



CORRECTIONAL MEDICAL AUTHORITY
CLOSE MANAGEMENT MONITORING SURVEY

of

FLORIDA STATE PRISON

in

Raiford, Florida

on

November 19-22, 2002

CMA Team Leaders:

Murdina Campbell, MSW
Deborah McNamara, LCSW

Team Members:

Sara Tirumalasetty, MD
Karen Milo, PhD
Larry Goble, LCSW
Kaye Harris, RN
Deborah Ray Kings, RN, CNA

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 that house only close management inmates. The four specified institutions are 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 also includes a stipulation that the authority monitor 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	372
Close Management Team Decision 2	183
Close Management Team Decision 3	142

Program Description

Inmates at Florida State Prison (FSP) were housed on seven wings of the institution. Five wings housed inmates on the most restrictive level of close management (CM 1) and one wing housed inmates on the least restrictive level (CM 3). The two remaining wings housed inmates who were assigned to the medium level of close management (CM 2). Policies, procedures and practice related to close management promoted progressive assignments of inmates to the least restrictive level necessary. The full range of outpatient mental health services was available including group and individual treatment, case management, psychiatric consultation, psychotropic medications and referral to 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. The required exercise times had been fully implemented the week prior to the survey when construction on the recreation yards was substantially completed. In progressive stages based on their individual classifications, inmates were permitted to make monitored telephone calls, receive canteen privileges, dayroom access, access to social television programs during dayroom periods, and non-contact visits.

According to documentation provided by the institution at the time of the survey, clinical staff dedicated to the program included one part-time and four full-time psychiatrists, seven psychologists, 25 psychological specialists, three registered nurses and one licensed practical nurse. Mental Health Management (MHM), a private company, provided approximately two thirds of the clinical staff.

OVERVIEW

Survey Summary

The survey consisted of 48 individual inmate record reviews. These included 24 close management mental health and classification record reviews, and ten self-injury/suicide prevention, ten psychotropic medication practices, and four psychiatric restraint medical record reviews. A comprehensive review was also completed of close management systems including policies, procedures, and practices. A tour was completed of the close management housing wings including the dayrooms, recreation yards, and staff offices. A sample of inmate contact cards and the daily record of segregation (DC6-229) forms were reviewed for mental health rounds, dayroom access including justification for the suspension of privileges, telephone privileges, canteen privileges, and exercise obtained. Survey staff observed a

multidisciplinary treatment team meeting and two treatment groups. Finally, formal interviews were conducted with nine clinical staff, the classification supervisor, the wellness coach, the education director, the mailroom supervisor, six correctional officers, and ten inmates. Staff from a variety of disciplines were interviewed. They performed a variety of duties, were assigned to different wings, represented different ranks (correctional officers), and were state employees as well as Mental Health Management appointees. The inmates interviewed represented all levels of close management and were mainly psychological grade three (S3) inmates.

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 actions(s) 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. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each 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. In the majority of cases reviewed, inmates were seen at a greater frequency than required.
- Group therapy was offered extensively.
- Inmate interviews indicated that most inmates feel the new program is beneficial.
- Interviews revealed that most staff members believe the new program has reduced behavioral problems in the inmate population.
- Education and Wellness programs were functioning well.
- Security was responsive and efficient in fulfilling their role in the close management program.

Survey Results

The following areas of review resulted in findings requiring attention or corrective action.

CLOSE MANAGEMENT SYSTEMS	
Finding(s)	Suggested Corrective Action(s)
CM- 1. There was not an identified leadership structure at the institutional level to ensure the close management program was implemented most effectively (See discussion below).	This finding will require intervention by the OHS. It is recommended that a mental health administrator position be allocated at a sufficient level and authority to complete the task.
CM- 2. There was not a comprehensive policy available to institutional staff addressing the components of the close management program.	Develop a procedural document guiding the program to include interaction between disciplines. Provide training to relevant staff.
CM- 3. Clinical and security staff indicated a need for further training regarding mental health issues relevant to a close management population. The majority of staff interviewed had not seen the three-hour close management training video, which is required viewing within the first 60 days of employment.	Provide staff training.
CM- 4. There was not an adequate system in place for the Multidisciplinary Treatment Team (MDST) to conduct Behavioral Risk Assessments (BRAs) in a timely manner.	Develop a system to ensure the MDST conducts BRAs in a timely manner.
CM- 5. There was not a system in place to adequately track Individualized Service Plan (ISP) implementation and review dates.	Develop a system to ensure timely implementation and review dates.
CM- 6. There were no written program descriptions for the treatment groups to ensure	Develop written group program descriptions.

CLOSE MANAGEMENT SYSTEMS	
Finding(s)	Suggested Corrective Action(s)
consistency at the institutional level and replication to other close management institutions.	
CM- 7. There was confusion regarding the documentation of program privileges (See discussion below).	Determine documentation requirements and train staff.

Discussion:

CM-1. Mental health staff interview data indicated confusion, frustration, and uncertainty regarding program procedures. Staff also related tensions between disciplines regarding operation of the program. Some of the systems and record review findings reflect these concerns and the need for a single point of accountability/leadership at the institutional level.

CM- 7. Program privileges such as telephone and canteen use were documented on contact cards and DC6-229 forms (daily record of segregation), which are located on the housing wings. Documentation was either duplicated or inconsistently recorded in one place or another.

Two further issues did not result in formal findings, but require discussion.

Use of Force:

Inmate and staff interview data indicated some concern regarding the amount of chemical force used by officers. Review of the records concerned did not substantiate or refute these claims. It is recognized that some of the most dangerous and difficult to manage inmates in the system continue to be housed at Florida State Prison. Nevertheless, given the complex mix of behavioral and mental health problems in this largely S3 close management population, it is suggested that use of force be monitored more closely. Disproportionate use of force with an inmate may indicate unmet mental health needs. Inmates requiring inpatient services must be transferred to an appropriate institution. This may require renewed review by the OHS of the availability of inpatient beds, particularly Transitional Care Unit (TCU) beds for the more chronically mentally ill.

Exercise:

The close management plan called for full implementation of the exercise components of the program by July 1, 2002. This component requires that after a 30 day satisfactory adjustment period, each inmate should be provided six hours per week of exercise consisting of two hours a day, three days a week. Up until the week prior to the survey exercise was offered three hours a day, two days a week while construction was being completed on the recreation yards.

Records Reviewed:		CLOSE MANAGEMENT RECORD REVIEWS	
24			
Finding(s)	Suggested Corrective Action(s)		
CM- 8. Close Management Referral Assessments (DC6-128) were not consistently present in the records reviewed.	This finding will require intervention by the OHS to ensure that referring institutions complete this form prior to sending an inmate for placement in close management.		
CM- 9. Documentation of Institutional Classification Team (ICT) reviews at required intervals was not consistently present in the records reviewed.	<p>Ensure that ICT reviews occur at specified intervals (once per week for the first 60 days in CM and every 30 days thereafter).</p> <p>Provide inservice training to relevant staff on the need to document reviews (DC6-229).</p> <p>Monitor a minimum of five relevant records for compliance. Continue monitoring until closure is affirmed by the CMA Corrective Action Plan (CAP) assessment.</p>		
CM- 10. Documentation of State Classification Team (SCO) reviews at required intervals was not consistently present in the records reviewed.	<p>Ensure that SCO reviews occur at specified intervals (at least once every six months).</p> <p>Monitor a minimum of five relevant records for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		
CM- 11. BRAs were not consistently completed within the required time frames.	<p>Ensure that BRAs are completed as required:</p> <p>Monitor a minimum of five relevant records for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		
CM- 12. In several records reviewed, the BRA did not document critical events in the inmate's history.	<p>Provide inservice training on the need for a full review of history in completion of the BRA.</p> <p>Monitor a minimum of five relevant records for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		
CM- 13. Documentation that the results of the BRA were considered in ICT and SCO reviews was not consistently present in the records reviewed.	<p>Provide inservice training on documentation requirements.</p> <p>Monitor a minimum of five relevant records for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		
CM- 14. ISP reviews were not consistently conducted at required intervals.	<p>Ensure that ISPs are reviewed as required.</p> <p>Monitor a minimum of five relevant records for compliance. Continue monitoring until closure is</p>		

Records Reviewed: 24		CLOSE MANAGEMENT RECORD REVIEWS	
Finding(s)		Suggested Corrective Action(s)	
		affirmed by the CMA CAP assessment.	
CM- 15. ISP documentation was problematic: <ul style="list-style-type: none"> • Problems identified on the BRA (with a score of 2 or higher) were not always reflected on the ISP; • Interventions listed were not always appropriate to the identified problem; • Goals and problem descriptions were not always clear. 		Provide inservice training on the development of ISPs. Monitor a minimum of five relevant records for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.	

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

- Psychotropic Medication Practices
- Self-Injury/Suicide Prevention
- Psychiatric Restraints

CONCLUSION

The development and implementation of the close management program at FSP was a monumental task that required dramatically different staffing levels and physical plant changes as well as a paradigm shift in the close management program. Previously a very restricted disciplinary program, the close management program resulting from the *Osterback* agreement not only attempts to provide a safe, controlled environment for the most dangerous inmates, but it also attempts to provide comprehensive mental health treatment to those in need of such care. The results of this survey suggest that both staff and inmates are hopeful that the new approach will lead to better inmate behavior and improved mental health than was found in the previous close management units.

Although many deficiencies were identified in documentation of mental health care and programmatic aspects of the close management program, it appears that the lack of leadership and unclear policy directives may be the root of these problems. As a result, it is strongly recommended that a position be created with administrative responsibilities for all aspects of the program but particularly mental health. In addition, a comprehensive procedural document that guides not only each program area's responsibilities, but also the interaction between program areas, seems warranted.

Despite the identified difficulties in program implementation, it appears that the provision of mental health care and program components has been successful. The cooperation between security, classification, programs, and mental health has resulted in improved conditions for inmates housed in close management at FSP. The staff are encouraged to continue in this positive direction.