



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY OKALOOSA CORRECTIONAL INSTITUTION

AUGUST 20-22, 2019

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Okaloosa Correctional Institution (OKACI) 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. OKACI consists of a Main Unit and a work camp. ¹

Institutional Potential and Actual Workload

Main Unit Capacity	894	Current Main Unit Census	917
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	280	Current Satellite(s) Census	259
Total Capacity	1174	Total Current Census	1176

Inmates Assigned to Medical and Mental Health Grades²

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	702	348	103	0	2	317
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	1114	40	1	N/A	N/A	317

¹ Demographic and staffing information were obtained from the Pre-survey Questionnaire.

² Medical grades reflect the level of care inmates require. Grades range from M1, requiring the least level of medical care, to M5, requiring the highest level of care. Pregnant offenders are assigned to grade M9. Medical grades are as follows: M1, inmate requires routine care; M2, inmate is followed in a chronic illness clinic (CIC) but is stable and requires care every six to twelve months; M3, inmate is followed in a CIC every three months; M4, inmate is followed in a CIC every three months and requires on-going visits to the physician more often than every three months; M5, inmate requires long-term care (longer than 30 days) in inpatient, infirmary, or other designated housing.

Mental health grades reflect the level of psychological treatment inmates require. Grades range from S1, requiring the least level of psychological treatment, to S6, requiring the highest level of treatment. Mental health grades are as follows: S1, inmate requires routine care; S2, inmate requires ongoing services of outpatient psychology (intermittent or continuous); S3, inmate requires ongoing services of outpatient psychiatry; S4, inmates are assigned to a transitional care unit (TCU); S5, inmates are assigned to a crisis stabilization unit (CSU); and S6, inmates are assigned to a corrections mental health treatment facility (CMHTF).

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	37	54	17	N/A	N/A	N/A

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	.2	0
Clinical Associate	1	0
Registered Nurse	4	0
Licensed Practical Nurse	7	0
CMT-C	1	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	.6	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologists	0	0
Behavioral Specialist	0	0
Mental Health Professional	1	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OKALOOSA CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Okaloosa Correctional Institution (OKACI) on August 20-22, 2019. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

The overall scope of services provided at OKACI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include health education, preventive care, chronic illness clinics, emergency care, outpatient mental health, and observation/infirmarary care, as required.

A summary of physical and mental health survey findings is outlined in the tables below.

Physical Health Clinical Records Review

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	18	0
Cardiovascular Clinic	17	1
Endocrine Clinic	15	0
Gastrointestinal Clinic	16	0
Immunity Clinic	15	2
Miscellaneous Clinic	9	0
Neurology Clinic	11	4
Oncology Clinic	3	0
Respiratory Clinic	15	0
Tuberculosis Clinic	2	2

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	12	0
Infirmarary Care	5	0
Sick Call	14	0

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	10	1
Inmate Request	18	0
Intra-System Transfers	18	0
Medication Administration	12	0
Periodic Screenings	17	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	18	0
Dental Systems	N/A	0

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	1

PHYSICAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Cardiovascular Clinic Record Review	
Finding(s)	Suggested Corrective Action
PH-1: In 5 of 12 applicable records (17 reviewed) there was no evidence of pneumococcal vaccination or refusal.	<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>

Immunity Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-2: In 2 of 8 applicable records, there was no evidence of hepatitis B vaccination or refusal.</p> <p>PH-3: In 3 of 14 applicable records, 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 immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-4: In 3 records, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> <p>PH-5: In 4 records, there was no evidence of appropriate examination for the diagnosis (see discussion).</p> <p>PH-6: In 3 of 7 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-7: In 3 of 7 applicable records, there was no evidence of influenza 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 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: In three records, either the neurological examination or the extremity assessment was not completed. In the remaining record, both were missing.

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 2 records revealed the following deficiencies:</p> <p>PH-8: In 2 records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-9: In 2 records, there was no evidence of influenza 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 tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultation Record Review	
Finding(s)	Suggested Corrective Action
PH-10: In 2 of 10 records, the diagnosis was not reflected on the problem list.	<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>

Institutional Tour	
Finding(s)	Suggested Corrective Action
PH-11: Procedures to access medical and dental sick call were not posted in the dorms (see discussion).	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p>

Discussion PH-11: The information in D-dorm was posted in English but not Spanish.

PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at OKACI 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.

Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with health services overall; however, nearly half the inmates interviewed voiced concern regarding the ability to access emergency care. They indicated they believe security staff may be making determinations regarding the need for evaluation. An inspection of the medical areas revealed that they were clean and adequately stocked.

Most clinical findings were related to vaccinations. Pneumococcal and influenza vaccines were not consistently offered to inmates deemed a high priority. However, many inmates were being vaccinated, even those not considered to be priority patients, due to their lack of co-morbidities. There were no deficiencies in several of the chronic illness clinics and none of the episodic care encounters resulted in findings.

Medical records were well organized, up to date, and easily accessible to CMA surveyors. Nursing staff was proactive in finding ways to assist in gathering relevant information for the higher-level clinician on issues that were not included on current nursing protocols. They have developed SOAPE notes with prompts for nurses to complete that provide a more comprehensive view of the inmate's medical concerns. This seemed to increase efficiency during sick call and medical emergencies and may facilitate improvements in and completion of detailed nursing assessments. Staff were helpful throughout the survey process and were willing to use the CMA corrective action plan process to improve care in areas found to be deficient.

Mental Health Clinical Records Review

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	0	0

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	1	2

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	12	0
Inmate Requests	11	0
Special Housing	6	0

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	11	0
Outpatient Psychotropic Medication Practices	N/A	N/A
Special Housing	6	0

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	N/A	N/A

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	1

MENTAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Use of Force	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 1 use of force episode revealed the following deficiencies:</p> <p>MH-1: In 1 record, a written referral to mental health by physical health staff was not present.</p> <p>MH-2: In 1 record, 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 records with 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>

Mental Health Systems Review	
Finding(s)	Suggested Corrective Action
<p>MH-3: Therapeutic groups were not provided to meet the needs of the inmate population.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via group schedule and attendance and signed off by regional staff.</p>

MENTAL HEALTH SURVEY CONCLUSION

OKACI has one full-time mental health professional and an off-site psychologist who provides supervision as needed. At the time of the survey, approximately 40 inmates were receiving mental health services. In addition to providing services to these inmates, staff answers inmate requests and responds to psychological emergencies, performs weekly rounds in confinement, as well as performing sex offender screenings when needed.

The quality of progress notes and summaries was excellent, and documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. The interview with the mental health professional revealed a familiarity with the mental health caseload and a strong desire to provide quality services. While there were very few findings identified in the report, OKACI staff indicated they would use the CMA corrective action process to improve mental health care 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 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.