



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## CROSS CITY CORRECTIONAL INSTITUTION

in

Cross City, Florida

On

July 24-27, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on 7/16/01		
Population	Custody	Type
Male	Close	Adult

Main Unit Capacity	Current Main Unit Census	Satellite Unit(s) Capacity	Current Satellite Unit(s) Census	Current Number of Inmates Served
690	732	280	245	977

**CMA Physical Health Team Leader:**

Paul R. Cornish

**CMA Mental Health Team Leader:**

Deborah McNamara, LCSW

**Physical Health Team Members:**

John Baker, MD  
Timothy Garvey, DMD  
Dave Habell, PAC  
Judy Reinman, RN, BSN

**Mental Health Team Members:**

Paree Stivers, PsyD  
Sue Sturgeon, LCSW, ACSW  
Jane Holmes-Cain, LCSW



## OVERVIEW

On July 27, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Cross City Correctional Institution (CRCCI), located in Cross City, Florida. At the time of the survey, CRCCI served an adult male population of approximately 977 inmates. Although the institution is configured to receive only inmates assigned medical grade 1, at the time of the survey 61 inmates at CRCCI were assigned medical grade 2. Psychological grades 1 and 2 were accepted at CRCCI. Inmates requiring complex medical/dental care, psychotropic medication, or inpatient mental health services were not housed at this institution.

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
	<b>696</b>	<b>44</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<i>Psychological Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>(S-Grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	<b>941</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	<b>35</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the standards of care established by the CMA and with prevailing professional practice standards. For a detailed description of the survey goals and processes refer to the "Survey Process" section of this report.

A thorough review of the physical health related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of clinical care revealed only three relatively minor departures from the Department of Corrections' standards or with the standards generally accepted in the community at large. These findings related to the lack of a peer review process for the chief health officer and incomplete documentation of medication administration reports (MARs). Another, more significant finding was, however, identified. During record reviews accomplished as a part of the survey process, memorandums were discovered in several medical records indicating inmates with medical classification of Level 2 who had been identified as requiring transfer to another institution were still housed at Cross City C.I., a Level 1 institution.

The mental health department at CRCCI was comprised of dedicated professionals committed to providing necessary care to the inmate population of both the main unit and the attached work camp. The organization and cohesion of the staff only contributed to their success in providing appropriate individual treatment. A significant delay in psychiatric evaluations and a lack of group therapy were the primary deficiencies noted. Other minor findings are identified further in the mental health section of the report.

At the conclusion of the survey, an exit conference was held with on site department staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following an analysis of the information collected during the survey. Where recommended corrective actions are provided, these recommendations should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.

The following table lists the results from the systems and record review instruments used during the survey:

Findings Summary		Numeric Score*			
		Systems	Records		
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Sick Call	100	100	
		Emergency Care	100	100	
		Physician/CA Follow-Up Care	100	100	
		Infirmity Care	N/A	N/A	
	<b>Chronic Care</b>	Chronic Illness Clinic Systems	100		
		Asthma		98	
		Diabetes		N/A	
		General Medicine		97	
		Hypertension		99	
		Immunity		N/A	
		Seizure		N/A	
		TB/INH		100	
	<b>Preventative Care</b>		100	100	
	<b>Dental Care</b>		100	98	
	<b>Mortality</b>		100	100	
	<b>Other</b>	Administrative Audit	74		
		Consultations	100	100	
		Infection Control	100		
		Intake Process	N/A		
		Intrasystem Transfers	100	100	
MAR and Chart Review			80		
OBIS		N/A	N/A		
Pill Line		N/A			
Pharmacy		100			
Quality Management		100			
<b>MENTAL HEALTH</b>	Inmate Access to Mental Health Services		89	95	
	Outpatient Mental Health Services	71		S1	100
				S2	100
				S3	N/A
	Intellectual Functioning	100	85		
	Sexual Offender Services	83	87		
	Special Housing	100	100		
	Self-Injury/Suicide Prevention	100	85		
Psychiatric Restraints	100	N/A			

## PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE AUDIT		Systems Score
		<b>74</b>
Finding(s)	Recommended Corrective Action(s)	
<p><b>PH-1 (OHS) Although designated as a medical Level 1 institution, inmates classified as Level 2 and identified as requiring transfer were housed at the facility.</b></p> <p><b>PH-2 (OHS) No evidence was available of an annual peer review of the chief health officer (CHO) that differed from the annual performance evaluation.</b></p>	<p>Institute a system by which annual peer review of the CHO is conducted. This system should be coordinated through regional health services staff.</p>	

**PH-1 Discussion:** While conducting routine medical record reviews as a part of the survey process, several records were found that contained an interoffice memorandum from the chief health officer to the classification supervisor identifying certain inmates as having a medical condition that resulted in a medical Level 2 classification. This finding was of concern because the institution is classified and staffed to house only Level 1 inmates. Although the CMA recognizes the transfer of all inmates to an appropriately leveled institution may take some time to accomplish, the memorandums in question were dated in October and November 2000, over eight months earlier. Of particular concern, however, was the wording of the memorandums, which read in part:

“This inmate requires an institution that would be able to offer the special attention needed which **cannot** be met at Cross City Correctional Institution.”

“It is recommended that he be transferred to a more suitable institution.”

“This is a **URGENT** transfer request. This inmate requires no consideration that will affect the method of transportation”.

Records Reviewed:	MAR AND CHART REVIEW	Records Score
<b>5</b>		<b>80</b>
Finding(s)	Recommended Corrective Action(s)	
<p><b>PH-2 Medication administration reports (MARs), although signed and dated, were not timed.</b></p> <p><b>PH-3 Because medication orders were not timed (see above), it was not possible to confirm if the orders were transcribed within four hours.</b></p>	<p>Develop a review system to ensure that documentation on MARs includes the time ordered and the time of medication administration.</p> <p>Implement an internal monitoring process to ensure all critical components necessary for accurate MAR documentation is completed. Review either 10 records or 10% of all applicable records per month until a 100% compliance rate is reached for at least three consecutive months.</p>	

The following areas of review resulted in no significant negative system or record review problems.

System Reviews

- Chronic Illness Clinic
- Consultation
- Dental
- Emergency Care
- Infection Control
- Intrasystem Transfer
- Mortality
- Pharmacy
- Preventative Care
- Quality Management
- Sick Call

Record Reviews

- Asthma Clinic
- Consultations
- Dental
- Emergency Care
- General Medicine Clinic
- Hypertension Clinic
- Intrasystem Transfer
- Mortality
- Preventative Care
- Sick Call
- TB/INH Therapy Clinic

## **CONCLUSION**

The CMA survey of Cross City C.I. revealed that staff provided a level of care consistent with expected and required standards. Strengths identified included timely, competent, and well documented dental care; appropriate clinical screening/assessments and treatments by medical and nursing staff in both the episodic and chronic illness care arenas; and generally accurate and well organized administrative documentation (excepting the findings identified above).

## MENTAL HEALTH FINDINGS

The mental health department at Cross City Correctional Institution was comprised of one senior psychologist who is only on site one day per week due to additional assignments at Lancaster CI and Mayo CI, two psychological specialists, and one clerk typist specialist.

### Survey Results

There was one death requiring review from a mental health perspective since the last survey of CRCCI.

The following areas of review resulted in no significant system or record review problems.

- Intellectual Functioning
- Psychiatric Restraints
- Special Housing

Records Reviewed:	<b>INMATE ACCESS TO MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
<b>5</b>		<b>89</b>	<b>95</b>
Finding(s)		Recommended Corrective Action(s)	
<b>M-1: Although psychological emergencies are recorded on a departmental log, there is no documentation present that the inmate was assessed within one hour.</b>		Create a new log or modify the existing log to include the time the inmate declared the emergency and the time the staff person responded.	
<b>M-2/OHS-1: A full suicide risk assessment, to include ideation, plan, hope for the future, past attempts, etc., was not consistently conducted on all inmate-declared emergencies.</b>		<ul style="list-style-type: none"> <li>• Provide inservice training to all mental health and nursing staff responsible for responding to mental health emergencies.</li> <li>• Modify the mental health nursing assessment form to include all pertinent aspects of a full suicide risk assessment.</li> </ul>	
<b>M-3: In two cases reviewed, progress notes revealed symptoms suggesting a need for further assessment and treatment. The inmate was instructed to file an inmate request for additional sessions although a staff-initiated encounter would have been more appropriate.</b>		<ul style="list-style-type: none"> <li>• Provide inservice training on reported symptoms necessitating further evaluation and treatment.</li> <li>• Select 10 records per month from the inmate request and/or psychological emergency log and monitor for appropriate follow-up. Discontinue only after achieving three consecutive months of 90% compliance.</li> </ul>	

Records Reviewed:	<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
<b>12</b>		<b>71</b>	<b>100</b>
Finding(s)		Recommended Corrective Action(s)	
<b>M-4/OHS-2: Mental health orientation was not conducted within 24 hours of arrival at the institution.</b>		Schedule orientation within 24 hours of inmate arrival.	

M-4 Discussion: At CRCCI, new inmates typically arrive on Mondays, and mental health provides orientation on Wednesday. Although this system meets the requirement within the Department of Corrections' policy, it is not consistent with the standards of the CMA or with national corrections standards. The CMA recommends a revision of the current policy.

<b>M-5: The Multidisciplinary Service Team (MDST) does not meet on a regularly scheduled basis.</b>	<ul style="list-style-type: none"> <li>Institute regularly scheduled supervision times between the senior psychologist and psychological specialists.</li> <li>Provide documentation of meeting times in the Correction Action Plan (CAP) closure file.</li> </ul>
<b>M-6: No group therapy was offered.</b>	<ul style="list-style-type: none"> <li>Offer group treatment to meet the needs of the inmate population.</li> </ul>

M-6 Discussion: Inmate interviews and a review of cases indicated a need for Anger/Stress Management, Problem Solving, Parenting, and Sex Offender treatment groups. At the time of the survey, Sex Offender treatment was scheduled to begin in August, 2001.

<b>M-7: Confidentiality was compromised due to identification of mental health appointments on the general inmate call-out list that was posted in common areas.</b>	Devise a system of placing inmates on the call-out without identifying their appointments as mental health appointments. Perhaps they could be combined with the general medical call-out and the coordinating security staff could direct inmates to their proper call-out location.
<b>OHS-3: A review of staff training records indicated that 12 hours of relevant inservice training and/or continuing education was not given to treatment staff annually.</b>	Provide training opportunities to treatment staff that are designed to improve clinical skills.
<b>OHS-4: A review of the psychiatric referral log revealed delays in psychiatric evaluations of up to two months.</b>	<ul style="list-style-type: none"> <li>Provide resources for timely psychiatric evaluations.</li> <li>Monitor all entries on the psychiatric referral log to ensure that evaluations are performed in a timely manner.</li> </ul>

Records Reviewed: <b>9</b>	<b>SELF-INJURY/SUICIDE PREVENTION</b>	Systems Score <b>100</b>	Records Score <b>85</b>
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Finding(s)	Recommended Corrective Action(s)
<b>M-10: Physician's orders did not specify observation at least every 15 minutes.</b>	Monitor all instances of suicide precautions to ensure that observations are conducted at intervals no longer than 15 minutes. Discontinue monitoring only after three consecutive months of 100% compliance.
<b>M-11: Post-discharge follow-up sessions did not consistently occur at required intervals.</b>	Monitor the records of all discharged patients for appropriate follow-up (3/10/30 days for S-2, 7 days for S-1). Discontinue monitoring only after three consecutive months of 100% compliance.

Records Reviewed:	<b>SEX OFFENDER SERVICES</b>	Systems Score	Records Score
<b>8</b>		<b>83</b>	<b>87</b>

See Finding M-6

Records Reviewed:	<b>SUICIDE MORTALITY</b>	Systems Score	Records Score
<b>1</b>		N/A	N/A

**Discussion:**

During the survey, one mortality record was reviewed. The cause of death was suicide by hanging. Two issues of concern were identified with respect to the case. Because neither issue appeared to be systemic and because the death occurred several years prior to the survey, neither are identified as findings in need of corrective action but are considered worthy of discussion in this report.

Throughout the inmate’s stay in the Department of Corrections, his contacts with mental health departments, both at Cross City and at other institutions, indicated a need for a clinician able to communicate in the patient’s native language. The last entry in the mental health portion of the medical record indicated that the patient would be referred to a bilingual staff person, but this referral was never completed. No bilingual staff person was available at the institution when the patient died, but, at the time of the survey, Cross City employed a bilingual psychological specialist.

The second issue, related to the first, is the fact that the last contact between mental health and the patient indicated a need for referral, but the evaluation did not occur. Four months prior to the death, a psychological specialist entered a progress note outlining her concerns that the patient may be displaying psychotic symptoms. Because she was unfamiliar with the patient’s culture, she was concerned that the symptoms could also be culturally appropriate religious beliefs. She indicated that the case would be referred to her clinical supervisor for referral to a bilingual clinician and possibly for a psychiatric evaluation. The referral log indicated that she did refer the patient to the senior psychologist, but there was no subsequent entry in the record.

Records Reviewed:	<b>OTHER ADMINISTRATIVE ISSUES</b>	Systems Score	Records Score
<b>N/A</b>		N/A	N/A

<b>Finding(s)</b>	<b>Recommended Corrective Action(s)</b>
<b>OHS-5: The DC Procedures and DC Forms are now available on the Intranet. All staff in the mental health department at Cross City did not have the computer technology (either updated software or a PC) necessary to access these documents.</b>	Provide the necessary equipment for all staff to access needed documents.

**CONCLUSION**

A review of the systems in place and documentation provided in the medical records suggests that the staff at Cross City Correctional Institution are providing appropriate mental health assessment and treatment to the patients in their care. The department proved to be well organized, and, as a result, received relatively few findings. Staff were cooperative with the survey process and will undoubtedly enact the necessary corrective actions without delay.



## **SURVEY PROCESS**

The goals of every survey performed by the CMA are (1) to determine if the physical, mental, and dental care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and if that care conforms to 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 of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific objectives are designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility. 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 and 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 health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. 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, selected through purposeful sampling, 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, service/treatment plans, schedules, logs, administrative reports, physician orders, 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

During the course of a three or four day evaluation, the survey team examines the institution's health-related administrative systems, tours inmate housing and health treatment areas, conducts staff and inmate interviews, and conducts a clinical review of health care records.

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, i.e., 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 to result in the compromise of inmate health care. All findings identified in the body of the report will require a corrective action by institutional and/or regional/central office health services staff.