

**SECOND ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**FRANKLIN CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted March 29 - 31, 2016

**CMA STAFF**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW

CAP Assessment Distributed on February 3, 2017

## CAP Assessment of Franklin Correctional Institution

### I. Overview

On March 29 - 31, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Franklin Correctional Institution (FRACI). The survey report was distributed on April 22, 2016. In May 2016, FRACI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the March 2016 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On August 31, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on September 23, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 14 of 15 physical health findings and 10 of 23 mental health findings were corrected.

On December 21, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on January 27, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>PH-11: In 5 of 17 records reviewed, the permanent transfer portion of the "Health Information Transfer/Arrival Summary" (DC4-760A) was incomplete or inaccurate.</b></p>	<p><b>PH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 12 of 13 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 9 records revealed the following deficiencies:</b></p> <p><b>MH-3: In 7 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</b></p> <p><b>MH-4: In 6 records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p>	<p><b>MH-3 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-3 will remain open.</p> <p><b>MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-9: In 1 of 1 applicable record (5 reviewed), outpatient treatment did not continue as indicated on the Individualized Service Plan (ISP) while the inmate was in special housing.</b></p>	<p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>MH-12: In 5 of 7 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</b></p>	<p><b>MH-12, MH-13, MH-14, MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, &amp; MH-21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12, MH-13, MH-14, MH-15, MH-16, MH-17, MH-18, MH-19,</p>

Finding	CAP Evaluation Outcome
<p><b>MH-13: In 3 of 7 applicable records, the mental health screening evaluation was incomplete.</b></p> <p><b>MH-14: In 3 records, the Individualized Service Plan (ISP) did not specify the type and frequency of interventions.</b></p> <p><b>MH-15: In 5 records, the ISP was not signed by all members of the Multidisciplinary Service Team (MDST).</b></p> <p><b>MH-16: In 4 of 7 applicable records, the ISP was not reviewed or revised at the 180 day interval</b></p> <p><b>MH-17: In 4 records, identified problems were not listed on the problem list.</b></p> <p><b>MH-18: In 6 of 7 applicable records, the inmate did not receive services described in the ISP.</b></p> <p><b>MH-19: In 7 of 7 applicable records, counseling was not provided at least once every 90 days.</b></p> <p><b>MH-20: In 6 of 7 applicable records case management was not provided at least every 90 days.</b></p> <p><b>MH-21: In 5 of 7 applicable records the documentation was insufficient to follow the course of mental health treatment.</b></p>	<p>MH-20, &amp; MH-21.</p>

#### IV. Conclusion

All physical health findings are closed. Mental health finding MH-3 will remain open. All other mental health portions will close.

Until such time as appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site visit but the option remains open to conduct an on-site visit.

