# FIRST CORRECTIVE ACTION PLAN ASSESSMENT

of

#### **GULF CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey Conducted January 7-9, 2025

### **CMA STAFF**

Lynne Babchuck, LCSW

#### I. Overview

On January 7-9, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Gulf Correctional Institution – Main Unit (GULMU). The survey report was distributed on February 4, 2025. In February 2025, GULMU submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the GULMU 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. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

#### Summary of CAP Assessments for Gulf Correctional Institution – Main Unit

| CAP# | CAP Assessment Date | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|------|---------------------|-------------------------|-----------------------|-------------------------|
| 1    | 7/14/2025           | 9                       | 4                     | 5                       |

#### II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of the 4 physical health findings were corrected. Two physical health findings remain open.

| Finding                                  | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No<br>episodes were<br>available for<br>review | Open:<br>Institutional<br>monitoring was<br>inadequate | Open: Institutional monitoring indicated compliance was not met |
|--|--------|---|--|--|---|
| <b>Neurology Chronic Illness Clinic:</b> | Х      |   |  |  |   |
| Screen 4: Abnormal labs are              |        |   |  |  |   |
| reviewed and addressed in a timely       |        |   |  |  |   |
| manner                                   |        |   |  |  |   |
| Sick Call Services:                      | X      |   |  |  |   |
| Screen 7: Follow-up visits are           |        |   |  |  |   |
| completed in a timely manner             |        |   |  |  |   |

| Finding                         | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No<br>episodes were<br>available for<br>review | Open:<br>Institutional<br>monitoring was<br>inadequate | Open: Institutional monitoring indicated compliance was not met |
|---------------------------------|--------|---|--|--|---|
| Consultations:                  |        | Х   |  |  |   |
| Screen 3: The consultation is   |        |   |  |  |   |
| completed in a timely manner as |        |   |  |  |   |
| dictated by the clinical        |        |   |  |  |   |
| needs of the inmate             |        |   |  |  |   |
| Emergency Services:             |        | X   |  |  |   |
| Screen 6: Follow-up visits are  |        |   |  |  |   |
| completed timely                |        |   |  |  |   |

# III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 5 mental health findings were corrected. Two mental health findings will remain open.

| Finding                                   | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No<br>episodes were<br>available for<br>review | Open:<br>Institutional<br>monitoring was<br>inadequate | Open: Institutional monitoring indicated compliance was not met |
|---|--------|---|--|--|---|
| <b>Self-Injury and Suicide Prevention</b> |        | X   |  |  |   |
| Review:                                   |        |   |  |  |   |
| Screen 8: There is evidence of a          |        |   |  |  |   |
| face-to-face evaluation by the            |        |   |  |  |   |
| clinician prior to discharge              |        |   |  |  |   |

| Finding                            | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No<br>episodes were<br>available for<br>review | Open:<br>Institutional<br>monitoring was<br>inadequate | Open: Institutional monitoring indicated compliance was not met |
|------------------------------------|--------|---|--|--|---|
| Outpatient Mental Health           | Х      |   |  |  |   |
| <u>Services:</u>                   |        |   |  |  |   |
| Screen 2: The inmate is            |        |   |  |  |   |
| interviewed by mental health staff |        |   |  |  |   |
| within 14 days of arrival          |        |   |  |  |   |
| Screen 3: Documentation includes   | X      |   |  |  |   |
| an assessment of mental status,    |        |   |  |  |   |
| the status of mental health        |        |   |  |  |   |
| problems, and an individualized    |        |   |  |  |   |
| service plan (ISP) update          |        |   |  |  |   |
| Screen 11: If mental health        | X      |   |  |  |   |
| services are initiated at this     |        |   |  |  |   |
| institution, the initial ISP is    |        |   |  |  |   |
| completed within 30 days           |        |   |  |  |   |
| Institutional Tour - Mental Health |        |   |  |  | X   |
| <u>Services:</u>                   |        |   |  |  |   |
| Screen 3: Outpatient group         |        |   |  |  |   |
| therapy is offered                 |        |   |  |  |   |

## **IV. Conclusion**

Until appropriate corrective actions are undertaken by GULMU 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 evaluation.