



CORRECTIONAL MEDICAL AUTHORITY

CLOSE MANAGEMENT MONITORING SURVEY

of

SANTA ROSA CORRECTIONAL INSTITUTION

in

Milton, Florida

on

July 22-25, 2003

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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. Since that time, a fifth close management unit has been opened at Union Correctional Institution.

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	119
Close Management Team Decision 2	117
Close Management Team Decision 3	140
Total Close Management Population	376

Program Description

Close management inmates at Santa Rosa Correctional Institution (SARCI) were housed in four separate dormitories with three additional dormitories eventually to be available. The additional dormitories are currently vacant. One of these additional dormitories will come online in mid-August while the others will be utilized as needed to house CM 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, 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 seven psychological specialists and one senior psychologist. There were three additional psychological specialists and one additional senior psychologist at the institution working with open population inmates. It is anticipated that, as more CM dormitories open, these staff will absorb more of the CM program workload. One full-time psychiatrist and two psychiatric nurses provide psychiatric services to both the open and CM population. Vacant positions included one psychological specialist and one psychiatrist. At the time of the survey there were 80 inmates receiving psychotropic medication. Only 23 of the 80 were 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 four self-injury/suicide prevention record reviews and ten psychotropic medication practices 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. Finally, interviews were conducted with clinical staff, the classification supervisor, five

correctional officers, and six 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 documentation systems required by the settlement agreement were in place.
- Close management inmates appeared to be receiving the out-of-cell exercise and self-betterment/stimulation programming as specified by the settlement agreement.
- Mental health, classification and security staff appeared to be working well together in implementing the CM programming.

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: Mental health treatment groups had been suspended due to population movement. (see discussion below).	<p>Resume providing groups as indicated in the plan already developed by SARCI staff. Analyze and remove disruptive barriers, such as inmate movement among CM dormitories.</p> <p>Provide detailed close management group schedules and rosters in the CAP file. Provide clear documentation regarding reasons for any group cancellations or suspensions.</p>

CM-1 Discussion: According to staff, mental health groups had been suspended for an approximately two-week period just prior to the survey. Reportedly, this suspension was a result of population movement in and out of SARCI as well as movement among the four CM dormitories. It was clearly documented, however, that a variety of groups had been offered prior to that suspension and that a plan was in place to resume groups following the survey. According to staff, inmates in all CM levels (CM1-3) will eventually be housed in each CM dormitory. If implemented this will allow continuity of care since psychological specialists are assigned to cover particular dormitories. Additionally, it will enable mental health groups to be conducted effectively as inmates will be able to remain in the same dormitory when their CM level changes thus avoiding disruption to group involvement.

As the CM population stabilizes in terms of numbers and dormitory housing locations, it is expected that the conduct of groups will occur commensurate with the needs of an S2/S3 CM population. Staff stated that groups would be resumed within the weeks following the survey. It was noted that at least one group had just restarted. Institutional staff are encouraged to review this issue for barriers to the conduct of groups.

Additional Discussion:

Beginning July 1, 2003, the settlement agreement requires that six hours of exercise be provided each week (three days per week, two hours each day). SARCI appeared to be in compliance with that stipulation at the time of this survey. According to staff and inmate interviews, outdoor exercise was provided three times per week, for two hours at a time. During a tour of the secure CM outdoor areas it was noted that exercise equipment was available in the form of fixed mounted exercise bars.

During the tours of CM dormitories it was noted that cordless phones were available for inmate use, however, security staff were not thoroughly familiar with the locations of these phones in all dormitories.

Records Reviewed: 25	CLOSE MANAGEMENT RECORD REVIEWS
Finding(s)	Suggested Corrective Action(s)
CM-2: Behavioral Risk Assessments (BRAs) were not consistently completed each time the Multidisciplinary Services Team (MDST) reviewed patient Individualized Services Plans (ISPs) and/or after critical incidents.	<p>Provide training to mental health staff regarding the requirement for completion of the risk assessment during the MDST meeting and after critical incidents.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
CM-3: Categories receiving scores of two or greater on the BRAs were not consistently addressed on the ISPs.	<p>Provide training to mental health staff regarding the requirement for utilizing BRA results to assist in mental health treatment planning and the need for ISP modification when BRA categories receive a score of two or greater.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
CM-4: Documentation of Institutional Classification Team (ICT) reviews consisted of illegible initials on the DC6-229.	<p>Ensure that ICT reviews are clearly documented with legible signatures. Consideration should be given to use of a name stamp below or beside the signature.</p>
CM-5: ISPs were not always individualized, goals were frequently inappropriate to the patient's current behavior and continuation of problems that were no longer relevant occurred on several ISPs reviewed.	<p>Provide training to mental health staff regarding proper development and updating of the ISP to ensure that it reflects individualization with appropriate goals addressing problems of current relevancy to the patient's functioning.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed: CLOSE MANAGEMENT	
25 RECORD REVIEWS	
Finding(s)	Suggested Corrective Action(s)
CM-6: Progress notes were not always individualized.	<p>Discontinue the use of “canned” notes and provide training to mental health staff regarding the need for documenting individualized progress notes.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
CM-7: Current consent for treatment forms were not consistently present in the records reviewed.	<p>Provide training to mental health staff regarding annual completion of treatment consent forms.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Additional Discussion Item:

During the survey a MDST meeting was observed. It was noted that members of the MDST team signed BRAs without discussion or review of the information.

Records Reviewed: PSYCHOTROPIC MEDICATION	
10 PRACTICES	
Finding(s)	Suggested Corrective Action(s)
CM-8: Medication consent forms were not consistently present in the records reviewed.	<p>Provide inservice training to relevant staff on the need to complete medication consent forms.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
CM-9: Physician orders for medication did not specify route of administration.	<p>Provide inservice training to psychiatric clinical staff.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
CM-10/OHS: Hour-of-sleep medications are given at approximately 5:00 p.m.	<p>This finding is referred to the Office of Health Services (OHS) for response as current department policy specifies medication administration times that do not allow for variation when clinically indicated.</p>

CONCLUSION

The systems to bring SARCI into compliance with the offer of judgment appeared to be in place, including the renovations/remodeling of exercise areas and of occupied dormitories to allow space for confidential therapy sessions and group and educational activities. Clinical mental health staffing appeared to be adequate for the population present at the time of this survey. However, as additional CM dormitories open, increased staffing may be necessary.

The need for some fine-tuning was revealed in the findings of this survey. One example is the lack of individualization noted in some ISPs and progress notes and the failure to consistently reflect BRA results in the ISP goals and objectives. This is of particular concern as it hinders the effectiveness of the documentation in supporting the MDST's input to the Institutional Classification Teams. Additionally, the MDST functioning, as it was observed during the survey, could also be enhanced in terms of the depth with which risk assessments are examined and discussed.

Several findings from this survey no doubt reflect the newness of the CM program. It is anticipated that as the inmate population stabilizes and staff become more accustomed to dealing with CM documentation requirements, many of these concerns will resolve. Overall, staff demonstrated a high degree of dedication and professionalism that will serve them well in working with this difficult population.