



CORRECTIONAL MEDICAL AUTHORITY

CLOSE MANAGEMENT MONITORING SURVEY

of

CHARLOTTE CORRECTIONAL INSTITUTION

in

Punta Gorda, Florida

on

October 14-17, 2003

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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.

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	163
Close Management Team Decision 2	161
Close Management Team Decision 3	257
Total Close Management Population	581

Program Description

Close management inmates at CHACI were housed in four dormitories with one additional dormitory scheduled to open on October 20, 2003. The full range of outpatient mental health services was available including group and individual treatment, case management, psychiatric consultation, psychotropic medications and inpatient care. Close management 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.

According to documentation provided by the institution at the time of the survey, clinical staff dedicated to the program included one senior psychologist, one psychiatric ARNP, and five behavioral health specialists. One additional behavioral health specialist position was vacant at the time of the survey. 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 35 individual inmate record reviews. These included 24 close management mental health and classification record reviews, 6 self-injury/suicide prevention record reviews, and 5 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 five clinical staff, the classification supervisor, eight correctional officers, and eight 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. Documentation was thorough and coordination of diagnosis and treatment plan was evident.
- Houses of Healing group modules were provided for inmates in all close management levels.
- Organization of mental health services, classification responsibilities, and security responsibilities by dormitory allowed movement of inmates through the CM levels without disruption and permitted a clear system for accountability.
- Staff and inmate interviews suggested that all involved received the new close management program positively. Key departments appeared to have effective working relationships.
- Evidence was present that inmates were progressing through the close management level system.

CLOSE MANAGEMENT SYSTEMS

Discussion:

Item 1:

For several months prior to the survey, the isolation management rooms in the medical building were not certified due to needed repairs. During this time, inmates placed on Suicide Observation Status were housed in the Crisis Stabilization Unit (CSU) in certified cells. The week of the survey, regional staff visited the institution for the purpose of certifying the infirmary cells as repairs had been made. When surveyors examined the cells, all needed safety precautions were in place, but moveable beds were present in the cells that were designed to accommodate the use of restraints. Correctional standards require all beds placed in isolation cells to be secured to the floor and devoid of any features that would permit cloth or other materials to be tied. This issue was discussed with institutional staff. It was agreed that the beds were to be removed from the cell. It was also agreed that psychiatric restraints would not be used in these cells but, rather, in the CSU cells.

Item 2:

Interviews suggested that excessive force was used. Complaints included both chemical and physical force. No evidence of injury was discovered during the course of the survey to suggest abusive practices.

Item 3:

Several inmates voiced complaints that administrative security staff were not individually speaking to inmates during the required visits to housing areas. Specific complaints included the shift supervisor visits for each shift and the weekly rounds by the warden and assistant wardens.

Item 4:

The Department and Wexford Health Sources are currently considering licensure requirements under Florida Statutes, Chapter 490 and 491, for the Behavioral Health Specialists hired by Wexford in the mental health program. At issue is whether private providers of health care qualify for the same licensure exemptions as state employees. The CMA will review and comment as necessary on decisions by the Department and/or Wexford regarding this issue.

Records Reviewed:	CLOSE MANAGEMENT RECORD REVIEWS
10	

Discussion:

In seven records reviewed, weekly ICT reviews were not documented for the first 60 days of confinement. However, a new procedure for conducting reviews was instituted at CHACI that assigns a classification team to each housing unit with a weekly review schedule. Seventeen reviewed records had the required documentation.

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES
5	

Finding(s)	Suggested Corrective Action(s)
CM-1: Annual health appraisals were omitted in three of five reviewed records.	<p>Develop a system to ensure that annual health appraisals are conducted as required.</p> <p>Monitor a minimum of five, or all applicable records, each month to ensure compliance.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

CONCLUSION

As the fourth institution to be surveyed for compliance with the Revised Offer of Judgment, CHACI appears to have successfully met the challenges of implementation that were identified in the other three institutions. The development of housing units with permanent mental health and classification staff and all levels of close management has eliminated many of the logistical problems found in the other institutions. Documentation reviews indicated that staff are providing all the required services effectively. Staff are 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.