

**THIRD OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**OKALOOSA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted February 16 - 18, 2016

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## **CAP Assessment of Okaloosa Correctional Institution**

### **I. Overview**

On February 16-18, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Okaloosa Correctional Institution (OKACI). The survey report was distributed on March 8, 2016. In March 2016, OKACI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the February 2016 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On July 27, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on August 26, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 8 of 8 physical health findings and 8 of 20 mental health findings were corrected.

On October 25, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an on-site assessment was conducted on December 14, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 12 mental health findings are corrected.

On April 18, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an on-site assessment was conducted on May 3, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### **II. Physical Health Assessment Summary**

All physical health findings were closed on the first CAP assessment.

### **III. Mental Health Assessment Summary**

The CAP closure files revealed evidence to determine that 10 of 10 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 9 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-1: In 4 of 6 applicable records, the mental health screening evaluation was incomplete.</b></p> <p><b>MH-3: In 2 records, the Individualized Service Plan (ISP) was not individualized.</b></p> <p><b>MH-4: In 3 records, ISP goals were not objective and measurable.</b></p> <p><b>MH-5: In 2 records, the ISP was not signed by the inmate and there was no documentation of a refusal.</b></p> <p><b>MH-6: In 2 of 7 applicable records, the ISP was not revised at the 180 day interval.</b></p> <p><b>MH-8: In 3 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</b></p> <p><b>MH-9: In 7 records, counseling was not provided as required.</b></p> <p><b>MH-10: In 8 records, progress notes were not sufficient to follow the course of treatment.</b></p>	<p><b>MH-1, MH-3, MH-4, MH-5, MH-6, MH-8, MH-9, &amp; MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-3, MH-4, MH-5, MH-6, MH-8, MH-9, &amp; MH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-19: There was no documentation indicating clinical staff were receiving weekly clinical supervision.</b></p> <p><b>MH-20: Multi-disciplinary Service Team meetings were not conducted as required.</b></p>	<p><b>MH-19 &amp; MH-20 CLOSED</b></p> <p>Adequate documentation of correction was provided to close MH-19 &amp; MH-20.</p>

#### IV. Conclusion

All findings as a result of the February 2016 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.