



CORRECTIONAL MEDICAL AUTHORITY

CLOSE MANAGEMENT MONITORING SURVEY

of

CHARLOTTE CORRECTIONAL INSTITUTION

in

Punta Gorda, Florida

on

November 16-19, 2004

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SURVEY PURPOSE

In December 2001, the department entered into an agreement in a lawsuit entitled *Osterback v. Moore*. This lawsuit involved mentally ill inmates housed in a restricted setting called close management. Plaintiffs argued the placement of an inmate with a mental illness in a restricted housing unit exacerbated the symptoms of the mental illness. This claim was centered around the contention that placement in a close management unit, in which the majority of the inmates are housed in single-cells for 24 hours per day, is a form of sensory deprivation.

As a result of the agreement, the department committed to significant changes in the close management program. Prior to the lawsuit, close management units were located throughout the state in institutions that also housed general population inmates. The *Osterback* agreement required consolidation of all close management inmates into four facilities: Florida State Prison (FSP), Santa Rosa Correctional Institution (SARCI), Charlotte Correctional Institution (CHACI) and, for females, Dade Correctional Institution (DADCI). Subsequently, the department designated Lowell Correctional Institution (LOWCI) as the facility for close management females. Union Correctional Institution (UNICI) also houses male close management inmates.

A primary focus of the agreement included increased mental health assessment and treatment. Prior to placement in close management housing, mental health staff complete an assessment, recommending the level of programming needed for adequate adjustment. Then, a Behavioral Risk Assessment is completed. This document identifies areas, such as risk for suicidal behavior and violence, where programming and treatment should be focused.

Once the assessment is completed, the agreement calls for increased mental health treatment for those close management inmates in need of services. The 2001 General Appropriations Act provided additional mental health staffing to FSP and SARCI for this purpose. Increased group treatment as well as an expanded treatment team including security, classification, and program staff are significant changes enacted by the agreement.

In addition to mental health treatment, increased contact with program staff, to include education and religious services, increased phone calls and visitation, and increased outdoor recreation time are enhancements to the close management program.

The *Osterback* agreement includes a stipulation that the authority monitors the provisions of the agreement. In response to this requirement, the authority developed a monitoring instrument based on the *Osterback* agreement, Chapter 33-601.800, F.A.C., and Office of Health Services (OHS) policies and procedures. The authority provided the instrument to department staff and the plaintiffs' attorneys for review and comment.

DEMOGRAPHICS

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

Close Management Level	Current Census
Close Management Team Decision 1	193
Close Management Team Decision 2	172
Close Management Team Decision 3	222
Total Close Management Population	587

Program Description

Close management (CM) inmates at CHACI were housed in five dormitories with E dormitory housing both CM and general population inmates. Consistent with the October 2003 survey, the full range of outpatient mental health services was available including group and individual treatment, case management, psychiatric consultation, psychotropic medications and inpatient care. Also consistent with the previous survey, CM inmates were permitted reading materials and the right to purchase a portable radio with headphones. Educational and literacy courses were available. Outside exercise was provided in fenced areas behind the dormitories. In progressive stages based on their individual classifications, inmates were permitted to make monitored telephone calls, receive canteen privileges, access the dayroom, view social television programs during dayroom periods, and receive visits.

Clinical staff dedicated to the program included one senior psychologist, one psychiatric ARNP, and five behavioral health specialists. The regional psychologist was also based at the institution. Two psychiatrists were employed at CHACI and were available for consultation. Their primary job duties, however, were to provide care to inmates in the inpatient units.

OVERVIEW

Survey Summary

The survey consisted of 42 individual inmate record reviews. These included 30 close management mental health and classification record reviews, four self-injury/suicide prevention record reviews, and eight psychotropic medication practices record reviews. A comprehensive review was also completed of close management systems including policies, procedures, and practices. Tours were conducted of the close management housing wings including dayrooms and recreation yards. A sample of inmate daily record of segregation forms (DC6-229) was reviewed for mental health rounds, dayroom access including justification for the suspension of privileges, telephone privileges, canteen privileges, and exercise obtained. Finally, formal interviews were conducted with six clinical staff, the classification supervisor, six correctional officers, and seven inmates. The inmates interviewed represented various levels of close management.

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the report are a result of further analysis of the information collected during the survey. The suggested corrective action 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. Evidence of appropriate monthly monitoring should be included in the file for the finding. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

FINDINGS

Strengths

- The quality of mental health treatment rendered was good. The institution had maintained the standard of care found during the previous survey.
- Communication between the departments continued to be effective.
- Staff and inmate interviews suggested that all involved continued to view the close management program positively.
- Evidence was present that inmates were progressing through the close management level system.

CLOSE MANAGEMENT SYSTEMS

Discussion:

The four discussion items raised in the October 2003 survey report have been resolved:

Item 1:

In contrast to the October 2003 survey, the isolation management rooms in the medical building were certified for use. Interview data indicated psychiatric restraints were not used in the isolation management rooms in the medical building. Restraints were applied in CSU cells only.

Item 2:

In contrast to the previous survey, there was no indication that excessive force was used at the institution. A review of ten use-of-force cases indicated that the inmates were managed appropriately post use-of-force, including inmates on the mental health caseload being referred to mental health for evaluation.

Item 3:

In contrast to the previous survey, there were no complaints that administrative security staff were not individually speaking to inmates during the required visits to housing areas.

Item 4:

Also in contrast to the previous survey, all Behavioral Health Specialists are either licensed clinicians or registered interns. This meets the requirements of Florida Statutes, Chapter 490 and 491.

Current survey discussion items:

During the current survey of Charlotte Correctional Institution's close management program, several individual cases were discussed with the institution and referred for follow up. None of these represented a pattern or trend, or met the standard for inclusion in a finding requiring corrective action. The only item that occurred in more than one case, was a lack of signature stamps being routinely used in two of the four suicide and self-injury prevention charts reviewed. Only one formal finding is documented for the November 16-19, 2004, close management survey of the institution.

ADMINISTRATIVE SYSTEMS

Finding(s)	Suggested Corrective Action(s)
CM-1: Phone privileges for CM-1 inmates were not sufficiently documented.	<p>Develop a system to ensure that the phone privileges are documented, particularly when inmates decline their privileges.</p> <p>Monitor a weekly sample of Form DC6-229 in the CM-1 housing dorms to ensure compliance.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Discussion:

Implemented calls were documented, but declined calls were not documented. Thus it appeared that phone privileges were not offered to some CM-1 inmates. Notably, the CM-1 inmates interviewed were all aware of their phone privileges and reported receiving them. The Colonel was aware of the issue and had planned corrective action. This was not a concern with the CM-2 or CM-3 inmates.

CONCLUSION

Charlotte Correctional Institution continues to successfully meet the challenges of implementation of the close management program. Documentation reviews indicated that staff continues to provide all the required services effectively. Once again, the staff is encouraged to maintain the substantial changes that have been implemented to ensure smooth operations for both inmates and staff working in the close management units. The staff from all departments are commended for the work they have done in effectively implementing and maintaining the close management program components.