



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Jackson Correctional Institution

In

Malone, Florida

on

August 11-13, 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
1724	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1382	Current Main Unit Census	1185
Satellite Unit(s) Capacity	573	Current Satellite(s) Census	516
Total Capacity	1955	Total Current Census	1701

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1229	491	186	0	1
<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>
	1870	37	0	0	0	0

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>
	167	62	0	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	5	0
LPN	9	1
CMT-C	1	0
Dentist	1	1
Dental Assistant	1	0
Dental Hygienists	1	1

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Sr. Mental Health Clinician	0	0
Behavioral Specialist	1	0

OVERVIEW

Jackson Correctional Institution (JACCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. JACCI consists of a Main Unit and two work camps.

The overall scope of services provided at JACCI includes 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.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at JACCI on August 11-13, 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

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

- 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.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in seven of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings requiring corrective action in the general chronic illness clinic review.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care, sick call services, or the infirmary.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, periodic screenings, or medical inmate requests. There were findings requiring corrective action in the review of consultations and medication administration; 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 care. There was a finding requiring corrective action in the review of dental systems; 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, pharmacy services, or in the administration of the pill line.

INSTITUTIONAL TOUR

There were findings as a result of the institutional tour; the items to be addressed are indicated in the table below.

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 5 of 17 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 cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 4 of 12 applicable records (14 reviewed), there was no evidence that all required annual labs 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 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-2:** In two records, the urine dipstick was not done and in two records the microalbuminuria was not done.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 4 of 15 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>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	<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>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 6 of 11 applicable records (16 reviewed), there was no evidence of hepatitis B vaccine 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>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-5: In 5 records, the diagnosis was not appropriate for inclusion in the clinic (see discussion).</p> <p>PH-6: In 3 records, the DC4-770C "Miscellaneous Clinic Flow Sheet" 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 records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p>

Miscellaneous Clinic Record Review

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

Discussion PH-5: *The miscellaneous clinic is for any patient with a chronic disease that requires treatment/monitoring not addressed in another chronic illness clinic. In four records, the inmates had conditions that should be addressed in the cardiovascular clinic per HSB 15.03.05 Appendix #4. Two inmates had diagnoses of dyslipidemia and two were diagnosed with hypertension. In the fifth record, the inmate had a diagnosis of prostate cancer which should be addressed in the oncology clinic per HSB 15.03.05 Appendix #9.*

Discussion PH-6: *In two records, the DC4-770C “Miscellaneous Clinic Flow Sheet” was not updated to include information from the latest clinic visit and there was no evidence of the documentation of the control of the disease or the status of the patient. In the third record, the flow sheet was not located in the chart. Department policy requires that all areas of the 770 series be completed in its entirety and that the current medical record contain the last four narratives (DC4-701F) with the corresponding flow sheet(s) at all times.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-7: In 3 of 11 records reviewed, seizures were not classified.	<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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 5 of 14 applicable records (15 reviewed), there was no evidence that reactive airway disease was classified.</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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-9: In 5 records, the relevant diagnosis was not recorded on the problem list.</p> <p>PH-10: In 11 records, the DC4-797F “Outside Consultation Log” was not accurate (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-10: For all records reviewed, the date the consultation was approved by utilization management was entered as the date the consultation was returned, making it appear that the consultation recommendations were received prior to the appointment date. Additionally, in two records reviewed, two separate consultations were combined as one entry on the consultation log.

Medication Administration Record (MAR) Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: In 3 of 12 records reviewed, there was no evidence that medication orders were signed, dated, and/or timed.</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 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>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: All necessary equipment was not in proper working order (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, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-12:** The exposure switch was less than six feet away from the panoramic x-ray machine which negates the ability to stand at the minimum distance required by the Florida Board of Dentistry (64B5-16, F.A.C.) to reduce radiation exposure.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-13: There were expired IV start kits, ET tubes, suture kits, and other supplies in the emergency/trauma area.</p> <p>PH-14: There were water stains on the wall and rust on the light fixture as a result of a leak in H dorm.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – PHYSICAL HEALTH

The physical health staff at JACCI serves a difficult population that includes inmates with multiple medical and psychiatric 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. The physical health team reviewed 268 records and found deficiencies in 81 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Overall, medical charts were well organized and documents were filed in a timely manner. The staff at JACCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews with medical and security staff, indicated familiarity with policies and procedures related to sick call and emergency services. Interviews with inmates also indicated they were familiar with how to access care, but were inconsistent in the review of that care. Some indicated the medical care was adequate and others expressed dissatisfaction.

Several concerns were identified in the review of medical records regarding the provision of medical services. There were multiple findings regarding immunizations, with most deficiencies related to a lack of pneumococcal and hepatitis vaccinations. Additional concerns were noted in the areas of required annual labs not being completed, and seizures and reactive airway diseases not being classified. There were also administrative issues noted. Several inmates were not enrolled in the appropriate clinic for their diagnosis, flow sheets were not completed in their entirety, the consultation log did not reflect each consultation accurately, and medication orders were not signed, dated, and/or timed.

JACCI has recently undergone some changes in staffing which may have exacerbated or contributed to several of the deficiencies noted in this report. The medical director and the director of nursing have been onboard since March 2015. The health services administrator retired in July and that position is currently vacant. The dentist position was filled the day prior to the survey and staff from neighboring institutions have provided coverage. The new staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. It is believed that the CMA corrective action plan process will be beneficial in rectifying the deficiencies noted in this report.

MENTAL HEALTH FINDINGS

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

- 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 was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below. There were no episodes of psychiatric restraint.

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of psychological emergencies. There were findings requiring corrective action in the review of special housing and inmate requests; 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 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>MH-1: In 3 of 7 records reviewed, the 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:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations are to be documented on DC4-650 "Observation Checklist." In 2 records, there were days that these observations did not occur. Another record had a blank on the checklist indicating the inmate was not observed as required.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</p> <p>MH-2: In 2 records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-3: In 2 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</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-2:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3. In two records, there was no written referral to mental health in the medical record.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 8 of 17 records reviewed, the Mental Status Exams (MSEs) were not sufficient to identify any possible adjustment problems (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 in special housing 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:** HSB 15.05.08 indicates that the MSE shall address relevant history, status of the problems, and the following aspects of mental status: appearance; behavior; orientation; recent and remote memory, mood/affect; suicidal/ homicidal thoughts; thinking; perception; vegetative functions; and appetite. In 8 records, the MSEs were blank with the words "inmate refused" and a line through the rest of the form. Even with an inmate refusal, some of the required information should be assessed (appearance, behavior, relevant history, etc.).*

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 5 of 12 records reviewed, a referral was indicated in the request response but did not occur.</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 request 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>A comprehensive review of 13 outpatient records revealed the following deficiencies:</p> <p>MH-6: In 2 of 5 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>MH-7: In 2 of 5 applicable records, the Individualized Service Plan (ISP) was not updated (see discussion).</p> <p>MH-8: In 4 records, the ISP did not address all required information (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-7: *In 1 record, there was no ISP update upon admission to the institution from Close Management (CM) status. In another record, the staff signatures on the ISP from the previous institution were marked through with the current institutional staff's signature next to it.*

Discussion MH-8: *In 2 records, there was a change from the last ISP with no explanation (change of contact frequency and dropping a treatment goal). In another record, there was a recommendation from a psychiatry consult that the inmate receive coping skills, anger management, and dialectical behavior therapy but these suggestions were not addressed in the ISP. In another record, the inmate had a diagnosis of diabetes that was not listed on the ISP.*

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
MH-9: One Isolation Management Room (IMR) and two of the overflow rooms had safety concerns (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
MH-10: There were privacy concerns involving clinical contacts with inmates in confinement (see discussion).	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-9: *The IMR had a missing piece of plaster where a mirror was removed. The overflow cells in confinement had sprinklers within reach of inmates protruding from the wall. There was a protective cone over the sprinkler to prevent items from being hung. If an attempt was made to hang an item on this cone, the item should slide off. However, there was a gap between the cone and the wall allowing the possibility of an item to be wedged between them, thus creating a way for an inmate to self-harm. .*

Discussion MH-10: *Inmates interviewed who had spent time in confinement, revealed a concern about privacy when meeting with health care staff. They indicated that clinical contacts while in confinement were conducted in an open area within close proximity to security staff. A tour of the area and conversations with security staff revealed interviews are conducted in an open area and a partition is used. The partition was approximately five feet tall in an L shape and located in the same open area as security staff and in close proximity to the security officer's desk. Although fans were being used which created background noise, it is unknown to what degree a conversation between health care staff and the inmate could be overheard. Inmates interviewed, reported concern over security hearing the discussions and disclosure hesitation due to lack of privacy. Furthermore, at least one interviewee indicated that he refused mental health contact while in confinement due to this concern. Clinical staff interviewed also expressed concern over the privacy of this process.*

CONCLUSION – MENTAL HEALTH

At the time of the survey, JACCI mental health staff was providing outpatient services to approximately 30 inmates on the mental health caseload. 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 Self-harm Observation Status (SHOS).

A few of the findings listed above were related to insufficient documentation. While the required contact and forms were complete, they lacked sufficient information to follow or justify the course of treatment. For example, inmates in special housing are required to have MSEs at specified intervals. Although the MSE forms were present in the chart, they were marked through with an indication that the inmate refused the contact. While this is not uncommon with inmates in special housing, some areas of the MSEs can be completed during the contact in which the inmate refuses (appearance, behavior, relevant history, etc.). In addition to special housing, insufficient documentation was also noted in ISPs. Changes in the inmate's ISP were not consistently explained and the ISPs were not consistently updated when there was a change in treatment.

The review of use of force incidents for inmates on the mental health caseload revealed a potential breakdown in communication between the nurses conducting the post use of force evaluations and mental health staff. Mental health is required to follow-up with inmates exposed to chemical agents and classified as S2 or S3 by the next working day. In order to notify mental health staff that an inmate on the mental health caseload was involved in a use of force incident, a written referral must be submitted. In the majority of episodes reviewed, there was no written referral. Subsequently the inmates were not seen by mental health within the required time frame to determine if a higher level of mental health care was indicated.

The mental health staff were cooperative and helpful during the survey process and responsive to the findings noted. For example, when the privacy concern listed above was discussed with administrative staff, a room used for storage was identified as a potential interview room. Staff began the process of converting this room prior to the completion of the survey. Medical records were well-organized and readily available. Inmates interviewed were satisfied with the treatment provided with the exception of the privacy concern. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

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.