



CORRECTIONAL MEDICAL AUTHORITY

CLOSE MANAGEMENT MONITORING SURVEY

of

SANTA ROSA CORRECTIONAL INSTITUTION

in

Milton, Florida

on

April 22-25, 2005

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SURVEY PURPOSE

In December 2001, the department entered into an offer of judgment 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 and added an additional institution for male inmates, Union Correctional Institution. In early December 2004, a 116-bed transitional care unit (TCU) was opened at Union Correctional Institution (UNICI) to house close management inmates requiring inpatient mental health services.

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 includes a stipulation that the authority monitors 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	309
Close Management Team Decision 2	222
Close Management Team Decision 3	322
Total Close Management Population	853

Program Description

Close management inmates at Santa Rosa Correctional Institution (SARCI) were housed in five of six separate CM dormitories. One dormitory housed county jail inmates as a result of hurricane damage in the county last year. At the time of the 2003 survey, four dormitories housed CM inmates. Also since 2003, the number of CM inmates has increased from a total of 376 to 853 inmates. Outpatient mental health services available at the time of the survey included case management, individual therapy, 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 of two hours, three times per week had been implemented. In progressive stages based on their individual classifications, inmates were permitted to make monitored telephone calls, receive canteen privileges, dayroom access, and 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 mental health program included 12 psychological specialists and three senior psychologists (compared to ten and two respectively in 2003). One full-time psychiatrist and two psychiatric nurses were on staff. One of the nursing positions was vacant. At the time of the survey there were 52 S3 and 64 S2 inmates housed at the institution including both CM and non-CM inmates.

OVERVIEW

Survey Summary

Reviews were conducted of the mental health and classification records of 25 CM inmates to confirm implementation of the CM program and assess appropriateness of mental health services provision. Additionally, the survey included seven self-injury/suicide prevention record reviews, ten psychotropic medication practices record reviews and eight post use-of-force record reviews. A comprehensive review was also completed of close management systems including policies, procedures, and practices. A tour was conducted of the close management housing dormitories including dayrooms and exercise yards. A sample of inmate daily record of segregation forms (DC6-229) was reviewed for mental health rounds, dayroom access including justification for the suspension of privileges, telephone privileges, canteen privileges, and exercise obtained. The infirmary isolation management rooms (IMR) and observation cells located in the housing areas were reviewed, and mediation administration practices were observed. Finally, interviews were conducted with 11 clinical staff, the classification supervisor, ten correctional officers, and ten inmates. The inmates interviewed represented various levels of close management and had psychological grades of one through three (S1-S3).

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 of close management inmate records 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 majority of inmates interviewed expressed positive comments about the quality of mental health services received.
- The correctional officers interviewed were very positive regarding the CM program.
- The documentation systems required by the settlement agreement were in place and services were provided in a timely manner.
- The mental health, medical and nursing documentation was generally excellent including the documentation of psychotropic medication practices. The medical and classification records were well organized.
- Mental health, medical, classification and security staff worked very well together in implementing the CM program. The staff was particularly dedicated to providing an excellent program including the warden, the nurse supervisor, and key mental health staff.
- The continuity of case management services was enhanced by the arrangement and staffing of the CM dormitories. Most of the dormitories provided housing for each of the three levels of CM which meant inmates could retain their same case manager when moving between CM levels. Two psychological specialist case managers were permanently assigned to each dormitory.
- There had been a significant improvement in the numbers and quality of group treatment opportunities offered CM inmates since 2003.

Survey Results

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

Records Reviewed:	CLOSE MANAGEMENT RECORD REVIEWS
25	
Finding(s)	Suggested Corrective Action(s)
CM-1: In six of 25 CM record review cases, the Behavior Risk Assessments (BRAs) did not consistently accurately reflect all relevant mental health information.	<p>Review with all relevant staff the requirements for completing the BRAs.</p> <p>Monitor a minimum of ten records per month to ensure compliance until closure is affirmed through the CMA CAP assessment</p>

CM-1 Discussion: In three cases, the BRAs did not document the inmates' diagnoses although documentation in the charts indicated significant and current diagnoses. In two cases, suicide attempts/threats and gestures were not scored appropriately. In one other case, the BRA omitted a history of substance abuse which was significant enough to warrant a diagnosis. These cases were provided to the institution at the time of the survey.

Records Reviewed:	SUICIDE AND SELF-INJURY PREVENTION
7	

Finding(s)	Suggested Corrective Action(s)
CM-2: In five of seven suicide observation status (SOS) records reviewed, documentation did not indicate whether the physician’s verbal orders were signed within 24-hours.	<p>Ensure documentation reflects timely signing of the physician’s SOS orders.</p> <p>Monitor a minimum of ten records per month to ensure compliance until closure is affirmed through the CMA CAP assessment</p>

Additional Discussion Item:

Close management dormitories B and E provided excellent documentation of CM privileges on the DC-229s. The remaining dormitories did a thorough job of documentation with one exception. While completed or attempted telephone calls were documented, the documentation of declined/refused telephone calls was inconsistent.

Department Findings:

The following findings represent systemic issues that require correction over all relevant institutions and are not unique to Santa Rosa. One issue is unique to the CM program (refer to Dept. Finding-3 below).

DEPARTMENT FINDINGS

Finding(s)	Suggested Corrective Action(s)
Dept. Finding-1: SOS inmates temporarily housed in observation cells outside the infirmary (due to overflow) were not provided a formal infirmary record. This results in a lesser standard of documentation of care for such inmates.	<p>Refer to T.I. 404.001, Suicide and Self-Injury Prevention, dated 12/27/04. The department’s policy does not require an infirmary record be opened for SOS patients housed in observation cells outside the infirmary.</p> <p>The CMA recommends T.I. 404.001 be revised to require formal infirmary admission documentation for <u>all</u> SOS patients, regardless of the setting in which they may be managed. There should be a uniform and consistent standard of care for all inmates managed for suicidal and self-injurious behavior.</p> <p>Please provide a status report to the CMA.</p>
Dept. Finding-2: EKGs were not consistently completed as indicated (or read by the physician) for inmates prescribed psychotropic medications known to prolong the Q-T interval (e.g., Geodon, Seroquel, and Abilify).	<p>Address this issue at S3 institutions including Santa Rosa.</p> <p>Monitor records at each of the relevant institutions to ensure compliance.</p> <p>Please provide a status report to the CMA.</p>
Dept. Finding-3: In eight of the 25 CM records reviewed, a CM Referral Assessment form had not been completed. Notably, seven of the eight cases were the responsibility of	<p>Address this issue with referring institutions throughout the system.</p> <p>Monitor records at each of the CM institutions to</p>

DEPARTMENT FINDINGS

Finding(s)	Suggested Corrective Action(s)
referring institutions other than Santa Rosa.	ensure compliance. Please provide a status report to the CMA.

Discussion of Department Findings:

Department Finding-1: The CMA has consistently provided comments to the Department regarding concerns with elements of T.I. 404.001 (see correspondence dated 07/21/04). The CMA advocates one standard of care for all suicidal and self-injurious behavior regardless of the setting in which the behavior may be managed or the assessed motivation of the behavior. Similarly, the CMA does not support the use of 23-hour observation for the management of suicidal and self-injurious behavior.

It is noted that nursing staff at Santa Rosa were observing the inmates in question every 15 minutes, as required, and ensuring the inmates' safety although an infirmary chart was not opened. These cases were also tracked on an institutional log which ensured the opportunity for quality improvement review. However, all inmates at risk for suicide and self-injury should be provided a consistent standard of care, including documentation of care. This issue has been addressed in recent CMA findings, particularly in region I.

CONCLUSION

The systems to bring SARCI into compliance with the offer of judgment appeared to be in place. The program has shown consistent improvement since the 2003 CMA close management survey with considerable strengths noted. The staff demonstrated a high degree of dedication and professionalism that will serve them well in working with this difficult population.