



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY FLORIDA WOMEN'S RECEPTION CENTER

SEPTEMBER 17-19, 2019

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Florida Women’s Reception Center (FWRC) houses female 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, 5, and 6. FWRC consists of a Main Unit. ¹

Institutional Potential and Actual Workload

Main Unit Capacity	1345	Current Main Unit Census	932
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1345	Total Current Census	932

Inmates Assigned to Medical and Mental Health Grades²

Medical Grade (M-Grade)	1	2	3	4	5	Impaired		
	456	390	30	0	2	75		
Mental Health Grade (S-Grade)	Mental Health Outpatient				MH Inpatient			
	1	2	3	4	5	6	Impaired	
	428	43	345	21	10	12	1	

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

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	10	10	3	N/A	N/A	N/A

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	2.8	0
Registered Nurse	7.2	0
Licensed Practical Nurse	15.8	1.6
Dentist	2.5	0
Dental Assistant	3.0	0
Dental Hygienist	.50	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	2	1
Psychiatric APRN/PA	1.6	0
Psychological Services Director	1.0	0
Psychologists	3.6	1.6
Behavioral Specialist	N/A	N/A
Mental Health Professional	11.0	2.0
Human Services Counselor	N/A	N/A
Activity Technician	3.0	1.0
Mental Health RN	6.6	2.8
Mental Health LPN	4.2	2.0

FLORIDA WOMEN'S RECEPTION CENTER SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Florida Women's Reception Center (FWRC) on September 17-19, 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 FWRC includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include health education, preventive care, chronic illness clinics, emergency care, inpatient and outpatient mental health, observation/infirmarary care, as well as the reception and orientation of inmates newly sanctioned to the state.

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	15	0
Cardiovascular Clinic	16	0
Endocrine Clinic	16	0
Gastrointestinal Clinic	17	0
Immunity Clinic	11	2
Miscellaneous Clinic	10	0
Neurology Clinic	11	0
Oncology Clinic	10	2
Respiratory Clinic	12	1
Tuberculosis Clinic	1	2

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	18	0
Infirmarary Care	15	1
Sick Call	15	1

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	17	2
Inmate Request	17	0
Intra-System Transfers	10	2
Medication Administration	12	1
Periodic Screenings	14	0
Reception	18	0

DENTAL CARE AND SYSTEMS REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR REVIEW

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

PHYSICAL HEALTH SURVEY FINDINGS

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

Immunity Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-1: In 2 of 10 applicable records, there was no evidence of hepatitis B vaccination or refusal.</p> <p>PH-2: In 4 of 10 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Oncology Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-3: In 6 records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-4: In 5 of 7 applicable records, there was no evidence of influenza vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-5: In 4 of 12 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 1 record revealed the following deficiencies:</p> <p>PH-6: In 1 record, there was no evidence the monthly nursing follow-up was completed (see discussion).</p> <p>PH-7: In 1 record, there was no evidence of a final chronic illness clinic visit after completion of treatment.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-6: *In this record, there was no monthly nursing follow-up documented for February, June, or July 2019.*

Sick Call Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-8: In 3 of 14 applicable records (15 reviewed), there was no evidence of complete vital signs.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmary Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-9: In 4 of 15 records reviewed, there was no evidence that orders were implemented as received (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 infirmary care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-9: *In three records, vital signs were not taken as frequently as ordered. In one record, intake and output was not completed as ordered.*

Consultation Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 17 record revealed the following deficiencies:</p> <p>PH-10: In 9 records, the diagnosis was not recorded on the problem list.</p> <p>PH-11: In 3 of 15 applicable records, the consultant’s recommendations were not incorporated into the treatment plan in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: *In one record, an inmate with a history of abnormal pap smears and colposcopy was to have follow-up within one week after an endocervical curettage (ECC) was completed. The ECC was completed on 6/6/19 but the inmate was not seen for follow-up until 7/11/19. In another record, an inmate with a large right thyroid nodule was seen by a general surgeon on 6/25/19 who recommended a consultation with an ear, nose, throat (ENT) specialist. On 8/7/19 the inmate was seen by endocrinology who also recommended an ENT consult. As of the date of the survey, the inmate had not been seen by ENT although there was a pending consultation form in the chart dated 8/15/19. In the last record, an urgent request was submitted for an MRI on an inmate with right breast cancer and new neurological changes. Although the MRI was completed on 8/23/19, it was not in the chart and had not been reviewed by a clinician as of the date of the survey. When received and reviewed by CMA surveyors, the MRI showed extensive white matter changes and was immediately brought to the attention of institutional staff.*

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 10 record revealed the following deficiencies:</p> <p>PH-12: In 3 records, there was no evidence that vital signs were taken.</p> <p>PH-13: In 2 records, there was no evidence the clinician reviewed the record within 7 days of arrival.</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 transferring into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medication Administration Record Review

Finding(s)	Suggested Corrective Action
<p>PH-14: In 3 of 12 records reviewed, allergies listed on the medication administration record (MAR) and the orders were not consistent and/or did not match.</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 dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Pharmacy Services	
Finding(s)	Suggested Corrective Action
<p>PH-15: Expired and non-expired medications were not segregated (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, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-15:** Although the expired medications were labelled, they were kept in the same cabinet as non-expired medications. For segregation purposes, staff stated they tried to keep expired medications on the top shelf but that it wasn't always maintainable due to space and after count they were not always put back on the top shelf. CMA surveyors expressed concern that an expired medication could mistakenly be given to a patient.*

PHYSICAL HEALTH SURVEY CONCLUSION

The staff at FWRC was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Overall, patient records were well-organized, and documents were filed in a timely manner. Interviews indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with health care services and described them as adequate.

A review of medical records indicated that inmates enrolled in chronic illness clinics were seen at the required intervals. There were, however, deficiencies identified in the provision of clinical services which included missed vaccinations, vital signs not completed when required, infirmary orders not implemented, and inconsistent or differing documentation of allergies on orders and MARs. CMA surveyors expressed concern regarding delays in the untimely follow-up or missing tests/procedures recommended by specialists as these missed opportunities could have serious and adverse effects on inmate health.

Although there were relatively few findings, it is clear that the CMA corrective action process will be beneficial to FWRC as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

Mental Health Clinical Records Review

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	20	0
Psychiatric Restraints	N/A	N/A

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	2	0

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	13	0
Inmate Requests	21	0
Special Housing	9	1

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	17	1
Outpatient Psychotropic Medication Practices	18	4

INPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Inpatient Mental Health Services	12	3
Inpatient Psychotropic Medication Practices	11	1

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	20	1

RECEPTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Reception	11	5

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Total Number of Findings
Mental Health Systems	1
Tour	0

MENTAL HEALTH SURVEY FINDINGS

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

Special Housing	
Finding(s)	Suggested Corrective Action
<p>MH-1: In 2 of 9 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing (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-1:** In one record, the appraisal form was not found. In the other record, the appraisal form was present but was incomplete.*

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action
<p>MH-2: In 4 of 17 outpatient records, mental health problems were 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 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 Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-3: In 2 of 5 applicable records, follow-up laboratory studies were not conducted as required.</p> <p>MH-4: In 6 of 17 applicable records, inmates did not receive medications as prescribed and documentation of refusal was not present in the medical record (see discussion).</p> <p>MH-5: In 10 records, inmates were not offered psychiatric services within the required time frame.</p> <p>MH-6: In 5 of 8 applicable records, the Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frames.</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-4: *In three records, blanks were noted on medication administration records (MAR). In another record, the inmate was prescribed Trilafon at Lowell CI. She was transferred to FWRC on 5/7/19. She did not receive the medication until she was seen by psychiatry on 5/22/19. In another record, medications were discontinued on 8/20/19; however, documentation on MARs indicated the inmate continued to receive them until 9/9/19. In the last case, an order for Vistaril written 7/30/19 was changed to indicate a lower dose. The original order was struck through and the dosage changed from 75 mg to 25mg. There was no indication who made the change. This was discussed with the psychiatrist who indicated she did not make this change and reported the inmate would be seen to evaluate the medications.*

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>MH-7: In 4 records, an informed consent or a court order for treatment were missing or incomplete (see discussion).</p> <p>MH-8: In 3 of 6 applicable records, there was no evidence that the assigned behavioral health specialist met with the inmate within 3 business days of admission to the unit (see discussion).</p> <p>MH-9: In 11 of 11 applicable records, patients were not offered the minimum required hours of structured out-of-cell treatment and services (SOCTS).</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-7: *In three records, DC4-649 “Inpatient Mental Health Treatment Consent” was in the record but was missing the signature of a witness. In the remaining record, a consent for Self-Harm Observation Status (SHOS) was missing the witness signature and consent for admission to the Transitional Care Unit (TCU) was unable to be located by staff.*

Discussion MH-8: *According to Procedure 404.004, the initial meeting with the patient will include an explanation of the behavioral management progress system and a service planning interview with documentation on the “Inpatient Mental Health Screening Evaluation” (DC4-642J). In one record, the inmate was seen for therapy, but the documentation did not include the required information. In the second record, the patient was admitted 3/28/19 and the first meeting was attempted 4/15/19. In the last record, there was no indication that this interview took place.*

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action
<p>MH-10: In 3 of 11 records reviewed, patients were not offered psychiatric services within the required 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 inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Aftercare Planning

Finding(s)	Suggested Corrective Action
<p>MH-11: In 2 of 5 applicable records (20 reviewed), assistance with Social Security benefits was not provided within 90 days of end of sentence (EOS).</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>

Reception	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 11 reception records revealed the following deficiencies:</p> <p>MH-12: In 3 records, inmates did not receive orientation to health services within 24 hours of arrival at the reception center.</p> <p>MH-13: In 8 of 9 applicable records, medications prescribed at the county jail were not continued upon the inmate's arrival (see discussion).</p> <p>MH-14: In 4 of 10 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who had received psychotropic medication in the past 30 days.</p> <p>MH-15: In 2 of 10 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</p> <p>MH-16: In 1 of 2 applicable records, past treatment records were not requested if the inmate was at the reception center for 60 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 applicable reception 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-13: *In one record, the inmate was taking medication at the county jail and arrived at FWRC on 7/31/19; no order, MAR, or refusal were found. In the remaining records, there was a delay in receiving medications upon arrival at FWRC.*

Mental Health Systems Review

Finding(s)	Suggested Corrective Action
<p>MH-17: Therapeutic groups were not provided as required to meet the needs of the inmate population.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via group schedule and attendance and signed off by regional staff.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p>

MENTAL HEALTH SURVEY CONCLUSION

The staff at FWRC serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health inpatient services are provided in a 32-bed transitional care unit (TCU), an eight-bed crisis stabilization unit (CSU) and a 13-bed Mental Health Treatment Facility (MHTF). Mental health outpatient services, including case management and individual counseling, are provided to approximately 400 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 on Self-Harm Observation Status (SHOS). Reception services are also provided at FWRC for all female inmates entering FDC. Reportable findings requiring corrective action are outlined in the tables above.

During this review, mental health and medical records staff were helpful and responsive. Medical records were generally in good order, which assisted with the survey process. Inmates interviewed knew how to request routine and emergency mental health services.

Reviews of medical records found there were no findings in the areas of self-injury and suicide prevention, use of force, mental health emergencies, and inmate requests, and only one finding in outpatient mental health services, indicating that inmates typically have access to their case managers and psychology staff. However, follow-up sessions with the psychiatrist/clinician were not timely in more than half of the records reviewed.

A review of reception services revealed that in most of the records reviewed, inmates did not receive medication prescribed at the county jail upon arrival at FWRC and psychiatric evaluations were not consistently completed within the required time frame. Interviews with mental health staff indicated that there may be a need to increase psychiatric/clinician staffing for reception services.

There were few findings in the review of inpatient services. Inmates interviewed reported the services offered were adequate and they were familiar with the scope of services offered to them. Mental health, medical, and security staff interviewed were knowledgeable in basic self-harm prevention

techniques and reported that all disciplines work together to provide care and treatment to inmates on the inpatient units.

The areas that were found to be deficient on the inpatient units included timeliness of mental health assessments and psychiatric evaluations. While these encounters did take place, they were not consistently occurring as frequently as required. Additionally, consent forms for treatment were not completed and a sufficient number of hours of weekly SOCTS were not offered.

Individualized service plans were timely, addressed needs and goals specific to each patient, and inmates reported participating in forming the plan of care. Documentation of mental health encounters was thorough, insightful, and encompassed all required aspects of assessment and treatment planning.

A corrective action plan (CAP) developed by FWRC 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.