



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **MOORE HAVEN CORRECTIONAL FACILITY**

in

**Moore Haven, Florida**

on

**April 28 - 30, 2009**

**CMA Physical Health Team Leader:**

Priscilla Wood, BS

**CMA Mental Health Team Leader:**

Kathy Goltry, MSW

**Physical Health Team Members:**

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**Mental Health Team Members:**

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**Distributed on May 12, 2009**

## DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
980	Male Offender	Medium	3

### Institutional Potential/Actual Workload

Main Unit Capacity	985	Current Main Unit Census	978
Annex Capacity	n/a	Current Annex Census	n/a
Satellite Unit(s) Capacity	n/a	Current Satellite(s) Census	n/a
Total Capacity	985	Total Current Census	978

### Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		783	159	42	0	0
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	946	38	0	0	0	0

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		16	22	0	0	0

# OVERVIEW

## **Institutional Description**

Moore Haven Correctional Facility (MORCF) houses male inmates of minimum and medium custody levels and is designated as a medical grade 3, psychological grade 2 facility. Primary medical services are rendered for all inmates. Sick call is offered five days per week.

The overall scope of health services provided at MORCF includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and an infirmary for medical care and mental health observation as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at MORCF April 28 - 30, 2009. Record reviews evaluating the provision and documentation of care, a review of administrative processes, and a tour of the physical plant were conducted.

## **Department Findings**

In addition to the institutional findings contained in this report, other areas of concern may be noted during the survey. These findings may be based on standards endorsed by the CMA, but not addressed in OHS policy, procedure or directive. They may be based on issues beyond institutional control, requiring intervention at a higher level. These findings are clearly identified as "Department Findings" and appear following the body of the Mental Health section of this report. Department findings from all institutional surveys, including those from the MORCF survey, will be routinely reviewed by the CMA Quality Management Committee and reported in the CMA Annual Report.

## **Exit Conference and Final Report**

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey.

## PHYSICAL HEALTH FINDINGS

Survey findings indicated the overall medical care provided at MORCF appeared to fall within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. There also appeared to be excellent cooperation between health and security staff to ensure inmates receive timely care. Staff should be commended regarding the care provided.

The dentist reviewing the dental clinic noted that while the dental area was small, care given to inmates was very good and the area was clean. The physician reviewing medical records commented that the care given by the chief health officer was also very good and records were organized and legible. It was clear that medical staff work well together under the leadership of the HSA, the CHO, and the Nursing Director.

It was also noted that inmates in special housing are offered one hour of exercise per day, outside the cell, five days per week. No corrective action plan is required by the CMA for physical health.

## MENTAL HEALTH FINDINGS

MORCF provides outpatient mental health services only. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at MORCF:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

Currently MORCF has two full-time mental health staff, a senior psychologist and a psychological specialist who each have a case management caseload and regularly answer inmate requests. The psychological specialist visits confinement regularly to check on inmates and those exhibiting suicidal ideation are managed appropriately and promptly. Although there were three records in which an original inmate request form could not be located, the progress notes fully documented the request and the response and the senior psychologist had already noted the missing documents. The quality of progress notes and summaries was excellent and documentation of mental health encounters was complete and informative. All inmates interviewed indicated they would not hesitate to ask for help if they had a mental health problem. The staff appears to provide quality services to those inmates who need intervention and to respond quickly and appropriately to emergencies. Although aftercare arrangements are not required by DC for S2 inmates, the MORCF staff believes that these services help inmates have a successful adjustment to re-entry and reduces the likelihood they will re-offend. Because they do not have Internet access at MORCF, the mental health staff uses their own home computers on their personal time to do aftercare planning for inmates. The surveyors commented on the dedication of the MORCF staff and their commitment to maintaining a community standard of care in a correctional setting.

No corrective action plan is required by the CMA for mental health.

## **DEPARTMENT FINDINGS**

In addition to the physical and mental health findings referenced previously in this report, other issue(s) were identified during the survey that are beyond the scope of the institution to address in an institutional corrective action plan (CAP). The issues may be based on standards endorsed by the CMA, but not addressed in department policy, procedure, or directive and therefore beyond institutional control. Issues identified below are currently under discussion with the OHS staff and will be addressed through the CMA's Quality Management Committee. Until such time as a resolution is reached between the CMA and the OHS these issues will continue to be reflected as "Department Findings" in individual institutional reports when applicable.

### **PHYSICAL HEALTH**

Finding(s)
No physical health findings.

### **MENTAL HEALTH**

Finding(s)
No mental health findings.

## SURVEY PROCESS

The goals of every survey performed by the CMA are:

- (1) to determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with 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 criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining if inmates:

- Have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

To meet these objectives, the CMA contracts with a variety of licensed community and public 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 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, treatment plans, schedules, logs, administrative reports, physician orders, service 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

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 also 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 of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office, security or program area staff.