



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY GADSDEN RE-ENTRY

JULY 6-8, 2021

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Gadsden Re-entry (GADRE) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1 and 2, and psychology (S) grades 1, 2, and 3. GADRE consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Unit Capacity	432	Current Main Unit Census	422
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	432	Total Current Census	422

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	261	162	N/A	N/A	N/A	187
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	386	22	16	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	N/A	N/A	N/A	N/A	N/A	N/A

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
Registered Nurse	2	0.8
Licensed Practical Nurse	2	1.0
CMT-C	0	0
Dentist	0	0
Dental Assistant	0	0
Dental Hygienist	0	0

Mental Health Unit Staffing

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

GADSDEN RE-ENTRY SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical and mental health systems at Gadsden Re-entry (GADRE) on July 6-8, 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 GADRE includes comprehensive medical, 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 is 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	13	0
Cardiovascular Clinic	16	1
Endocrine Clinic	12	0
Gastrointestinal Clinic	11	0
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	2	0
Neurology Clinic	2	1
Oncology Clinic	2	0
Respiratory Clinic	5	0
Tuberculosis Clinic	1	0

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	14	0
Infirmiry Care	N/A	N/A
Sick Call	17	0

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	3	1
Inmate Request	17	0
Intra-System Transfers	13	0
Medication Administration	12	0
Periodic Screenings	12	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	N/A	N/A
Dental Systems	N/A	N/A

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.

Cardiovascular Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 8 of 16 records reviewed, there was no evidence that low dose aspirin was prescribed (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 of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: Per Health Services Bulletin (HSB) 15.03.05 Appendix 4, low dose aspirin should be prescribed as secondary prevention of atherosclerotic cardiovascular disease (ASCVD) unless contraindicated in patients with known history of stroke, myocardial infarction, coronary artery bypass surgery, or coronary artery stenting.

Neurology Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-2: In 2 of 2 records reviewed, there was no evidence of a complete neurological evaluation.</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 enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action
<p>PH-3: In 3 of 3 records reviewed, there was no evidence the consultation log was complete and/or accurate.</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-4: There was no evidence that dorm first aid kits were inspected monthly (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-4:** The first aid kits were last inspected in January 2021 for A Dorm, March 2021 for B Dorm, and April 2021 for C Dorm.*

PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at GADRE serves a population of inmates with multiple medical comorbidities. Physical health care is provided on an outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education, infection control activities, and re-entry services.

There were relatively few findings noted during the record review and generally, medical care appeared to be within Department standards. Reportable findings requiring corrective action are outlined in the tables above.

Overall, medical charts were in order and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as medical and security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The staff at GADRE was helpful throughout the survey process and should be commended for their dedication in meeting the health care needs of inmates.

Physical health staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient.

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	N/A	N/A

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	N/A	N/A

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	4	0
Inmate Requests	8	0
Special Housing	N/A	N/A

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	12	0
Outpatient Psychotropic Medication Practices	8	5

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	0	N/A

Assessment Area	Area(s) of Concern	Total Number of Findings
Mental Health Systems	Therapeutic Groups	1

MENTAL HEALTH SURVEY FINDINGS

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

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 8 outpatient records revealed the following deficiencies:</p> <p>MH-1: In 1 of 1 applicable record, abnormal labs were not followed up as required (see discussion).</p> <p>MH-2: In 2 records, clinician orders were not signed, dated, stamped and/or timed (see discussion).</p> <p>MH-3: In 2 records, follow-up psychiatry sessions were not completed as required (see discussion).</p> <p>MH-4: In 2 records, follow-up psychiatric evaluations did not include the necessary components (see discussion).</p> <p>MH-5: In 2 of 4 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required (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 Psychotropic Medication Practices 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 one record, an inmate on Zyprexa exhibited elevated lipid levels trending up. There was no evidence of appropriate follow-up.

Discussion MH-2: In one record, the medication order was written on 5/26/21 and not signed or stamped by the time of the survey. In another record, the medication order was written on 6/15/21 and not signed or stamped by the time of the survey. However, these orders were carried out by nursing staff.

Discussion MH-3: In both records, the inmate was started on a new psychotropic medication. Per policy, the inmate should be evaluated after two weeks on the medication and again two weeks later. In both cases, these visits did not occur timely.

Discussion MH-4: In both records, DC4-655 “Psychiatric Evaluation Outpatient” was not completed in its entirety. Clinical rationale, complete forms, and thorough documentation are important when changing a diagnosis, medications, or treatment plans.

Discussion MH-5: In both records, the AIMS was not completed every six months for an inmate on antipsychotic medications.

Mental Health Systems Review	
Finding(s)	Suggested Corrective Action
<p>MH-6: Therapeutic groups were not offered 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 documentation via work order or completed work signed off by regional staff.</p>

Discussion MH-6: At GADRE, there were three inmates within 180 days of end of sentence. Therefore, a sex offender treatment group should be offered.

MENTAL HEALTH SURVEY CONCLUSION

At the time of the survey there was one mental health professional (MHP) at GADRE who provided services to a caseload of approximately 35 inmates. In addition to providing services to these inmates, staff answer inmate requests and respond to psychological emergencies. Staff also perform sex offender screenings and aftercare services when needed. The few inmates in need of psychiatric medication management receive these services via telemedicine provided by clinicians from other institutions. There were deficiencies surrounding the timeliness, completeness, and frequency of psychiatric visits. CMA surveyors recommended having a consistent psychiatric clinician to ensure continuity of care, cohesiveness of the treatment team, and timely evaluations. There is a psychologist onsite one day per week.

Until recently, this facility did not house S-3 inmates and they do not have cells certified for Self-Harm Observation Status or an infirmary. The CMA recommends that if Gadsden Re-Entry is going to have further increases in inmates taking psychotropic medications, adjustments should be made to provide for their safety in an acute mental health crisis.

Inmates who were interviewed knew how to access mental health services and reported that the MHP was helpful and had an “open door” policy. The quality of progress notes and summaries was excellent, and the documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. The interview with the mental health professional revealed a familiarity with the mental health caseload and a strong desire to provide quality services. After a review of mental health records and interviews with inmates and staff, the above listed findings require corrective action by the CMA.

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.