



# Correctional Medical Authority

## PHYSICAL AND MENTAL HEALTH SURVEY WALTON CORRECTIONAL INSTITUTION

AUGUST 20-22, 2019

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# INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Walton Correctional Institution (WALCI) 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. WALCI consists of a Main Unit and a work camp. <sup>1</sup>

## Institutional Potential and Actual Workload

|                                   |             |                                    |             |
|-----------------------------------|-------------|------------------------------------|-------------|
| <b>Main Unit Capacity</b>         | <b>1365</b> | <b>Current Main Unit Census</b>    | <b>1251</b> |
| <b>Annex Capacity</b>             | <b>N/A</b>  | <b>Current Annex Census</b>        | <b>N/A</b>  |
| <b>Satellite Unit(s) Capacity</b> | <b>288</b>  | <b>Current Satellite(s) Census</b> | <b>245</b>  |
| <b>Total Capacity</b>             | <b>1653</b> | <b>Total Current Census</b>        | <b>1496</b> |

## Inmates Assigned to Medical and Mental Health Grades<sup>2</sup>

| <b>Medical Grade<br/>(M-Grade)</b>           | <b>1</b>                        | <b>2</b>   | <b>3</b>   | <b>4</b>            | <b>5</b>   | <b>Impaired</b> |
|--|---------------------------------|------------|------------|---------------------|------------|-----------------|
|  | <b>896</b>                      | <b>552</b> | <b>63</b>  | <b>2</b>            | <b>1</b>   | <b>302</b>      |
| <b>Mental Health<br/>Grade<br/>(S-Grade)</b> | <b>Mental Health Outpatient</b> |            |            | <b>MH Inpatient</b> |            |                 |
|  | <b>1</b>                        | <b>2</b>   | <b>3</b>   | <b>4</b>            | <b>5</b>   | <b>Impaired</b> |
|  | <b>1043</b>                     | <b>65</b>  | <b>388</b> | <b>N/A</b>          | <b>N/A</b> | <b>0</b>        |

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

<sup>2</sup> 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/<br>Close Management | DC | AC | PM | CM3 | CM2 | CM1 |
|----------------------------------|----|----|----|-----|-----|-----|
|                                  | 88 | 68 | 43 | N/A | N/A | N/A |

## Medical Unit Staffing

| Position                 | Number of Positions | Number of Vacancies |
|--------------------------|---------------------|---------------------|
| Physician                | .40                 | 0                   |
| Clinical Associate       | 1                   | 0                   |
| Registered Nurse         | 5.20                | 0                   |
| Licensed Practical Nurse | 9.40                | 0                   |
| Dentist                  | 1                   | 0                   |
| Dental Assistant         | 2                   | 0                   |
| Dental Hygienist         | .40                 | 0                   |

## Mental Health Unit Staffing

| Position                        | Number of Positions | Number of Vacancies |
|---------------------------------|---------------------|---------------------|
| Psychiatrist                    | 0                   | 0                   |
| Psychiatric APRN/PA             | .80                 | 0                   |
| Psychological Services Director | 0                   | 0                   |
| Psychologists                   | 1                   | 0                   |
| Behavioral Specialist           | 0                   | 0                   |
| Mental Health Professional      | 4                   | 1                   |
| Human Services Counselor        | 1                   | 0                   |
| Activity Technician             | 0                   | 0                   |
| Mental Health RN                | 1                   | 0                   |
| Mental Health LPN               | 0                   | 0                   |

# WALTON CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Walton Correctional Institution (WALCI) 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 WALCI 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 | 13                         | 0                        |
| Cardiovascular Clinic          | 16                         | 1                        |
| Endocrine Clinic               | 16                         | 1                        |
| Gastrointestinal Clinic        | 16                         | 1                        |
| Immunity Clinic                | N/A                        | N/A                      |
| Miscellaneous Clinic           | 7                          | 3                        |
| Neurology Clinic               | 15                         | 0                        |
| Oncology Clinic                | 4                          | 2                        |
| Respiratory Clinic             | 15                         | 1                        |
| Tuberculosis Clinic            | 7                          | 0                        |

### *EPISODIC CARE REVIEW*

| Assessment Area    | Number of Records Reviewed | Total Number of Findings |
|--------------------|----------------------------|--------------------------|
| Emergency Services | 18                         | 0                        |
| Infirmarary Care   | 13                         | 0                        |
| Sick Call          | 18                         | 0                        |

***OTHER MEDICAL RECORDS REVIEW***

| Assessment Area           | Number of Records Reviewed | Total Number of Findings |
|---------------------------|----------------------------|--------------------------|
| Consultations             | 14                         | 3                        |
| Inmate Request            | 18                         | 0                        |
| Intra-System Transfers    | 17                         | 0                        |
| Medication Administration | 12                         | 0                        |
| Periodic Screenings       | 16                         | 1                        |

***DENTAL CARE AND SYSTEMS REVIEW***

| Assessment Area | Number of Records Reviewed | Total Number of Findings |
|-----------------|----------------------------|--------------------------|
| Dental Care     | 18                         | 2                        |
| Dental Systems  | N/A                        | 1                        |

***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                        | 2                        |

***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  |
| <b>PH-1: In 5 of 9 applicable records (16 reviewed), there was no evidence of pneumococcal vaccination or refusal.</b> | <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   |
| <b>PH-2: In 3 of 9 applicable records (16 reviewed), there was no evidence that patients with vascular disease or major risk were prescribed aspirin.</b> | <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> |

| Gastrointestinal Clinic Record Review  |  |
|--|--|
| Finding(s)   | Suggested Corrective Action  |
| <p><b>PH-3: In 7 of 14 applicable records (16 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</b></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> |

| Miscellaneous Clinic Record Review   |   |
|--|---|
| Finding(s)   | Suggested Corrective Action   |
| <p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 1 of 3 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-5: In 1 of 3 applicable records, there was no evidence of influenza vaccination or refusal.</b></p> <p><b>PH-6: In 1 of 4 applicable records, there was no evidence of a referral to a specialist when indicated (see discussion).</b></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> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-6:** *In this record, the patient had edema in the left lower leg and had not seen a specialist in over one year. The last ultrasound was completed in July 2018. CMA surveyors noted this inmate may benefit from services outside of the scope of the current treatment plan.*

## Oncology Clinic Record Review

| Finding(s)  | Suggested Corrective Action  |
|---|--|
| <p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-7: In 1 record, there was no evidence of marker studies and/or radiological studies completed at appropriate intervals (see discussion).</b></p> <p><b>PH-8: In 1 of 3 applicable records, there was no evidence of a referral to a specialist when indicated (see discussion).</b></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 oncology 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-7 & PH-8:** *In this record, an inmate with a history of stage 3 invasive bladder cancer was seen by urology on 12/6/18. A six-month follow-up was recommended at that time. As of the date of the survey, the inmate had not returned for the follow-up and there was no record of a new referral. CMA surveyors expressed concern that the inmate may also need a cystoscopy at regular intervals to aid in determining if there has been recurrence.*

## Respiratory Clinic Record Review

| Finding(s)   | Suggested Corrective Action   |
|--|---|
| <p><b>PH-9: In 4 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</b></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> |



| Consultation Record Review   |  |
|--|--|
| Finding(s)   | Suggested Corrective Action  |
| <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-10:</b> In 8 records, the diagnosis was not recorded on the problem list.</p> <p><b>PH-11:</b> In 1 of 3 applicable records, there was no evidence the alternate treatment plan (ATP) was documented in the medical record.</p> <p><b>PH-12:</b> In 1 of 3 applicable records, there was no evidence the ATP was implemented.</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> |

| Periodic Screening Record Review  |  |
|---|--|
| Finding(s)  | Suggested Corrective Action  |
| <p><b>PH-13:</b> In 4 of 16 records reviewed, the periodic screening was incomplete (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 periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-13:** In three records, the current weight was not compared to previous weight. In one record, the question “does the inmate answer questions appropriately” was left blank.

| Dental Systems Review  |   |
|--|---|
| Finding(s)   | Suggested Corrective Action   |
| <p><b>PH-14: There was no evidence that necessary equipment was available and in working order (see discussion).</b></p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-14:** Two of the four dental chairs were in need of repair or replacement.

| Dental Care Record Review  |  |
|--|--|
| Finding(s)   | Suggested Corrective Action  |
| <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-15: In 7 records, there was no evidence that the head and neck examination had been completed in a timely manner (see discussion).</b></p> <p><b>PH-16: In 4 of 14 applicable records, there was no evidence of complete and accurate charting.</b></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> |

**Discussion PH-15:** In four records, the examination was last completed in 2016. In three records, the last examination was completed in 2017.

| Administration of the Pill Line  |   |
|--|---|
| Finding(s)   | Suggested Corrective Action   |
| <p><b>PH-17: Staff administering the medications did not wash their hands prior to beginning the pill line.</b></p> <p><b>PH-18: There was no evidence that an oral cavity check was completed to ensure the inmate swallowed the medication (see discussion).</b></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 single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-18:** *Per Procedure 403.007, nursing staff will issue the medication by unit or single-dose and observe the inmate as the medication is taken.*

| Institutional Tour   |  |
|--|--|
| Finding(s)   | Suggested Corrective Action  |
| <p><b>A tour of the facility revealed the following deficiency:</b></p> <p><b>PH-19: There was no evidence the first aid kits in the dorms were inspected monthly as required.</b></p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## PHYSICAL HEALTH SURVEY CONCLUSION

Several concerns were identified in the provision of clinical services and are detailed in the tables above. Records were frequently missing vaccination information, periodic examinations were incomplete in both medical and dental records, and referrals to specialists did not always occur when indicated. CMA surveyors expressed concern that delays in referrals or follow-up could lead to further deterioration of the inmates' health or increase the possibility of adverse health outcomes. There were also several systems review findings.

Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates expressed satisfaction with health care services. The one exception was a complaint regarding the number of times needed to report to sick call before getting medication or being able to see the doctor.

The records needed for the physical health portion of the survey were available and ready for the surveyors upon arrival. Medical charts were well organized, and documents were filed in a timely manner.

The staff at WALCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Medical staff were receptive to the feedback provided by the CMA and indicated that they would use the corrective action process to improve the deficiencies identified in this report.

## 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 | 7                          | 2                        |
| Psychiatric Restraints             | 0                          | 0                        |

### *USE OF FORCE REVIEW*

| Assessment Area | Number of Records Reviewed | Total Number of Findings |
|-----------------|----------------------------|--------------------------|
| Use of Force    | 10                         | 0                        |

### *ACCESS TO MENTAL HEALTH SERVICES REVIEW*

| Assessment Area           | Number of Records Reviewed | Total Number of Findings |
|---------------------------|----------------------------|--------------------------|
| Psychological Emergencies | 14                         | 0                        |
| Inmate Requests           | 15                         | 0                        |
| Special Housing           | 10                         | 0                        |

### *OUTPATIENT MENTAL HEALTH SERVICES REVIEW*

| Assessment Area                              | Number of Records Reviewed | Total Number of Findings |
|--|----------------------------|--------------------------|
| Outpatient Mental Health Services            | 18                         | 0                        |
| Outpatient Psychotropic Medication Practices | 18                         | 2                        |

### *AFTERCARE PLANNING REVIEW*

| Assessment Area    | Number of Records Reviewed | Total Number of Findings |
|--------------------|----------------------------|--------------------------|
| Aftercare Planning | 9                          | 1                        |

| Assessment Area       | Total Number of Findings |
|-----------------------|--------------------------|
| Mental Health Systems | 1                        |
| Tour                  | 1                        |

## MENTAL HEALTH SURVEY FINDINGS

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

| Self-Harm Observation Status (SHOS)   |   |
|---|---|
| Finding(s)  | Suggested Corrective Action   |
| <p><b>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, the clinician's orders did not specify the frequency of observations (see discussion).</b></p> <p><b>MH-2: In 4 records, mental health staff did not provide post-discharge follow-up within 7 days (see discussion).</b></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 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-1:** Although the clinician did not specify the frequency of observations, 15-minute checks were documented by staff.

**Discussion MH-2:** Procedure 404.001 states, "Mental health staff will evaluate relevant mental status and institutional adjustment of all inmates discharged from SHOS by the seventh (7<sup>th</sup>) calendar day after discharge." In four of seven records reviewed, documentation of follow-up was not found.

## Outpatient Psychotropic Medication Practices

| Finding(s)  | Suggested Corrective Action   |
|---|---|
| <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-3: In 2 of 10 applicable records, abnormal lab tests were not followed up as required (see discussion).</b></p> <p><b>MH-4: In 4 records, the medications ordered were not appropriate based on the documented symptoms and diagnoses (see discussion).</b></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-3:** In one record, an inmate was prescribed Zyprexa. His fasting blood sugar was abnormal on 6/11/19; however, follow-up labs were not ordered. Progress notes indicated labs were “essentially WNL.” Surveyors voiced concern that since Zyprexa is associated with metabolic syndrome, consideration should have been given to redrawing labs and changing medication. In the second record, the inmate was prescribed Risperidone, which also can cause metabolic syndrome. Lab results indicated dyslipidemia and hyperglycemia and results were marked by staff as “no follow-up needed.” Surveyors voiced concern that since Risperidone will continue to be given, follow-up for potential metabolic syndrome is necessary.

**Discussion MH-4** In one record, the inmate reported having auditory hallucinations and had been taking antipsychotic medication for several months. His diagnosis was Major Depression without Psychotic Features. In the second record, although it was included on the Individualized Service Plan (ISP), the diagnosis did not reflect hallucinations. In the third record, the diagnosis was Bipolar Disorder, but the inmate was only receiving medication for anxiety, which may cause manic symptoms. In the remaining record, psychosis was not reflected in progress notes; however, the inmate was on an antipsychotic medication.

| Aftercare Planning  |   |
|---|---|
| Finding(s)  | Suggested Corrective Action   |
| <b>MH-5: In 3 of 4 applicable records (9 reviewed) of inmates within 180 days end of sentence (EOS) a DC4-661 “Summary of Outpatient Mental Health Care” was not found.</b> | <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 Review  |  |
|---|--|
| Finding(s)  | Suggested Corrective Action  |
| <p><b>MH-6: Therapeutic groups were not provided as required to meet the needs of the inmate population (see discussion).</b></p> <p><b>MH-7: One Isolation Management Room had safety concerns (see discussion).</b></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> <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 MH-6:** Health Services Bulletin 15.05.18 states, “Each permanent institution will offer group interventions, as clinically indicated, that are designed to meet the needs of inmates who are eligible for ongoing outpatient services.”

**Discussion MH-7:** One Isolation Management Room had soft caulking around the baseboard of the back wall which could be removed and toxic if ingested.



## **MENTAL HEALTH SURVEY CONCLUSION**

The staff at WALCI 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 approximately 450 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).

Since the time of the last CMA survey, this institution's mission had changed in that they now provide psychiatric as well as psychological services. According to the health services administrator, they were originally set up to serve 350 inmates on the mental health caseload but are currently housing approximately 450 because of damages to other camps caused by Hurricane Michael.

Although there were some vacancies and recent turnover in staffing, inmates seemed to have adequate access to mental health services and there were no findings in many of the areas reviewed. In addition to the psychologist, there was one permanent mental health professional out of four positions. Two positions were filled by locum tenens and the other position was vacant. A human services counselor provided aftercare services.

The staff at WALCI was helpful throughout the survey and indicated that they would use the corrective action process to improve the deficiencies identified in this report.

# Survey Process

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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.