



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Franklin Correctional Institution**

In

**Carrabelle, Florida**

on

**March 29-31, 2016**

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**Distributed on April 22, 2016**

**CAP Due Date: May 22, 2016**

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1737	Male	Close	5

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1346	<b>Current Main Unit Census</b>	1384
<b>Satellite Unit(s) Capacity</b>	432	<b>Current Satellite(s) Census</b>	353
<b>Total Capacity</b>	1778		1737

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1204	422	103	2	8
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1681	57	N/A	N/A	N/A	N/A

### 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>
		114	52	N/A	N/A	N/A

# DEMOGRAPHICS

## Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	4.2	0
LPN	6.8	0
CMT-C	1	1
Dentist	1	1
Dental Assistant	2	2
Dental Hygienists	N/A	N/A

## Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatrist ARNP/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Sr. Mental Health Clinician	.2	.2
Mental Health Professional	1	0
Human Services Counselor	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

# OVERVIEW

Franklin Correctional Institution (FRACI) 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 and 2. FRACI consists of a Main Unit and a Work Camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at FRACI on March 29-31, 2016. 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**

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

- 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 three 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 sick call or infirmary services. There were findings requiring corrective action in the review of emergency services; the items to be addressed are indicated in the table below.

### **OTHER MEDICAL RECORD REVIEW**

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

### **DENTAL REVIEW**

There were findings requiring corrective action in the review of dental systems and dental care; 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, administration of the pill line, or pharmacy services.

### **INSTITUTIONAL TOUR**

There was a finding requiring corrective action as a result of the institutional tour; the item to be addressed is indicated in the table below.

## Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 5 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-2: In 8 records, patient education was incomplete or missing (see discussion).</b></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-2:** Per form instructions, education is to be documented on the “Chronic Illness Clinic Flowsheet” (DC4-770) by entering the corresponding number for relevant education provided as: 1. Disease process 2. Risk reductions 3. Smoking Cessation (if applicable) 4. Medication(s) 5. Treatment Compliance. In all deficient records, no numbers were recorded.

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: In 4 of 16 records reviewed, abnormal labs were not addressed appropriately and/or in a timely manner (see discussion).</b></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-3:** In one record, the clinician noted on the clinic visit worksheet to add Metformin 500 mg for an inmate with a glycated hemoglobin (HgbA1c) level of 7.1. It was not ordered and at the next clinic visit, the HgbA1c levels had increased to 8.5. At that visit, the clinician documented “c/o of glipizide w/m cut to 5 mg a day.” The order, however, indicated “d/c glipizide 5 mg a day and increase glipizide 5 mg p.o. BID.” In another record, the HgbA1c levels increased at two consecutive clinic visits, although the clinician noted the patient status was “unstable”, there was not a medication adjustment or change. In the third record, the inmate had a diagnosis of diabetes and a HgbA1c level of 6.2 on 6/17/15. The lab was not addressed in the clinic visits on

10/13/15 or on 2/10/16, nor was diabetes included in the assessment documentation. In the fourth record, an inmate with a diagnosis of hypothyroidism had a thyroid stimulating hormone (TSH) lab result of 4.9. Although this result was only slightly elevated and may not have required any medication adjustment, when the inmate was seen in the chronic illness clinic there was no assessment of the hypothyroidism; only hypertension and hyperlipidemia were addressed.

<b>Miscellaneous Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-4: In 2 of 10 records reviewed, there was no documentation indicating the control of the disease or the status of the patient.</b>	<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>

<b>Neurology Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-5: In 7 of 11 applicable records (13 reviewed), seizures were not classified (see discussion).</b>	<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>

**Discussion PH-5:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.

## Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-6: In 3 records, there was no evidence of complete vital signs.</b></p> <p><b>PH-7: In 3 of 5 applicable records, the follow-up assessment was incomplete and did not adequately address the complaint (see discussion).</b></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 emergency care 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-7:** In the review of emergency care records, it was discovered that the clinician was not documenting a complete, separate follow-up assessment, but was instead initialing or stamping the nursing assessment as reviewed. In one record, an inmate was seen on 2/8/16 complaining of chronic diarrhea for 10 months. Labs were drawn on 2/10/16 and the inmate was seen for follow-up on 2/12/16; however, neither the diarrhea nor the labs were addressed. The clinician wrote "IM here for diet pass, all ready reviewed." In another record, an inmate was seen for leg swelling but a skin protocol was used rather than the lower extremity swelling protocol. A referral was made to the clinician for follow-up and documentation on the emergency care protocol form indicated that Lasix was ordered. The clinician signed and stamped the protocol form but no further assessment or medication order was found by CMA surveyors or institutional staff. In the third record, the clinician again signed the nursing assessment and wrote "Toradol 6g and IBP 600 KOP" but no order for the medication or further follow-up was located.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 3 of 14 records reviewed, the diagnosis was not recorded on the problem list.</b></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><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-9: In 3 records, there was not a corresponding note or other form of evaluation from an advanced level provider for a medication order.</b></p> <p><b>PH-10: In 4 records, the allergy information recorded on the medication administration record (MAR) did not correspond to information on the medication order.</b></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>

## Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<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 (see discussion).</b></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>

**Discussion PH-11:** *In two records, the medication information did not correspond to the information from the sending institution. In one record, the inmate orientation and pass section was incomplete. In two records, the back page of the form was not completed.*

### Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the dental clinic revealed the following deficiencies:</b></p> <p><b>PH-12: The emergency eyewash station was located behind a locked door.</b></p> <p><b>PH-13: The American Heart Association prophylactic regimens were not posted.</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-14: In 2 of 9 applicable records (18 reviewed) there was no evidence that post-treatment/operative instructions were provided.</b></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 dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-15: A tour of the facility revealed there were expired supplies in the examination rooms.</b></p>	<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

The physical health staff at FRACI 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.

Overall, medical charts were in order and documents were filed in a timely manner. The staff at FRACI 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 that inmates, as well as medical and security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services.

Many of the deficiencies outlined above were found to be related to a lack of documentation. Examples of this were found in the chronic illness clinics where patient education was not specified, seizure classification was not indicated, and baseline information was incomplete. Follow-up evaluations for emergency care were not documented and intra-system transfer forms were not completed in their entirety. At times, there was no documentation that abnormal laboratory findings were addressed with the inmate and subsequent changes in patient care did not occur. CMA surveyors also noted that the documentation of physical examinations in some clinics did not address all of the inmate's diagnoses. CMA surveyors expressed concern that poor documentation could lead to medical errors.

Based on the findings of this survey, it is clear that the corrective action process will be beneficial to FRACI 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**

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

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

### **CLINICAL RECORDS REVIEW**

#### **SELF INJURY/SUICIDE PREVENTION REVIEW**

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. There were no episodes of restraints for review at FRACI.

#### **USE OF FORCE REVIEW**

There were no findings requiring corrective action in the review of use of force episodes.

#### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were findings requiring corrective action in the review of psychological emergencies, inmate requests, and special housing; 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 mental health services; the items to be addressed are indicated in the table below.

#### **MENTAL HEALTH SYSTEMS REVIEW**

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

### Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 records revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p> <p><b>MH-2: In 3 records, daily counseling by mental health staff did not occur or was not documented.</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>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>

### Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>MH-5: In 3 records, there was no evidence that a mental health or medical staff responded to the emergency within one hour.</b></p> <p><b>MH-6: In 3 records, not all entries were dated, timed, signed, and/or stamped.</b></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 episodes of psychological emergency to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-7: In 10 of 14 records reviewed, a referral was indicated in the request response but did not occur (see discussion).</b></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 requests 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 all 10 records, the inmates asked to be seen by mental health staff. The response was “watch for call out”. In two of these records, the inmate filed more than one request. None of these inmates had been seen as of the date of the survey.*

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 5 records revealed the following deficiencies:</b></p> <p><b>MH-8: In 2 records, the mental status exam (MSE) was not present in the medical record.</b></p> <p><b>MH-9: In 1 of 1 applicable record, 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-10: In 2 records, the MSE was not signed.</b></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 special housing episodes 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)
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>MH-11: In 3 of 9 applicable records, there was no indication that health care staff reviewed the chart within 24 hours of the inmate's arrival.</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 (see discussion).</b></p> <p><b>MH-13: In 3 of 7 applicable records, the mental health screening evaluation was incomplete. (see discussion).</b></p> <p><b>MH-14: In 3 records, the Individualized Service Plan (ISP) did not specify the type and frequency of interventions (see discussion).</b></p> <p><b>MH-15: In 5 records, the ISP was not signed by all members of the Multidisciplinary Service Team (MDST) (see discussion).</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>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)
<b>MH-21: In 5 of 7 applicable records the documentation was insufficient to follow the course of mental health treatment.</b>	

**Discussion MH-12:** *In three records, the time lapse between arrival and interview with mental health staff was greater than 14 days. In two records, there was no evidence that the mental health evaluation occurred, even though the inmates arrived approximately two months prior to the survey.*

**Discussion MH-13:** *In two records, there was no indication the evaluation was completed and in the remaining record, the documentation was incomplete.*

**Discussion MH-14:** *In two records, documentation indicated “therapy PRN” or “therapy as needed”. In the remaining record, documentation indicated “individual counseling PRN”. Health Services Bulliten (HSB) 15.05.11 mandates that the ISP must list type, frequency, and person responsible for each mental health intervention. Inmates with a diagnosis of a psychotic disorder must be offered counseling every 30 days. Counseling shall be offered to all other inmates on the mental health caseload every 90 days.*

**Discussion MH-15:** *In all five records, the ISP was not signed by the inmate and no refusal was noted. In one of these records, the signature of the Mental Health Professional was missing.*

## Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<b>MH-22: Confinement rounds were not conducted weekly by mental health staff (see discussion).</b>	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.
<b>MH-23: There was no documentation indicating clinical staff were receiving weekly clinical supervision (see discussion).</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

**Discussion MH-22:** *A review of the “Daily Record of Segregation” (DC6-229) logs revealed mental health staff were not conducting weekly rounds in confinement. In some cases, inmates weren’t seen for as long as two months.*

**Discussion MH-23:** *According to the Department’s HSB 15.11.01 Appendix F, a senior psychologist is responsible for providing a minimum of one accrued hour of clinical supervision to all psychological services providers weekly. There was no documentation of this supervision at FRACI.*



## CONCLUSION – MENTAL HEALTH

The staff at FRACI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. 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 and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There were many clinical findings noted in this report. Guidelines for providing care for inmates on SHOS and in confinement were not met. Inmates were not seen in responses to psychological emergencies or inmate requests. Evaluations for newly arrived inmates and ISPs were not completed as required. Additionally, inmates did not receive the services indicated on the ISP. Institutional staff report the Mental Health Professional (MHP) position has been vacant with high turnover rates within the last year. The current MHP has been at FRACI for approximately one month.

Interviews with staff and inmates revealed a concern regarding the amount of time it takes for an inmate to receive an evaluation for psychotropic medication. According to staff, the psychiatrist visits FRACI once every three weeks and typically sees four inmates. Several inmate requests reviewed were in reference to inmates' desire to be evaluated for medication.

Staff members were cooperative and helpful throughout the survey process. They answered questions, provided information and assisted with the facility tour. Medical records were well organized and readily available. Staff were responsive to the findings noted and indicated they would use the corrective action process to improve inmate mental health services.

## 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.