



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Madison Correctional Institution

In

Madison, Florida

on

June 4-6, 2019

CMA Staff Members

Kathy McLaughlin, BS
Jane Wynn, LCSW
Monica Dodrill, RN

Clinical Surveyors

Hantz Hercule, MD
Erik Gooch, DO
Ashok Manocha, DDS
Michael Railey, PhD
Susan Porterfield, APRN
Deanna Epley, APRN
Sue Sims, RN
Sharon Mayfield, RN

Distributed on July 11, 2019
CAP Due Date: August 10, 2019

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1570	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1351	Current Main Unit Census	1288
Satellite Unit(s) Capacity	295	Current Satellite(s) Census	282
Total Capacity	1646	Census	1570

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	922	496	149	0	2	87
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1201	84	286	N/A	N/A	1

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	52	114	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	.2	0
Clinical Associate	1.4	0
RN	5.2	3.2
LPN	10.0	2.3
Dentist	1	0
Dental Assistant	2.0	0
Dental Hygienists	.5	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	.6	.6
Psychological Services Director	0	0
Psychologist	1.0	0
Mental Health Professional	3.0	1.0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1.0	0
Mental Health LPN	0	0

OVERVIEW

Madison Correctional Institution (MADCI) 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, 2, and 3. MADCI consists of a Main Unit and a work camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at MADCI on June 4-6, 2019. 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

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

- 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 requires care at intervals of every six to twelve 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 one 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 emergency care, sick call, or infirmary services.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of periodic screenings, inmate requests, intra-system transfers, consultations, or medication administration.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental systems. There was a finding requiring corrective action in the review of 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 pharmacy services, the pill line, or infection control.

INSTITUTIONAL TOUR

There were no findings requiring corrective action as a result of the institutional tour.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-1: In 7 records, baseline information was incomplete or missing.</p> <p>PH-2: In 6 records, inmates were not seen according to their assigned M-grade (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 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:** In one record, an M3 inmate was scheduled for one year rather than three months. In five records, the clinician indicated a change from M3 to M2 on the chronic illness clinic form but did not complete a profile change to address the status in the computer system. Therefore, the inmates remained M3s but were scheduled as M2s.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 14 applicable records (16 reviewed), there was no evidence that inmates were screened for hepatocellular carcinoma at appropriate intervals (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 gastrointestinal 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 two records, baseline ultrasounds were not completed. In one record, an inmate with fibrosis stage 3 did not receive an ultrasound every six months.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 5 of 19 records reviewed, there was no evidence of complete and accurate charting of dental findings.</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>

CONCLUSION – PHYSICAL HEALTH

The physical health staff at MADCI 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.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner.

There were only three findings in the chronic illness clinics. Baseline information was frequently incomplete or missing, profile changes were not completed in the offender based information system (OBIS) to indicate a change in M-grade status, and ultrasounds were not always completed as required for hepatitis patients. The additional finding was in regard to dental charting. CMA clinical surveyors noted several examples where clinical care met the established standards set forth in the Health Services Bulletins. This was also noted in nursing services even though there were several vacancies which were being covered by agency staffing.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security personnel, demonstrated familiarity with policies related to the accessing of sick call and emergency services. Inmates were generally complimentary of their experiences at the medical clinic and described the care as adequate. Staff were helpful during the survey process and indicated they would use the corrective action plan (CAP) process to improve areas that were found to be deficient.

MENTAL HEALTH FINDINGS

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

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

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 available for review at MADCI.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were findings requiring corrective action in the review of inmate requests, psychological emergencies, 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 and psychiatric medication practices. The items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There were findings in the review of aftercare planning. 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>A comprehensive review of 2 records revealed the following deficiencies:</p> <p>MH-1: In 2 records, clinician’s orders did not specify the frequency of safety observations as either continuous or every fifteen minutes.</p> <p>MH-2: In 1 record, the “Infirmatory/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within two hours of an SHOS admission.</p> <p>MH-3: In 1 record, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-4: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-5: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-6: In 1 record, there was no evidence of daily rounds by the attending clinician.</p> <p>MH-7: In 1 record, there was no evidence the clinician conducted a face-to-face evaluation prior to discharge or the discharge was not clinically appropriate (see discussion).</p> <p>MH-8: In 1 record, mental health staff did not provide post-discharge follow-up (see discussion).</p> <p>MH-9: In 1 record, documents in the medical record were not timed, dated, stamped, and/or signed.</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-3: According to the Department’s HSB, during the fourth day of infirmatory mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point crisis stabilization care will be needed to resolve the mental

health crisis. In one record, there was no indication that the attending clinician considered a higher level of care.

Discussion MH-4: Procedure 404.001 states the frequency of observations of inmates on SHOS will range from continuous observation to no less than every fifteen minutes. These observations are to be documented on "Observation Checklist" (DC4-650). In both records, the signature and initials of staff completing the form were missing. Therefore, surveyors were unable to determine if who completed the observations and if they were completed at the required frequency.

Discussion MH-7: The inmate was admitted to SHOS on Wednesday 5/08/19 and discharged on Monday 5/13/19. Clinician phone rounds were completed over the weekend prior to discharge but were documented only as a stamp, without details of the discussion between the clinician and nursing staff. The inmate made self-inflicted lacerations over the weekend while on SHOS and this was not addressed in the discharge evaluation. He was discharged and returned to security. Additionally, there were medication changes a few weeks prior and there was no evidence that psychiatry was consulted while he was admitted to infirmity mental health care.

Discussion MH-8: In one record, an inmate was discharged from SHOS on 5/21/19 and was not seen by the seventh day for a follow-up evaluation. The next time the inmate was seen by mental health staff was on 5/31/19 in response to a psychological emergency.

Use of Force	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>MH-10: In 1 of 5 applicable records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-11: In 2 of 5 applicable 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 (see discussion).</p> <p>MH-12: In 1 of 5 applicable records, the post use-of-force evaluation did not address changes in the inmate's mental health condition (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 monthly 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-10: 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 was exposed to chemical agents and classified as S2 or S3. In one record, there was no indication that a referral was made.

Discussion MH-11: In one record, the interview was not timely. In the other record, there was no indication that the interview took place.

Discussion MH-12: In the deficient record, the assessment was incomplete with multiple blanks on the form.

Psychological Emergencies	
Finding(s)	Suggested Corrective Action(s)
MH-13: In 2 of 9 applicable records (13 reviewed), follow-up was indicated but not provided (see discussion).	<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 psychological emergencies 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 reported a psychological emergency with auditory hallucinations on 3/17/19. This should have prompted an emergency consult with the psychiatric provider, or in their absence, a medical doctor and a mental health professional working together. However, there was no indication that he was seen to evaluate his psychotic symptoms until 4/19/19 when he was seen by psychiatry. In the second record, the plan on the assessment completed for the emergency indicated that a referral to mental health would be made. There was no evidence in the record of a referral or subsequent follow-up.

Inmate Requests	
Finding(s)	Suggested Corrective Action(s)
MH-14: In 5 of 13 applicable records (15 reviewed), the interview or referral did not occur as intended in response to an inmate request (see discussion).	<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-14: In three records, the interview was not timely. In the remaining two records, there was no evidence that an evaluation took place as indicated.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>MH-15: In 2 of 10 applicable records, psychotropic medication orders were not continued as directed while the inmate was held in special housing (see discussion).</p> <p>MH-16: In 1 of 2 applicable records, there was no evidence of appropriate response by staff when problems in adjustment were identified (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 monthly 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-15: *In these records, there were blanks on the medication administration record (MAR) without evidence of refusal, indicating that the inmate may not have been offered these medications.*

Discussion MH-16: *In one record, an inmate reported symptoms of psychosis including auditory hallucinations “all throughout the day” and inability to sleep due to internal stimuli. There was no evidence of a referral to psychiatry.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>MH-17: In 2 of 9 applicable records, psychotropic medications were not continued upon arrival to the institution until the inmate met with psychiatry (see discussion).</p> <p>MH-18: In 6 records, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</p> <p>MH-19: In 7 of 16 applicable records, the ISP was not reviewed or revised timely.</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-17: *In both records, there were blanks on the MAR indicating that the inmate may not have been offered the medications.*

Discussion MH-18: In two records, the ISP was not signed by psychiatry. In the remaining four records, the ISP was not signed by the inmate. Without the signature of the entire treatment team and the inmate, it was impossible to tell if all were in agreement with the plan of care.

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>MH-20: In 1 of 2 applicable records, a thorough psychiatric evaluation was not completed prior to initiating treatment with psychotropic medications.</p> <p>MH-21: In 1 of 1 applicable record, appropriate initial laboratory tests were not ordered for psychotropic medications.</p> <p>MH-22: In 6 records, the inmate did not receive the medications as prescribed and documentation of refusal was not present in the medical record (see discussion).</p> <p>MH-23: In 3 of 7 applicable records, there was no evidence the inmate was provided education by nursing after refusing two consecutive doses of medication.</p> <p>MH-24: In 3 of 6 applicable records, there was no documentation that after 3 consecutive or 5 refusals in a month, a refusal was signed and the record was forwarded to the clinician.</p> <p>MH-25: In 2 of 8 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate 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 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-22: In three records, one or months of MARs contained blanks indicating the inmate may have not received his medication. In one record, the inmate did not receive medication for six days due to a delay in being seen by psychiatry. In another record, two months of MARs could not be located by staff. In the remaining record, Effexor formulation was changed to extended release on 1/24/19, but the remainder of the January MAR and February MAR indicated immediate release was given.

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-26: In 5 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-27: In 1 of 4 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-657) was not completed for inmates within 30 days of EOS.</p> <p>MH-28: In 1 of 4 applicable records, assistance with Social Security benefits was not provided when indicated.</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>

Mental Health Systems

Finding(s)	Suggested Corrective Action(s)
<p>MH-29: Therapeutic groups were not provided to meet the needs of the inmate population.</p> <p>MH-30: One hour of accrued clinical supervision was not provided to each mental health professional weekly.</p>	<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>

CONCLUSION

The staff at MADCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including psychotropic medication management, case management, and individual counseling are provided to over 350 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). Reportable findings requiring corrective action are outlined in the tables above.

Surveyors noted that inmates were not consistently receiving medications as prescribed. Some MARs could not be located or there were blanks indicating the inmate may have not received his medication. Surveyors expressed concern that inconsistent medication administration could

reduce efficacy of the medication, increase psychiatric symptoms, and cause withdrawal symptoms related to abrupt discontinuation of psychotropic medication.

There were several findings noted in the review of SHOS. Orders did specify the frequency of observations. Additionally, signatures of staff who performed the observations were missing; therefore, surveyors were unable to determine if the observations were conducted. Nursing evaluations were incomplete and assessments by the attending clinician were not completed as required or were inadequate.

There were several areas of mental health services where follow-up was not completed as indicated. Inmates were not seen by mental health staff within the required timeframe after a use of force episode or release from SHOS. Responses were generally provided timely for inmates who declared a psychological emergency or submitted an inmate request; however, follow-up was not provided as indicated.

Since the last CMA review, Madison CI has had a change in mission, as they began taking S-3 inmates in 2016. Prior to that time, there was one mental health professional (MHP) to serve the S-2 population. Because of this transformation, the mental health staff was expanded to include three MHPs. According to staff, at one point in April 2019, all three positions were vacant. One MHP was eventually hired later that month, but the other positions are currently vacant. There is also one full-time psychologist position which is currently vacant and is being covered by two part-time locum tenens psychologists. One of these psychologists has been at Madison CI since April and the other assists at correctional institutions wherever he is most needed. For medication management, there is a psychiatric APRN who provides tele-psych two or three days per week, or up to 24 hours. It is likely that many of the findings noted in this report are related to the lack of consistent staffing.

Based on the findings of this survey and discussions above, it is clear that the CMA corrective action process will be beneficial to MADCI as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

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.