

**CORRECTIVE ACTION PLAN
ASSESSMENT**
of

SANTA ROSA CORRECTIONAL INSTITUTION - ANNEX

for the

Physical and Mental Health Survey
Conducted March 7-9, 2023

CMA STAFF
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I. Overview

On March 7-9, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Santa Rosa Correctional Institution Annex (SARAN). The survey report was distributed on April 17, 2023. In May 2023, Santa Rosa CI Annex submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the Santa Rosa CI Annex 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 Santa Rosa Annex

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	11/10/23	30	4	26

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 12 physical health findings were corrected. Three physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Endocrine Clinic Chronic Illness Clinic</u> Screen 9: Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Immunity Chronic Illness Clinic</u> Screen 10: There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	X				
<u>Consultations</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
Screen 9: There is evidence that the ATP is implemented	X				
<u>Periodic Screenings</u> Screen 2: All components of the screening are completed and documented as required		X			
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter		X			
<u>PREA Medical Review</u> Screen 1: The Alleged Sexual Battery Protocol is completed in its entirety	X				
Screen 3: There is documentation that the alleged victim was provided education on STIs	X				
Screen 4: Prophylactic treatment and follow-up care for STIs are given as indicated	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Screen 6: Repeat STI testing is completed as required	X				
Screen 7: A mental health referral is submitted following the completion of the medical screening	X				
Screen 8: The inmate is evaluated by mental health by the next working day	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 17 of the 18 mental health findings were corrected. One mental health finding remains open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Self-Injury and Suicide Prevention Review</u> Screen 1: A thorough clinical assessment is completed prior to placement on Selfharm Observation Status (SHOS)	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Screen 4: The inmate is observed at the frequency ordered by the clinician	X				
Screen 5: Nursing evaluations are completed once per shift	X				
Screen 6: There is evidence of daily rounds by the attending clinician	X				
Screen 7: There is evidence of daily counseling provided by mental health staff	X				
Screen 8: There is evidence of a face-to-face evaluation by the clinician prior to discharge	X				
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge	X				
<u>Inpatient Mental Health Services</u> Screen 5: For new admissions, vital signs are taken daily for 2 days	X				
Screen 7: The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	X				
Screen 15: Patient progress is noted and updated on the ISP	X				
Screen 18: The MDST meets no later than 3 business days in response to a precipitating event	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Screen 22: Inpatient mental health daily nursing evaluation is completed as required.	X				
<u>Outpatient Mental Health Services</u>					
Screen 9: The Bio-psychosocial (BPSA) is present in the record	X				
Screen 16: The ISP is signed by the inmate and all members of the treatment team	X				
Screen 17: The ISP is reviewed and revised at least every 180 days		X			
Screen 21: Counseling is offered at least once every 60 days	X				
Screen 22: Case management is provided every 30 days to S3 inmates with psychotic disorders	X				
Screen 23: Case management is provided at least every 60 days for inmates without psychotic disorders	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by Santa Rosa CI Annex 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.