



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

FLORIDA STATE PRISON

in

Raiford, Florida

on

June 4 – 7, 2002

Institutional Statistics Provided to CMA on May 29, 2002		
Population	Custody	Type
Adult	Maximum	Male

Main Unit Capacity	Current Main Unit Census	Satellite Unit(s) Capacity	Current Satellite Unit(s) Census	Current Number of Inmates Served
1,176	737	426	393	1,130

CMA Physical Health Team Leader:

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Physical Health Team Members:

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OVERVIEW

On June 7, 2002, the Correctional Medical Authority (CMA) concluded a physical and mental health survey of Florida State Prison (FSP), located in Raiford, Florida. At the time of the survey, FSP served a male, adult offender population of approximately 1,130 inmates assigned to medical classifications 1 through 4 and psychological grades 1 through 3. Inmates requiring complex medical/dental care and/or psychotropic medications as a part of mental health treatments were housed at this institution.

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
	418	225	86	7	0	
<i>Psychological Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		<i>Impaired</i>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
	382	143	212	0	0	0
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	186	6	N/A	112	105	265

The above figures include satellite units.

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 care revealed several departures from CMA standards or with prevailing practice standards generally accepted in the community at-large. These findings were, however, grouped into three general areas. In the first general area, findings related to documentation – either of vital signs during sick call follow-up appointments or the appropriate use of assessment/treatment protocols during possible cardiac-related events. The second area concerned the physical plant, which needed remodeling of the medication storage area. The last, but most prevalent area of concern, encompassed seven separate findings. With the exception of the hypertension clinic, all other chronic illness clinics and reviews of annual/biennial physical examinations revealed inadequately documented medical histories, previous treatments, and/or baseline/recurring diagnostic studies.

Since the previous survey in 1999, many changes have taken place in the mental health department of FSP. A new program is being developed for inmates on close management status, which encompasses the majority of the inmates served. This program will, when fully operational, provide enhanced services to inmates who are identified at risk for deterioration in mental status due to placement in segregated housing. At the time of the survey, this program was still in the developmental stages. Many of the staff had recently been hired, and large numbers of inmates had been transferred to FSP in the six months prior to the survey. It should be noted that many of the findings listed in the mental health section of the report appear to be directly related to this unusual situation.

The majority of mental health services at FSP were being provided in the context of group therapy, which was administered extensively throughout the prison. Although this model provided much needed services to many inmates, some inmates were unwilling to participate in the group setting. In those cases reviewed, assessment and treatment were determined insufficient due to the lack of individual contact.

Also of primary concern to the survey team was a trend noted in the area of psychotropic medication. In several cases reviewed, inmates had refused psychotropic medication. They were quickly downgraded to a lower psychological, or S, grade, which resulted in discontinued contact with psychiatric staff. In addition, aversion to participation in the group setting often contributed to even further mental status deterioration.

Further discussion on these findings, as well as additional mental health findings are located in the mental health section of this report.

In addition to the physical and mental health findings referenced above, which fall within the scope of the institutional staff to correct, several other areas of concern were noted. The third group of findings will require intervention by the department's Office of Health Services (OHS) for correction. These issues are identified and discussed in detail in the Florida State Prison Supplemental Report, "Physical and Mental Health Survey Findings Requiring OHS Intervention."

At the conclusion of the survey, an exit conference was held on site with 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 regarding institutional issues drawn following an analysis of the information collected during the survey. Where suggested corrective actions are provided, these suggestions 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:

Physical Health Findings Summary		Numeric Score*		
		Systems	Records	
	Episodic Care	Sick Call	100	97
		Emergency Care	100	100
		Physician/CA Follow-Up Care		91
		Infirmery Care		100
	Chronic Care	Chronic Illness Clinic Systems	100	
		Asthma		89
		Diabetes		96
		General Medicine		95
		Hypertension		99
		Immunity		88
		Seizure		66
		TB/INH		86
	Preventative Care	100	90	
	Dental Care	100	99	
	Mortality		68	
	Other	Administrative Audit	94	
		Consultations	100	100
		Infection Control	100	
Intake Process (Reception)				
Intra-system Transfers		100	100	
Medication Administration		93	100	
OBIS		100	100	
Pharmacy				
Quality Management	100			
Mental Health Findings Summary				
	Inmate Access to Mental Health Services	86		
	Outpatient Mental Health Services	80	S1	93
			S2	65
			S3	80
	Intellectual Functioning	100	85	
	Sexual Offender Services	60	94	
	Special Housing	100	90	
	Psychotropic Medication	80	68	
	Self-Injury/Suicide Prevention	67	75	
Psychiatric Restraints	60			
A score of 100 represents meeting all minimum care/systems standards. A score of less than 80 represents an unacceptable level of care/systems standards.				

PHYSICAL HEALTH FINDINGS

Survey Results

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

Records Reviewed:		Systems Score	Records Score
5	PHYSICIAN/CA FOLLOW UP	N/A	91
Finding(s)		Suggested Corrective Action(s)	
<p>PH-1: Two of four records reviewed lacked recorded vital signs at the time of the sick call follow up appointment.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Monitor at least five sick call records monthly in which a follow up appointment is documented to ensure compliance with the requirement to record vital signs. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>	

Records Reviewed:		Systems Score	Records Score
10	ASTHMA CLINIC	N/A	89
Finding(s)		Suggested Corrective Action(s)	
<p>PH-2: The asthma related medical history documented in four of ten records reviewed lacked one or more required components.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure all required components of the medical history are documented.</p> <p>Monitor at least five asthma clinic records monthly to ensure compliance. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>	

Records Reviewed:	DIABETES CLINIC	Systems Score	Records Score
10		N/A	96
Finding(s)		Suggested Corrective Action(s)	
<p>PH-3: Six of ten records reviewed lacked documentation of complete baseline diagnostic studies and/or treatments pertinent to the diabetic disorder.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure all required components of the medical history are documented.</p> <p>Monitor at least five diabetes clinic records monthly to ensure compliance. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>	

Records Reviewed:	GENERAL MEDICINE CLINIC	Systems Score	Records Score
10		N/A	95
Finding(s)		Suggested Corrective Action(s)	
<p>PH-4: Five of ten records reviewed lacked a complete medical history, with attention to risk factors, initial diagnosis of disease, and previous treatment interventions.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure all required components of the medical history are documented.</p> <p>Monitor at least five general medicine clinic records monthly to ensure compliance. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>	

Records Reviewed:	IMMUNITY CLINIC	Systems Score	Records Score
9		N/A	88
Finding(s)		Suggested Corrective Action(s)	
<p>PH-5: Eight of nine records reviewed lacked either a complete medical history, with attention to risk factors, length of time of infection, previous antiretroviral therapy and compliance, and a list of previous infections, OR documentation of baseline laboratory studies.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure all required components of the medical history are documented.</p> <p>Monitor at least five immunodeficiency clinic records monthly to ensure compliance. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>	

Records Reviewed:	SEIZURE CLINIC		Systems Score	Records Score
9			N/A	66
Finding(s)		Suggested Corrective Action(s)		
<p>PH-6: Eight of nine records reviewed lacked complete documentation of a medical history and/or evaluation/treatment pertinent to the course of the seizure disorder care.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure all required components of the medical history are documented.</p> <p>Monitor at least five seizure clinic records monthly to ensure compliance. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>		

Records Reviewed:	TB/INH THERAPY CLINIC		Systems Score	Records Score
7			N/A	86
Finding(s)		Suggested Corrective Action(s)		
<p>PH-7: Seven of seven records reviewed lacked complete documentation of a medical history and/or evaluation/treatment pertinent to the course of the INH therapy.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure all required components of the medical history are documented.</p> <p>Monitor at least five TB/INH therapy clinic records monthly to ensure compliance. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>		

Records Reviewed:	MORTALITY REVIEW		Systems Score	Records Score
5			N/A	68
Finding(s)		Suggested Corrective Action(s)		
<p>PH-8: Concerns were noted in three of the five records reviewed regarding the accuracy and timeliness of cardiac related diagnostic evaluations.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure appropriate assessment and treatment protocols are employed when inmates present with possible cardiac related complaints.</p>		

Records Reviewed:	PREVENTATIVE CARE	Systems Score	Records Score
5		N/A	90
Finding(s)		Suggested Corrective Action(s)	
<p>PH-9: Two of five records reviewed lacked evidence a hemocult test was conducted during the inmate's most recent physical examination.</p>		<p>Provide in-service training to appropriate staff.</p> <p>Develop a system to ensure all required components of the physical examination are conducted and documented.</p> <p>Monitor at least five records monthly of inmates who receive annual/biennial physical examinations to ensure compliance. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>	

Records Reviewed:	ADMINISTRATIVE (MEDICATION ADMINISTRATION)	Systems Score	Records Score
N/A		N/A	90
Finding(s)		Suggested Corrective Action(s)	
<p>PH-10: The medication storage area is inadequate in design for medication storage and needed workspace, and may therefore, pose a safety hazard.</p>		<p>Initiate a work order to redesign the room to better meet the needs of the staff; e.g., more storage bins mounted on the walls, better organized workspace, etc.</p>	

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

System Reviews

- Chronic Illness Systems
- Consultations
- Dental
- Emergency Care
- Infection Control
- Intra-system Transfers
- Offender Based Information System
- Preventative Care
- Quality Management
- Sick Call

Record Reviews

- Consultations
- Dental
- Emergency Care
- Hypertension Clinic
- Infirmary
- Medication Administration
- Preventative Care
- Sick Call
- TB/INH Therapy Clinic

In addition to the findings identified in the body of this report, which fall within the scope of the institutional staff to correct, other areas of concern were noted that will require action/intervention by the department's Office of Health Services (OHS) to address. Refer to the Florida State Prison Supplemental Report (Physical and Mental Health Survey Findings Requiring OHS Intervention) for a description of the findings.

CONCLUSION

The CMA survey of Florida State Prison revealed that, with the exception of adequately documenting medical histories and previous treatment during chronic illness encounters, the provision of physical health care at the facility is consistent with expected and required standards. Ten findings (incorporated into three general groups) were identified, each of which fall within the scope of the institutional staff to correct. Strengths identified during the survey include timely, competent, well documented, and appropriate clinical assessments and treatments by medical and nursing staff during most episodic care events. Dental care was well organized, timely and appropriate. Administrative documentation was also very well organized.

MENTAL HEALTH FINDINGS

Description of the Mental Health Department

The mental health department at FSP provided services to inmates classified as S-grade 1 through 3. Inmates in the main unit were housed in close management, maximum management, or death row housing, all of which entailed placement in cells with only periodic exercise periods throughout the week. Services were also rendered to the inmates in the neighboring work camp as needed. These inmates were not housed in a confined status.

To serve this challenging population, two psychiatrists, one psychiatric nurse, three senior psychologists, and seven psychological specialists were on staff at the time of the survey. One clerk typist was dedicated to this unit. In addition to the employees on staff, clinicians from other institutions had been lent periodically to FSP to assist with the rapid influx of new close management patients. A number of additional psychological specialist positions were vacant but were expected to be filled by August 2002, through the use of a contracted vendor.

Survey Results

Several strengths were identified during the survey. Group therapy was offered extensively to all close management inmates housed at FSP. Interviews revealed that this service has been well received by the majority of inmates present.

The staff had developed a system for record review, triage, and orientation when inmates arrive at the institution. All inmates are oriented and reviewed by mental health and medical staff immediately upon arrival prior to assignment to housing units. This process appears to be very effective in identifying critical needs and ensuring that each inmate is aware of the procedure for accessing care as needed.

Finally, a procedure had been developed by psychiatric staff to conduct a psychiatric evaluation on each new arrival classified as an S-2 or S-3. This seemed to be a prudent practice to ensure that no undiagnosed mental health problems were missed initially.

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

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
3		86	N/A
Finding(s)		Suggested Corrective Action(s)	
MH-1: The psychological emergency log did not document the required response time of one hour. Although a column was present for this information, the entries were logged only as "seen".		Document response time on the existing log.	

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
3		86	N/A
<p>MH-2: Interviews and a review of documentation in both the healthcare records and security files indicated that inmates are not consistently moved to a safe environment and/or continuously observed from the time of the declaration of a psychological emergency until a decision has been rendered by mental health staff regarding risk for self-harm.</p>		<p>Provide in-service training to both healthcare and security staff regarding:</p> <ol style="list-style-type: none"> 1. the need to secure the safety of an inmate who has declared a psychological emergency, and 2. the proper documentation of this practice, to include required observations. <p>Monitor the healthcare record and security documentation of a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
25		80	S1: 93 S2: 65 S3: 80
Finding(s)		Suggested Corrective Action(s)	
<p>MH-3: Individual assessment and treatment was provided minimally. Systemically, required case management encounters were provided only in the context of group therapy sessions.</p>		<p>Provide individual therapy when clinically indicated, especially if a patient indicates discomfort disclosing sensitive topics in a group setting.</p> <p>Develop a system to ensure that individual case management is provided following two or more consecutive refusals of group therapy.</p> <p>Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.</p>	

MH-3 Discussion:

The provision of group therapy at FSP was easily identified as a strength due to increased contact with the majority of incarcerated individuals present. However, inmate interviews and a review of the inmate group refusal log indicated that many inmates were uncomfortable with group therapy as the only access to mental health services. Due to the sensitive nature of many issues discussed in psychotherapy, as well as the limited confidentiality of the prison environment, many inmates were unwilling to participate. In several records reviewed, inadequate assessment and follow-up was the result of this process.

**OUTPATIENT MENTAL HEALTH
SERVICES**

Staff reports suggest that increased individual contact had been identified as a goal but current limited staffing made this unattainable. Perhaps the addition of psychological specialists as planned will be effective in remedying this problem.

<p>MH-4: The Multidisciplinary Treatment Team (MDST) did not meet with all members present on a regularly scheduled basis.</p>	<p>Identify a regularly scheduled meeting time for the MDST that can accommodate all required members.</p> <p>Provide documentation in the closure file to indicate attendance.</p>
<p>MH-5: Individualized Service Plan (ISP) documentation was insufficient:</p> <ul style="list-style-type: none"> • reviews were not consistently completed at required intervals, • changes in treatment and significant events were not consistently noted, • treatment goals and planned interventions were not always appropriate to the problems listed. 	<p>Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.</p> <p>Utilize an ISP tracking mechanism to prepare for upcoming review dates.</p> <p>Provide in-service training on the development of appropriate treatment goals and interventions.</p>

MH-5 Discussion:

The completion and updating of ISPs proved to be a difficult task for the staff at FSP due to the transition to the new CM program. The arrival of a large number of new inmates in need of treatment plan updates led to many updates being late or missing. Of greatest concern to the survey team, however, was the listing of planned interventions, which seemed inappropriate to the problems identified in need of treatment. One case in particular listed a treatment goal as “inmate will not lose temper”. The planned intervention for this problem was “monitor inmate for adjustment to insure (sic) that treatment goals were met”. In other cases, brief therapy was listed as a planned intervention but was not provided.

<p>MH-6: Service Planning Interviews were not consistently conducted within 14 days of arrival.</p>	<p>Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.</p>
<p>MH-7: Group therapy notes were not individualized.</p>	<p>Provide in-service training on appropriate documentation for therapeutic groups.</p> <p>Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.</p>

Records Reviewed:	PSYCHIATRIC RESTRAINTS	Systems Score	Records Score
0		60	N/A
Finding(s)		Suggested Corrective Action(s)	
MH-8: Interviews indicated that staff knowledge of the policies and procedures for psychiatric restraints was inadequate to ensure safe application should the need arise.		Provide in-service training to all institutional staff likely to be involved in the application of psychiatric restraints, to include security officers posted in the infirmary.	

MH-8 Discussion:

Although psychiatric restraint training had been provided to many of the staff at FSP, interviews with staff from various disciplines suggested that a clear understanding of the policies and procedures was not consistently present. In particular, a discrepancy regarding which staff members placed the patient in the restraints (security vs. nursing) was present. Furthermore, no security staff assigned to the medical area post during the survey had been trained in the use of restraints.

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Systems Score	Records Score
15		80	68
Finding(s)		Suggested Corrective Action(s)	
MH-9: Psychotropic medication was not administered later than 6:00 p.m.		Provide psychotropic medications at appropriate times.	

MH-9 Discussion:

Many psychotropic medications cause somnolence as a side effect. As a result, they are often prescribed in the evening to minimize the impact of this side effect on daily activities. Administration of these medications early in the evening can impair an inmate's ability to comply with staff directions due to sedation. Inappropriate timing of medication administration can disrupt sleep cycles and result in conflicts with institutional practices.

MH-10: Abnormal lab results were not consistently followed up with appropriate treatment and/or referral in a timely manner.	Develop a system to ensure that abnormal labs are responded to in a timely manner. Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.
MH-11: In several cases reviewed, psychiatric care was discontinued prematurely following medication refusals, thereby leading to deterioration of mental status.	Following the refusal of medication, maintain all patients as S-3 for a minimum of 60 days to ensure mental status remains stable. Review all cases downgraded from S-3 to S-2 to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CAP assessment.

MH-11 Discussion:

Anecdotal reports indicate that some inmates do not wish to be housed at FSP and are, therefore, refusing to take psychotropic medication hoping that with an S-grade of 2, they will be moved to another prison housing close management. This proved problematic in several cases reviewed because symptoms of mania and psychosis returned without the medication. Further compounding the problem was the lack of individual assessment and treatment provided by case managers as mentioned above in finding MH-2.

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
10		67	75
Finding(s)	Suggested Corrective Action(s)		
MH-12: An inadequate supply of suicide-resistant blankets and shrouds was available for each certified cell.	Procure three blankets and shrouds for each certified cell in the medical unit and housing unit B.		
MH-13: Verbal physician's orders were not consistently countersigned.	<p>Develop a system to ensure that the physician signs all verbal orders within 72 hours.</p> <p>Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.</p>		
MH-14: Daily counseling by mental health staff (psychologist/psychological specialist) was not consistently documented in any of the records reviewed.	<p>Provide in-service training on the need for daily counseling and documentation by mental health staff for patients in IMRs. In addition, provide education on the correct placement of the documentation in the infirmary record rather than in the outpatient record.</p> <p>Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.</p>		

Additional Discussion Item:

Several months prior to the survey, institutional staff received direction from the Office of Health Services that the use of a self-harm prevention method called Alternate Housing was to be discontinued. Several concerns were identified regarding the use of this status but will not be issued as findings because the problems have been corrected. In particular, the length of time inmates were maintained on this status (over two months in one case reviewed) and contact by mental health only on a weekly basis were the foremost concerns at FSP. Discontinuation of the use of this status seems to be a prudent change, and the Office of Health Services is encouraged to maintain this position.

Records Reviewed:	SEX OFFENDER SERVICES	Systems Score	Records Score
10		60	94
Finding(s)		Suggested Corrective Action(s)	
MH-15: Sex offender treatment was not offered despite there being eligible patients on the waiting list. No staff had received specialized training to provide this required service.		Provide appropriate training to staff in the treatment of sexual disorders. Provide sex offender treatment to inmates in need of this service.	

Records Reviewed:	SPECIAL HOUSING	Systems Score	Records Score
10		100	90

Discussion Item:

In one record reviewed, a Consent for Evaluation and Treatment had not been obtained prior to conducting required confinement mental status exams for an S-1 inmate. Institutional staff indicated that it was not the practice at FSP to obtain consent for this examination. However, OHS policy requires that an active consent must be on file prior to initiating any clinical encounter.

Records Reviewed:	OTHER ADMINISTRATIVE ISSUES	Systems Score	Records Score
N/A			
Finding(s)		Suggested Corrective Action(s)	
MH-16: In several records reviewed, inmates had refused a form of treatment. However, the refusal form stated, "Inmate couldn't sign due to security reasons".		Modify the existing practice to ensure that inmates are able to sign the refusal form. In rare cases where an inmate is not able or willing to sign the form, this should be documented with the signatures of a minimum of two staff members who witnessed the refusal. Monitor a minimum of five applicable records per month to ensure compliance. Discontinue monitoring only after closure has been affirmed through the CMA CAP assessment.	

Additional Discussion Item:

Throughout the course of the survey, inmate and staff interviews suggested that inappropriate use of chemical agents was occurring at FSP. Use of force reports and medical records were reviewed, but these claims could neither be affirmed nor refuted.

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

System Reviews

- Intellectual Functioning
- Special Housing

Record Reviews

- Inmate Access to Mental Health Services
- Intellectual Functioning
- Psychiatric Restraints
- Special Housing

CONCLUSION

The provision of mental health care at Florida State Prison is a challenging task. As one of the prisons in Florida housing inmates with the most difficult behavioral problems, FSP has undertaken additional challenges with the new Close Management program. The transitional nature of the program at the time of the survey as well as insufficient staff led to many of the findings listed in this report. However, the lack of individual assessment and treatment and the rapid discontinuation of psychiatric care stand out as problems in need of correction to avoid the deterioration of mental status and exacerbation of mental illness. The Office of Health Services is urged to fill all vacant positions as quickly as possible.

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.