



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Dade Correctional Institution

In

Florida City, Florida

on

November 17-19, 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
1493	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1406	Current Main Unit Census	1493
Satellite Unit(s) Capacity	64	Current Satellite(s) Census	53
Total Capacity	1470		1546

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		622	576	311	1	5
<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	
	800	102	459	131	23	7

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>
	27	102	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	2	0
RN	8.6	0
LPN	20	4
CMT-C	2	0
Dentist	2	0
Dental Assistant	1	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychiatrist ARNP/PA	2	0
Psychological Services Director	1	0
Sr. Mental Health Clinician	1	0
Behavioral Specialist	10	0
Human Services Counselor	5.4	0
Mental Health RN	2	0
Mental Health LPN	9	2

OVERVIEW

Dade Correctional Institution (DADCI) 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. DADCI consists of a Main Unit and a Road Prison.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at DADCI on November 17-19, 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

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

- 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 and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers. There were findings requiring corrective action in the review of consultations, medication administration, periodic screenings, and medical inmate requests; the items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental systems or dental care.

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 no findings requiring corrective action as a result of the institutional tour.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 4 of 16 records reviewed, inmates were not seen according to their M-grade status (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 a chronic illness 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:** Inmates were evaluated and treated in the chronic illness clinic (CIC) less frequently than was required by their assigned medical grade. Per Health Services Bulletin (HSB) 15.03.13, inmates who are assigned a health grade of M3 should be followed in the clinic every three months. The inmates in the deficient records were classified as M3. In three records, the inmates were not scheduled for six months or more, and in one record, the inmate was not scheduled for five months.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 2 of 10 applicable records (16 reviewed), there was no evidence that hypertensive diabetic inmates were prescribed ACE or ARB therapy.</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>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 5 of 14 applicable records (17 reviewed), there was no evidence of hepatitis A & B vaccination or refusal for inmates with hepatitis C.</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>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 13 applicable records (14 reviewed), there was no evidence of a referral to a specialist when indicated (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 miscellaneous 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: *In two records, there was no indication that inmates diagnosed with rheumatoid arthritis had been seen by a specialist since 2013. In the third record, an inmate was diagnosed with acute renal disease, hypertension, and diabetes. CMA surveyors were concerned that this inmate might have obstructive and/or diabetic uropathy. CMA surveyors noted that these inmates may benefit from services outside the scope of the current treatment plan, including off-site evaluation.*

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-5: In 4 records, there was no evidence of marker or radiological studies at appropriate intervals (see discussion).</p> <p>PH-6: In 2 of 5 applicable records, there was no evidence of a referral to a specialist when indicated (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-5:** In three records, there was no indication of a PSA since 2013 for inmates with a history of prostate cancer. In the fourth record, there was no evidence of a recent chest x-ray for an inmate with a history of non-small cell carcinoma. The last CT scan was completed in 2005.*

***Discussion PH-6:** In one record, an inmate with a history of prostate cancer had received Lupron since 2013, but there was no indication that any follow-up with a specialist had been completed since the medication was first recommended. In the second record, an inmate with non-small cell carcinoma had not received a CT scan or a consultation with a pulmonologist.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-7: In 13 records, reactive airway diseases were not classified as mild, moderate, or severe.</p> <p>PH-8: In 1 of 2 applicable records, there was no evidence that an inmate with moderate to severe airway disease was on anti-inflammatory medication.</p> <p>PH-9: In 1 of 1 applicable record, there was no evidence of a referral to a specialist when indicated (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-9:** In this record, the inmate reported use of his inhalers six times per day. His peak flow readings were consistently in the 250 range since April, and his last chest x-ray*

showed "COPD with chronic appearing increased interstitial markings." CMA surveyors noted the inmate may require services outside of the scope of the current treatment plan, including a pulmonary consultation.

Infirmary Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 3 of 10 applicable inpatient records (14 reviewed), clinician rounds were not documented as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary 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: Per HSB 15.03.26, a clinician shall make rounds and enter progress notes on a daily basis (Monday through Friday, except holidays) to evaluate the progress and needs of all patients with acute illness in the infirmary and document such information in the record. In two records, one day of documentation was missing. In the third record, progress notes for three days were missing.

Consultations Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-11: In 3 of 14 applicable records, the diagnosis was not recorded on the problem list.</p> <p>PH-12: In 1 of 1 applicable record, there was no evidence that the alternative treatment plan was 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 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>

Medication Administration

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: In 1 of 4 applicable records (13 reviewed), there was no evidence of counseling after 5 missed doses or more over the course of one month.</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 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

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: In 12 of 17 records reviewed, there was no evidence that all required diagnostic tests were completed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving 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-14: *In seven records, the urinalysis by dip stick was not completed. In four records, there was no evidence of stool hemocult testing. In one record, both the urinalysis and the stool hemocult were missing.*

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-15: In 11 of 18 records reviewed, the inmate request form was not present in the chart and could not be located by staff.</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 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>

CONCLUSION

The physical health staff at DADCI serves a complex and difficult population, including inmates with multiple medical 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. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner. The staff at DADCI 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 were familiar with how to obtain routine medical and emergency services. Half of the inmates interviewed expressed satisfaction with health care services.

CMA surveyors noted a few areas in which the provision of clinical services were found to be deficient. These included missed opportunities for follow-up with specialists off-site and incomplete laboratory and diagnostic testing. The lack of referrals for consultant services was noted in multiple clinics. A review of periodic screenings revealed that over half were missing required laboratory testing. This screening is an important preventative mechanism for identifying inmate health concerns, in particular for inmates not utilizing other medical services.

Overall, there were relatively few findings that required corrective action. However, based on the discussions above, it is clear that the corrective action process will be beneficial to DADCI as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Dade Correctional Institution (DADC) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at DADC:

- 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 findings requiring corrective action in the review of psychiatric restraints and Self-harm Observation Status (SHOS); the items to be addressed are indicated in the tables below.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were no findings requiring corrective action in the aftercare planning review.

MENTAL HEALTH SYSTEMS REVIEW

There was a finding requiring corrective action in the mental health systems review; 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 2 of 6 applicable records, the clinical assessment prior to SHOS admission was incomplete or missing (see discussion).</p> <p>MH-2: In 6 records, the clinician's orders did not specify that observations should be conducted at 15 minute intervals (see discussion).</p> <p>MH-3: In 6 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: Department policy requires that a thorough clinical assessment documenting an inmate's risk for self-harm be conducted prior to an inmate being placed into SHOS. Although, the two inmates were already on inpatient status, institutional staff was unable to locate the required clinical assessment. In the first record, there was no indication of why the inmate was placed into SHOS. In the second record, the inmate was seen by medical staff for a self-inflicted laceration and a laceration protocol form was completed, however there was no other assessment present.

Discussion MH-2: In all of the records, clinician's orders stated "Admit to SHOS" only and did not specify actions to be undertaken by institutional staff to ensure inmate safety such as 15 minute observation checks, as well as diet and property restrictions.

Discussion MH-3: Observations for inmates on SHOS should be conducted at 15 minute intervals and documented on the "Observation Checklist" (DC4-650). In four records, there were scattered blanks on the checklist indicating the inmate was not observed as required. In one record, the inmate was admitted to SHOS at 17:40 but observations did not start until 19:00. In the last record, there was no evidence that observations were conducted until almost nine hours after the inmate was admitted.

Psychiatric Restraints

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 psychiatric restraint episodes revealed the following deficiencies:</p> <p>MH-4: In 3 records, there was no documentation of less restrictive means of behavioral control (see discussion).</p> <p>MH-5: In 2 records, vital signs were not taken when the inmate was released from restraints.</p> <p>MH-6: In 3 records, the inmate was not referred to the Multi-Disciplinary Services Team (MDST).</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 psychiatric restraint 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-4: *In the first record there were no incidental notes describing the events leading up to the restraint episode or documentation of less restrictive interventions. The next two episodes involved one inmate and occurred on the same day. In both cases there was no documentation that an emergency treatment order was considered.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-7: In 4 of 6 records reviewed, the post use of force examination was incomplete (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-7: *In three records, the examination was not signed by the clinician. In the last record, the assessment was blank with the words "inmate refused" written across the top. Although, inmates are allowed to refuse this examination, there are still components that can be completed without their participation (e.g. the use of chemical agents, the inmate's general appearance, any signs of distress observed, and inmate education provided).*

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 psychological emergencies revealed the following deficiencies:</p> <p>MH-8: In 2 records, documentation of the inmate’s past mental health history was incomplete (see discussion).</p> <p>MH-9: In 2 records, the mental status examination was incomplete (see discussion).</p> <p>MH-10: In 3 records, there was no evidence of appropriate intervention (see discussion).</p> <p>MH-11: In 1 of 5 applicable records, the disposition was not appropriate (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 psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-8: In two records, the “Mental Health Emergency Nursing Assessment” (DC4-683A) was utilized. In both records, the “history of violence” was left blank.

Discussion MH-9: In both records, the “Mental Health Emergency Nursing Assessment” (DC4-683A) was utilized. In one record, “thought content” was left blank. In the last record, “vegetative functioning” was left blank.

Discussion MH-10: In two records, nursing staff did not complete a referral to mental health. In the last record, the “Mental Health Emergency Nursing Assessment” (DC4-683A) was blank on the second page and there was no documentation of what interventions were completed by nursing staff.

Discussion MH-11: In this record, the nursing assessment indicated the inmate stated, “I am going to kill myself”. The inmate was discharged back to his housing unit with no explanation as to why a higher level of care was not needed.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-12: In 3 of 15 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</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>

Special Housing

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

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 inpatient records revealed the following deficiencies:</p> <p>MH-13: In 1 of 2 applicable records, there was no evidence that abnormal lab tests were followed-up.</p> <p>MH-14: In 2 records, medications were not given as prescribed and there was no documented refusal (see discussion).</p> <p>MH-15: In 1 of 3 applicable records, the use of an emergency treatment order (ETO) was not specified (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 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-14: *In the two deficiencies, medications were initially ordered but were not started for five days in one record and three days in another. Additionally, one record contained a blank on the "Medication Administration Record" (MAR) indicating the medication was not given for that date and there was no signed refusal clarifying why the medication was not administered.*

Discussion MH-15: *Orders written on 9/20/15 and 10/18/15 were not specified as ETOs but were written as one time orders for intramuscular medication in response to emergency situations. Additionally this inmate received eight ETOs at sub therapeutic doses from 9/20/15 to 11/14/15. During this time he injured himself twice, as well as an officer and a nurse.*

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 inpatient records revealed the following deficiencies:</p> <p>MH-16: In 10 records, the Individualized Service Plans (ISP) did not contain the required information (see discussion).</p> <p>MH-17: In 18 records, the required hours of planned structured therapeutic services were not clinically appropriate (see discussion).</p> <p>MH-18: In 18 records, there was no documentation that behavioral levels were reviewed by the MDST (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-16: *In general ISPs were completed timely, however progress towards treatment goals was not addressed in the treatment compliance and progress summary. In many cases the summaries were the same at each review or incidents that occurred were not addressed (i.e. SHOS admissions or medication noncompliance).*

Discussion MH-17: *In most records, the required 12 hours of planned structured therapeutic services were provided, however the majority were “activity therapy” or “therapeutic recreation”. Five to six hours per week of these activities may be clinically appropriate, however in the records reviewed, these activities made up the majority of the services offered and did not meet the criteria for core mental health services. Additionally, the majority of ISPs listed group treatment weekly, however this was not provided.*

Discussion MH-18: *Inmates in inpatient settings are assigned behavioral levels and are given the opportunity to work through these levels to gain access to privileges. These levels are reviewed by the MDST at required intervals (7 days for level 1 and 14 days for levels 2 – 5). Additionally the Risk Assessment Team determines recommendations pertaining to movement, housing, and activities, including any restrictions deemed necessary to ensure a safe and secure therapeutic environment. These assessments are performed within 72 hours of admission, within 14 days of the original assessment, and 90 days thereafter. Risk Assessments were documented biweekly in incidental notes and for the most part contained the required information, however surveyors recommended staff utilize the risk assessment forms to ensure all required information is captured. Staff indicated that behavioral levels were discussed in the risk assessment meetings, however this was not documented.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-19: In 3 of 13 records reviewed, the inmate did not receive the medication as prescribed and there was no documented refusal (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-19: *In all three records, there were blanks on the MAR indicating the inmate did not receive medications for those dates. Additionally, there was no documentation in the medical record or signed refusal clarifying why the medication was not administered.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-20: In 2 of 6 applicable records (18 reviewed), psychotropic medications were not continued until the inmate saw the psychiatrist at the receiving institution (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-20: *In the first record, there was a gap on the MAR for two days. In the second record, there was a gap of 12 days.*

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
MH-21: A written description of mental health services was not available in Spanish.	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – MENTAL HEALTH

The staff at DADCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health inpatient services are provided in a 176 bed Transitional Care Unit (TCU) and a 24 bed Crisis Stabilization Unit (CSU). Mental health outpatient services, including case management and individual counseling, are provided to over 300 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 SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The majority of mental health findings were related to incomplete documentation. There were multiple examples of incomplete or missing assessments in several areas reviewed. In some cases, it was difficult to assess what interventions, if any, had been implemented in response to psychological emergencies. Blanks were noted on MARs in both inpatient and outpatient records.

A review of inpatient and outpatient mental health services and psychotropic medication practices revealed that inmates were frequently seen more often than required by protocols. Documentation of clinical contacts was thorough and therapeutically appropriate. Interviews with mental health professionals indicated they were knowledgeable about the inmates on their caseload.

Overall, interviews with inmates on inpatient units, in confinement, and in the general population revealed that they were knowledgeable about how to obtain routine and emergency mental health services. Additionally, the inmates were complementary of the services they received. Many of these inmates indicated that their counselors demonstrated caring and concern and helped them to make progress in meeting the goals outlined on the treatment plans. Surveyors observed staff interacting with inmates frequently on the inpatient units throughout the two day survey process.

Staff indicated they were appreciative of the CMA survey and would use the corrective action process to improve services in the areas found to be deficient.

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.