



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY CALHOUN CORRECTIONAL INSTITUTION

DECEMBER 7-9, 2021

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Calhoun Correctional Institution (CALCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1 and 2. CALCI consists of a Main Unit at this time. The work camp has been temporarily closed.¹

Institutional Potential and Actual Workload

Main Unit Capacity	1299	Current Main Unit Census	1290
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1299	Total Current Census	1290

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	849	430	22	0	3	184
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	1250	56	0	N/A	N/A	73

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	63	55	1	0	1	3

¹ Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
Registered Nurse	5.2	2
Licensed Practical Nurse	7.2	2
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	1

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	1	0
Psychologists	1	0
Behavioral Specialist	0	0
Mental Health Professional	1	1
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Calhoun Correctional Institution (CALCI) on December 7-9, 2021. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

The overall scope of services provided at CALCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health.

A summary of physical and mental health survey findings are outlined in the tables below.

Physical Health Clinical Records Review

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	15	0
Cardiovascular Clinic	17	0
Endocrine Clinic	15	0
Gastrointestinal Clinic	16	0
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	10	0
Neurology Clinic	10	0
Oncology Clinic	3	0
Respiratory Clinic	15	0
Tuberculosis Clinic	3	0

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	18	0
Infirmary Care	N/A	N/A
Sick Call	17	0

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	12	1
Inmate Request	18	0
Intra-System Transfers	17	0
Medication Administration	10	0
Periodic Screenings	17	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	16	0
Dental Systems	16	0

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	1

PHYSICAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Consultations Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 8 of 12 records reviewed, there was no evidence the diagnosis was recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour	
Finding(s)	Suggested Corrective Action
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-2: A current inventory of over-the-counter medications was not available for two of three dorms observed (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p>

Discussion PH-2: Each area in which over-the-counter medications are stored must have a system of inventory control which includes the stock level within each area and the amount on hand (HSB. 15.14.04).

PHYSICAL HEALTH SURVEY CONCLUSION

The staff at CALCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Patient records were well organized. Interviews conducted by surveyors indicated inmates were familiar with how to obtain medical and emergency services.

A review of health services demonstrated compliance with most aspects of Department policy and there were few findings requiring corrective actions. In several records, the diagnostic information was not recorded on the problem list. The institutional tour also revealed a lack of a system of inventory control of over-the-counter medications.

Although, there were only two findings identified in the report, CALCI staff indicated they were appreciative of the review and would use the CMA corrective action process to improve health care services.

Mental Health Clinical Records Review

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	4	5

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	1	0

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	15	1
Inmate Requests	14	2
Special Housing	14	1

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	13	6
Outpatient Psychotropic Medication Practices	N/A	N/A

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	N/A	N/A

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	1

MENTAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Self-harm Observation Status	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>MH-1: In 2 of 4 records reviewed, a thorough clinical assessment was not completed prior to a Self-harm Observation Status admission (SHOS) (see discussion).</p> <p>MH-2: In all records reviewed, the nursing assessment was not completed once per shift (see discussion).</p> <p>MH-3: In 1 of 4 records reviewed, there was no evidence of daily rounds by the attending clinician (see discussion).</p> <p>MH-4: In 2 of 4 records reviewed, there was no evidence of a face-to-face evaluation by the attending clinician prior to discharge.</p> <p>MH-5: In 2 of 4 records reviewed, mental health staff did not provide adequate post-discharge follow up (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with SHOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: *In the first record, the evaluation erroneously indicated that the inmate had no history of self-injury. In the second record, the evaluation was not located.*

Discussion MH-2: *The subjective information was missing from all records.*

Discussion MH-3: *The inmate was admitted to SHOS on 11/20/21 and discharged on 11/22/21. The counseling note for 11/21/21 was not located in the record.*

Discussion MH-5: *According to Procedure 404.001, an inmate should be evaluated by mental health staff between the first and third and between the seventh and tenth working days after discontinuation of SHOS and infirmary discharge.*

Psychological Emergencies

Finding(s)	Suggested Corrective Action
<p>MH-6: In 2 of 6 applicable records (15 reviewed), there was no evidence of follow-up when indicated.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-6: *In the first record, the patient was evaluated by medical staff and was found to not be at risk for self-harm. A written referral for mental health follow-up was completed, however, there was no evidence that mental health staff ever saw the inmate. In the second record, mental health staff indicated the inmate would be seen for follow-up on 10/18/21; however, there was no evidence this appointment occurred.*

Inmate Requests

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>MH-7: In 3 records, a copy of the inmate request form was not present in the record.</p> <p>MH-8: In 3 of 11 applicable records, there was no evidence that an interview with the inmate occurred in response to an inmate request when indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-8: *In the first record, the inmate was not seen by mental health for four weeks. In the second record, the inmate request was dated 7/9/21 and the inmate was not seen until 7/29/21. In the third record, the inmate voiced suicidal ideations on the inmate request dated 10/26/21 and was not seen for two days. Department procedures require that inmate's expressing intent to harm themselves or others be seen immediately upon receipt.*

Special Housing

Finding(s)	Suggested Corrective Action
<p>MH-9: In 1 of 1 applicable record (14 reviewed), problems with adjustment were identified without a clinically appropriate response (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with inmates in confinement to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-9:** A case management note dated 10/29/21 identified problems in adjustment and the presence of command auditory hallucinations. The inmate was referred to psychiatry for a medication evaluation. As of the date of the survey, follow-up had not been completed.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>MH-10: In 3 of 11 applicable records, nursing staff did not review the record to ensure there were no delays in medication or treatment.</p> <p>MH-11: In 2 of 13 applicable records, the Individualized Services Plan (ISP) was not completed within 30 days of receiving a S2 grade at this institution.</p> <p>MH-12: In 7 of 13 applicable records, there was no indication the ISP was reviewed and revised at the appropriate interval.</p> <p>MH-13: In 4 of 12 records, there was no evidence the inmate received the services described in the ISP (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with Outpatient Mental Health Services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-13:** In these records, case management and counseling were not provided at the frequency listed on the ISP.*

Mental Health Systems Review

Finding(s)	Suggested Corrective Action
<p>MH-14: Outpatient therapeutic groups were not provided to meet the needs of the inmate population (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of attendance records or other clinical documentation.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-14: According to Health Services Bulletin (HSB) 15.05.18, each permanent institution will offer group interventions, as clinically indicated, that are designed to meet the needs of the inmates who are eligible for ongoing outpatient services. At the time of the survey, therapeutic groups were not being offered at CALCI.

MENTAL HEALTH SURVEY CONCLUSION

At the time of the survey, approximately 56 inmates were receiving mental health services. In addition to providing services to these inmates, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also provide services for inmates in SHOS and perform sex offender screenings when needed.

Many of the findings described in this report are related to missing or late clinical documentation. At the time of the survey, CALCI had one mental health professional (MHP) position that was vacant. Mental health staff from neighboring institutions had been covering as their time allowed. Most of the deficiencies outlined in the tables above were from the time period in which the MHP position was vacant. Staff indicated that the position had recently been filled and the MHP would be starting shortly.

Interviews with inmates indicated they were familiar with how to access both routine and emergency mental health services. Overall, inmates were complementary of the mental health services they were able to access but indicated that often psychological emergencies or written requests for services were not responded to in a timely manner.

CALCI staff were helpful throughout the survey process and appeared dedicated to providing appropriate services to the inmates in their care. They indicated that they would use the results of the survey and the corrective action process to improve mental health services in the deficient areas.

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 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.
- 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.
- If inmates 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 and public health care practitioners such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. 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 reviewed. Efforts are also made to confirm that administrative documentation (e.g., 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. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.