



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

JACKSON CORRECTIONAL INSTITUTION

in

Malone, Florida

on

February 12-15, 2002

Institutional Statistics Provided to CMA on February 5, 2002		
Population	Custody	Type
Adult	Close	Male

Main Unit Capacity	Current Main Unit Census	Satellite Unit(s) Capacity	Current Satellite Unit(s) Census	Current Number of Inmates Served
1,418	1,179	648	432	1,611

CMA Physical Health Team Leader:

Paul R. Cornish

Physical Health Team Members:

Ellsworth Sacks, M.D.
 Ed Zapert, D.M.D.
 Elaine Hatcher, A.R.N.P.
 Roslyn Neely, A.R.N.P.
 Kaye Harris, R.N.

CMA Mental Health Team Leader:

Kathy Pilkenton, M.S.W., M.Ed

Mental Health Team Members:

Carolyn Stimel, Ph.D.
 Carmen Paroby, L.C.S.W.
 Jane Wynn, L.C.S.W.

OVERVIEW

On February 15, 2002, the Correctional Medical Authority (CMA) concluded a physical and mental health survey of Jackson Correctional Institution (JACCI), located in Malone, Florida. At the time of the survey, JACCI served an adult male population of approximately 1,611 inmates assigned to medical grades 1 through 4 and psychological grades 1 through 2. Inmates requiring complex medical/dental care were housed at this institution.

Medical Grade	1	2	3	4	Impaired	
	548	565	84	2	2	
Psychological Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	1,184	17	N/A	N/A	N/A	6
Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	68	24	8	N/A	N/A	N/A

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 only three relatively minor departures from CMA standards or with prevailing practice standards generally accepted in the community at large. One such finding relates to long time frames between dental appointments, another to incomplete documentation on DC4-760A forms (completed on each inmate upon their arrival at the institution), and the last to incomplete documentation of inmate health education during annual/biennial physical examinations.

Findings in the mental health area included several documentation issues related to inmate orientation, consent forms, and observations of inmates in a self-harm prevention status. Other areas of concern included inadequate documentation and follow-up of inmates declaring psychological emergencies, a lack of group therapy, not consistently upgrading inmates to S2 status when clinically indicated, and a lack of diagnostic clarity for inmates with a history of psychosexual disorder diagnoses. It should be noted that there had been reduced availability of the supervising senior psychologist who, for the prior 1½ years, had been functioning as acting Regional Mental Health Consultant in addition to his duties at JACCI.

In addition to the findings referenced above, which fall within the scope of the institutional staff to correct, several other areas of concern were noted that will require intervention by the department's Office of Health Services (OHS) to address. These issues will hereafter be identified as OHS issues. These include statewide policy issues in areas where standards identified by the CMA as necessary are not addressed in OHS policy or procedure; i.e., annual peer review of the senior dentist and assigned clinical associates, written job descriptions for medical unit inmate workers, ongoing review of episodic care records, infection control reporting of institutional and food service inspections, and the documentation on the physician's orders form of the time medication orders were transcribed.

Two issues were identified in the mental health area that will require OHS intervention to address. These include OHS policies related to the care of inmates in suicide observation status and the timeframes for providing mental health services orientation. These issues are identified and discussed in detail in the Jackson C.I. 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, and the supplemental report contains information regarding those concerns identified as OHS issues. Where recommended 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:

Findings Summary		Numeric Score*		
		Systems	Records	
PHYSICAL HEALTH	Episodic Care	Sick Call	100	100
		Emergency Care	100	100
		Physician/CA Follow-Up Care		100
		Infirmity Care		100
	Chronic Care	Chronic Illness Clinic Systems	100	
		Asthma		98
		Diabetes		100
		General Medicine		100
		Hypertension		99
		Immunity		
		Seizure		97
		TB/INH		100
	Preventative Care	100	86	
	Dental Care	94	96	
	Mortality		95	
	Other	Administrative Audit	90	
		Consultations	100	100
Infection Control		96		
Intake Process (Reception)				
Intrasystem Transfers		100	89	
Medication Administration		100	90	
OBIS		100	100	
Pharmacy				
Quality Management	100			
MENTAL HEALTH	Inmate Access to Mental Health Services	88	75	
	Outpatient Mental Health Services	86	S1	79
			S2	87
			S3	
	Intellectual Functioning	100	96	
	Sexual Offender Services	83	81	
	Special Housing	100	89	
	Psychotropic Medication			
	Self-Injury/Suicide Prevention	86	73	
Psychiatric Restraints	80			
Inpatient Mental Health Services				
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:	DENTAL	Systems Score	Records Score
20		94	96
Finding(s)	Suggested Corrective Action(s)		
PH-1: Five of twenty records reviewed of inmates upon whom treatment had begun indicated time frames of over six months between appointments.	Monitor five dental records monthly of inmates upon whom treatment has begun to ensure appropriate time frames between appointments are met. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.		

PH-1 Discussion: It was reported by institutional staff that the only assigned dentist was to terminate employment within two weeks following the survey. This finding is identified as one for which the institution should develop a corrective action plan through monitoring and tightening time frames between appointments. It is recommended, however, that attention should also be given to the problem by the Office of Health Services, especially as related to the potential of serious dental access issues, should another dentist not be placed at the institution as soon as possible.

Records Reviewed:	INTRASYSTEM TRANSFERS	Systems Score	Records Score
6		100	89
Finding(s)	Suggested Corrective Action(s)		
PH-2: In four of six records reviewed, pending appointments, immunizations, laboratory tests, etc. were not annotated on the DC4-760A (Arrival Summary).	Provide in-service training to appropriate staff. Monitor five intrasystem arrival summary forms (DC4-760A) monthly to ensure all required information is annotated. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.		

Discussion: It should be noted that none of the records reviewed indicated that pending appointments etc. were missed. This information was appropriately being entered into OBIS as required, but was not being annotated on the Arrival Summary form.

Records Reviewed:	PREVENTATIVE CARE	Systems Score	Records Score
5		100	86
Finding(s)		Suggested Corrective Action(s)	
PH-3: In five of five records reviewed, the documentation of ongoing inmate health education provided at the time of annual /biennial physicals was inadequate.		Provide in-service training to appropriate staff. Monitor five records monthly to ensure applicable health education information is annotated at the time of annual/biennial physicals. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.	

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

System Reviews

- Chronic Illness Systems
- Consultations
- Dental
- Emergency Care
- Medication Administration
- Offender Based Information System
- Quality Management
- Sick Call

Record Reviews

- Asthma Clinic
- Consultations
- Diabetes Clinic
- Emergency Care
- General Medicine Clinic
- Hypertension Clinic
- Infirmary
- Medication Administration
- Mortality
- Offender Based Information System
- Physician/CA Follow-Up
- Seizure Clinic
- 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, several other areas of concern were noted (identified below). These findings will require action/intervention by the department's Office of Health Services (OHS) to address. Refer to the Jackson C.I. Supplemental Report (Physical and Mental Health Survey Findings Requiring OHS Intervention) for a description of the findings.

- Administration
- Infection Control
- Medication Administration

CONCLUSION

Excluding the findings discussed in the previous paragraph that appear to be beyond the control of institutional staff to correct, the CMA survey of Jackson C.I. revealed a level of physical health care consistent with expected and required standards. Only three relatively minor findings were identified each of which falls 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 in both the episodic and chronic illness arenas; very well organized administrative documentation; and well organized and maintained medical records.

MENTAL HEALTH FINDINGS

Survey Results

Staffing at JACCI consisted of two psychological specialists, both recently assigned to cover an additional institution one day per week, a clerk specialist and a senior psychologist who, for approximately the prior 1½ years, had also been functioning as the acting Regional Mental Health Consultant for Region 1.

There had been no deaths related to mental health reasons since the prior CMA survey. It should be noted that no episodes of psychiatric restraint use were reviewed as there were no inmates residing at the institution during the survey on whom psychiatric restraints had been used.

Where recommended corrective actions suggest in-service training, a copy of the curriculum should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding.

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
8		88	75
Finding(s)	Suggested Corrective Action(s)		
<p>MH-1: Responses to inmate requests for services and psychological emergency declarations did not consistently:</p> <p>a) describe with adequate specificity what, if any, interventions were made;</p> <p>b) demonstrate responsiveness and follow-through when actions were necessary to address mental health needs.</p>	<ul style="list-style-type: none"> • Provide appropriate in-service training for mental health clinical staff. Include a copy of the training agenda/curriculum in the CAP file. • Review five charts per month from the inmate request and psychological emergency logs until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 		
<p>MH-2: There was not an effective system in place to track timely completion of responses to psychological emergencies.</p>	<ul style="list-style-type: none"> • Develop a system (such as modifying the existing log) for tracking and ensuring that psychological emergencies are addressed in a timely manner (i.e., within one hour). This system should be subject to weekly supervisory review and sign-off to ensure timeframes are being met. The current system (a log) is inadequate due to the fact it only records dates and not the time the 		

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
8		88	75
Finding(s)		Suggested Corrective Action(s)	
		emergency was declared and the time that staff responded.	

MH-1 Discussion: Documentation in the medical record of interventions utilized when responding to a psychological emergency, or any inmate treatment contact, should be considerably more descriptive than “Inmate counseled.” Standard SOAP format should be followed with a detailed description of an inmate’s presentation and mental status, clinician’s observations and assessment, interventions utilized, and plan relating to treatment and/or referral as clinically indicated.

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
18		86	S1: 79 S2: 87
Finding(s)		Suggested Corrective Action(s)	
MH-3: Documentation of inmate mental health services orientation was not in accordance with TI 15.05.08.		<ul style="list-style-type: none"> Document orientation as specified in TI 15.05.08, “Screening and Orientation of Newly Arriving Inmates”. Provide appropriate in-service training for mental health staff. Include a copy of the training agenda/curriculum and attendance roster in the CAP file. <p>Review five charts per month until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.</p>	
MH-4: Consent forms were not always completed prior to initiating treatment.		<ul style="list-style-type: none"> Provide appropriate in-service training for mental health staff. Include a copy of the training agenda/curriculum and attendance roster in the CAP file. <p>Review five charts per month until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.</p>	
MH-5: The full range of mental health services was not provided, as group therapy had not been offered in the prior		<ul style="list-style-type: none"> A plan for offering a variety of groups to meet the needs of the population should be developed with implementation 	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
18		86	S1: 79 S2: 87

Finding(s)	Suggested Corrective Action(s)
three years.	timelines specified. Waiting lists should be maintained and groups should be offered when a minimum number of inmates are on the waiting list. The CAP file should contain a copy of the waiting lists, group titles, schedules and rosters of participants as well as an explanation of the criteria for determining when group treatment would be offered (e.g., number of inmates required for a group and/or EOS factors).
MH-6: The S-grade was not always upgraded as appropriate for inmates receiving mental health services.	<ul style="list-style-type: none"> • Inmates showing mild to moderate impairment in adaptive functioning associated with an Axis I disorder or certain Axis II disorders (e.g., borderline personality disorder, mental retardation) should be classified as S2 or higher and receive documented mental health treatment. Such treatment should be based on and guided by biopsychosocial assessments and ISPs with access to psychological and psychiatric evaluations as clinically indicated. • Review five charts per month of S1 inmates submitting requests and/or declaring psychological emergencies until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.

MH-6 Discussion: The failure to upgrade the psychological grade was noted to occur with general population inmates as well as those placed in alternative housing. This resulted in treatment essentially being rendered, sometimes on a daily basis but not guided by the completion of biopsychosocial assessments and Individualized Service Plans (ISPs) requiring development of treatment goals and intervention plans with periodic progress reviews.

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
8		86	73
Finding(s)		Suggested Corrective Action(s)	
<p>MH-7: The institution had an inadequate supply of suicide-resistant mattresses.</p>		<ul style="list-style-type: none"> • Order additional appropriate mattresses (e.g., heavy vinyl covered, triple-stitched with no cloth tape binding) so that at least one is available at all times for each of the four certified self-injury/suicide prevention cells. • Train nursing staff in the use and location of the mattresses and establish a system for re-ordering when the count drops below an appropriate level. Include a copy of the training agenda, curriculum, and attendance roster in the CAP file. • 	
<p>MH-8: Observations of inmates admitted to 23-hour infirmary observation status were not documented in the records reviewed.</p>		<ul style="list-style-type: none"> • Provide appropriate in-service training with security and medical staff. Include a copy of the training agenda, curriculum, and attendance roster in the CAP file. <p>Review five charts per month of inmates admitted to 23-hour infirmary observation status until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.</p>	

MH-7 Discussion: During the survey, staff were able to locate only two suicide-resistant mattresses and the institution had four certified cells. Several medical/mental health staff queried reported that, if necessary, they would use the standard infirmary mattresses. While the infirmary mattresses are similar to the suicide-resistant mattresses in that they are vinyl-covered, they are not appropriate for use with suicidal patients. Rather than being triple-stitched, they have cloth tape binding which on several was torn loose.

Records Reviewed:	SEX OFFENDER SERVICES	Systems Score	Records Score
12		83	81
Finding(s)		Suggested Corrective Action(s)	
<p>MH-9: Although sex offender screenings were being accomplished, there had been no sex offender treatment groups offered since 1999. A waiting list had</p>		<ul style="list-style-type: none"> • Treatment of sex offenders should be provided on a regular basis. Groups should be offered when a minimum number is on the waiting list. 	

Records Reviewed:	SEX OFFENDER SERVICES	Systems Score	Records Score
12		83	81
Finding(s)		Suggested Corrective Action(s)	
<p>been maintained that reflected eligible offenders who were typically transferred or, in at least one instance, reached end-of-sentence with no sex offender treatment having occurred.</p>		<ul style="list-style-type: none"> The CAP file should contain a copy of the waiting list, a group schedule and roster as well as an explanation of the criteria for determining when group treatment would be offered (e.g., number of inmates required for a group and/or EOS factors). 	
<p>MH-10: Psychosexual disorder diagnoses were removed at JACCI with inadequate or no rationale documented in several records reviewed.</p>		<ul style="list-style-type: none"> Provide appropriate in-service training to mental health clinical staff. Include a copy of the training agenda/curriculum and attendance roster in the CAP file. Review five charts per month of inmates admitted to JACCI with a diagnosed psychosexual disorder until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 	

Records Reviewed:	PSYCHIATRIC RESTRAINTS	Systems Score	Records Score
0		80	N/A
Finding(s)		Suggested Corrective Action(s)	
<p>MH-11: Staff were unable to locate the key to the psychiatric restraints for a significant length of time.</p>		<ul style="list-style-type: none"> Develop a plan for ensuring that the restraint key is readily available (i.e., within 2-3 minutes) and train all medical and mental health staff regarding the key's location. Provide a copy of the plan, training curriculum and attendance roster in the CAP file. 	

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

System Reviews

- Intellectual Functioning
- Special Housing

Record Reviews

- Intellectual Functioning
- Special Housing

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

CONCLUSION

Concerns noted in this report were in all probability influenced by the essential absence from JACCI of the supervising senior psychologist due to his reassignment approximately 1½ years ago to the position of Acting Regional Mental Health Consultant for Region 1. With his anticipated full-time return to the institution beginning in March 2002, the issues raised herein, particularly those related to inmate requests/psychological emergencies, group therapy, diagnostic clarity and psychological grade status should be expediently addressed.