 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-15: *The initial risk assessment was present in the majority of records; however follow-up assessments were not completed.*

Discussion MH-16: *If the inmate does not sign his ISP or there is no documented refusal in the record, there is no indication he participated in the planning of his treatment.*

Discussion MH-20: *Behavioral levels are reviewed by the Multi-disciplinary Service Team (MDST) to ensure the inmate has access to privileges and activities and is progressing through the level system. In some of the records reviewed, documentation indicated that the MDST did not meet at the required intervals. In some notes the level was not documented, making it difficult to determine if the inmate was given the opportunity to advance through the level system.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-21: In 1 of 5 applicable records, abnormal lab tests were not followed-up as required.</p> <p>MH-22: In 3 of 14 applicable records, the medications ordered were not appropriate based on the documented symptoms and diagnosis.</p> <p>MH-23: In 4 of 16 applicable records, documentation of follow-up psychiatric contacts did not contain the required clinical information (see discussion).</p> <p>MH-24: In 1 of 4 applicable records, AIMS were not administered within the appropriate time frame.</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-23:** In one record, there was a change of mental health diagnosis but there was no documentation indicating the reason for that change (i.e. new symptoms or behavior). In three records, the documentation indicated that the inmate's symptoms were not improving and there was no indication that a medication adjustment or change was considered.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-25: In 4 records, the Individual Service Plan (ISP) problem descriptions did not include specific baseline data on frequency and/or intensity of mental health symptoms.</p> <p>MH-26: In 5 records, the ISP was not signed by the inmate or a refusal was not documented.</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>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
MH-27: In 6 records, there was no documentation that the inmate received the services listed in the ISP.	

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-28: In 5 of 12 applicable records, a DC4-711B “Consent and Authorization form” was not completed or refusal present within 30 days of EOS.</p> <p>MH-29: In 1 of 1 applicable records, a DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of EOS.</p> <p>MH-30: In 1 of 3 applicable records, assistance with social security benefits was not provided at 90 days of EOS for applicable inmates.</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 records of inmates within 180 days EOS 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

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
MH-31: Paint was peeling from the walls of Isolation Management Rooms (IMR) in C-Dorm.	<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> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The mental health staff at CHACI serves a complex and difficult population. Inpatient services are provided in a 50 bed Transitional Care Unit (TCU) and a 50 bed Crisis Stabilization Unit (CSU). Many of the Department's most severely mentally ill male inmates are served in the inpatient units at CHACI. Outpatient services, including case management and individual and group counseling, are provided to over 500 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, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

Inmates admitted to the TCU or CSU receive additional monitoring, assessment, and services due to their current mental status. A review of these additional assessments and services revealed multiple deficiencies. Some of these deficiencies were related to checking physical wellness, such as documenting weekly weight and daily (for the first 5 days) vital signs. Other inpatient deficiencies were related to required assessments of risk of violence, appropriate behavioral levels, ISP reviews and the required hours of planned structured therapeutic services.

Another inpatient issue of concern involved inmates remaining in the CSU after clinical justification indicated a lower level of care was appropriate. These inmates remained in the CSU for weeks after notes indicated the need for a lower level of care. According to staff, when an inmate is no longer in need of CSU treatment, he is placed on a waiting list for a TCU bed. Institutional staff reported having no control over the waiting list or the length of time the inmate has to wait in the CSU until TCU a bed becomes available. In many cases, staff and the inmate have worked together towards a mental status and/or behavioral presentation that warrants a lower level of care. In some cases, the move to the TCU is in itself a behavioral intervention to reward appropriate behavior. A lengthy delay in this reward could lead to a return of behaviors that justifies the inmate remaining in CSU before the transfer can occur.

Although there was a significant number of mental health findings, many were related to documentation, assessment, and planning. However after record reviews and inmate interviews, surveyors determined that inmates are being seen as required. Inmates reported satisfaction with their mental health treatment and staff exhibited a strong desire to provide quality treatment. Some staff relayed concerns about current caseload levels and difficulty maintaining all of the required documentation. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority's corrective action plan process.

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.