

MISSISSIPPI DEPARTMENT OF CORRECTIONS
CLINICAL CONTRACT COMPLIANCE REVIEW REPORT

Initial Contract: July 1, 2015

Current Contract: July 1, 2016 through June 30, 2019, with two possible one-year renewals

SCOPE OF THE REVIEW

Clinical contract compliance reviews were conducted at six facilities of the Mississippi Department of Corrections (MDOC) during the week of December 11, 2017. The reviews were conducted to assess the mental health services delivered under the contract between Centurion and the MDOC and to identify areas that may require improvement or support.

The following facilities were reviewed by the Clinical Operations - Mental Health team:

- Central Mississippi Correctional Facility (CMCF)
- East Mississippi Correctional Facility (EMCF)
- Marshall County Correctional Facility (MCCF)
- Mississippi State Penitentiary (MSP)
- South Mississippi Correctional Institution (SMCI)
- Wilkinson County Correctional Facility (WCCF)

Input was obtained from on-site consultations with facility Wardens and Superintendents; Centurion Health Services Administrators (HSAs); Site Mental Health Directors; and Centurion mental health and psychiatric staff. Consultation was provided by Centurion Regional Office leadership. During the week of the review, input was also gathered from MDOC clinical leadership including Dennis Gregory, MDOC Statewide Mental Health Director; Michael Hatten, MDOC Health Services Administrator; and Paxton Paige, MDOC Health Services Administrator.

A total of 182 medical records were audited representing 5.6% of the 3,250 inmates receiving mental health services at the time of the review. The review included documentation audits (mental health records, suicide precautions/psychiatric observation documentation, tracking logs); process audits (intake assessments, transfer assessments, sick call, medication non-compliance, medication side effects monitoring, crisis intervention, segregation services, treatment planning, group treatment); and on-site review of the mental health office and treatment space. Centurion staff submitted responses to site questionnaires prior to the on-site visits which inquired about facility populations, intakes, transfers, staffing, and mental health services.

The on-site reviews were completed by Emily Franko, LICSW, CCHP; Peggy Watkins-Ferrell, PhD; Joel Andrade, PhD, LICSW, CCHP-MH; Sharen Barboza, PhD, CCHP-MH; Brenda Fields, RN, RHIA, CCHP; Diane Kearns, LPC, CCHP-MH; and Lesa Kelley, LPN, CCHP.

EXECUTIVE SUMMARY

As this was the second comprehensive review of mental health services provided within MDOC, it provides an opportunity to assess where progress has been made, as well as determine the areas that continue to need improvement or support.

Positive Findings and Accomplishments:

- Significant progress has been made over the past year in the recruitment and retention of mental health staff.
- An additional mental health professional (MHP) position has been added to the staffing matrix at EMCF.
- Mental health staff remain professional, responsive, and open to guidance and training.
- Credentialing files contained the majority of required elements.

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- Communication between administration, security, medical, and mental health staff was reported and observed to be positive across facilities.
- A new treatment plan form has been developed and is in the process of being implemented across sites with training provided by Dr. Bellamy, Centurion Regional Mental Health Director, and Brenda Scott, Centurion Electronic Medical Record Project Manager.
- The majority of psychiatric provider contacts with patients on the caseload are occurring as required by policy.
- Improvements have been realized in the content of psychiatric clinical documentation, including medication reconciliation.
- A Level of Care (LOC) and High Risk Screener form is completed to assist with the review of LOC designation upon a patient's transfer to a new facility and to identify any immediate mental health care needs.
- Continuity of care has improved when patients are transferred between facilities.
- Centurion mental health staff are providing training to employees on mental health topics during initial and annual MDOC trainings.
- A proposal has been developed for comprehensive inpatient/residential treatment services at EMCF which is being discussed with MDOC leadership.
- Significant improvement was noted with regard to weekly segregation rounds being conducted and documented at most sites.

Areas in need of improvement and challenges that will be further discussed throughout the report include:

- Continued attention is needed to ensure that all unlicensed mental health professionals are actively working towards appropriate licensure under a qualified supervisor and that expectations for achieving licensure in a timely manner have been set.
- Patients are not consistently receiving clinical contacts with a MHP in accordance with their LOC designation at [REDACTED] out of six sites.
- Overall, attention is needed in the provision and documentation of individual and group therapy by the MHPs.
- Significant improvements are needed in the timely completion of initial treatment plans, crisis treatment plans, and treatment plan reviews. Training is needed on the content of these plans with an emphasis on individualizing each plan and including measurable goals.
- While all sites maintain a caseload list and service logs, improvements are needed with respect to using these tools to positively impact patient care and track compliance with policy and contractual expectations.
- Mental health services are not consistently provided to patients in confidential settings across facilities.
- While progress has been made in the reception process, the mental health evaluation for inmates who are screened "positive" needs to be more comprehensive with thorough documentation in the Electronic Medical Record (EMR).
- Psychiatric providers are not routinely having patients sign informed consent forms for each psychotropic medication prescribed.
- Laboratory testing of those patients prescribed psychotropic medication is not currently in accordance with Centurion's expectations.
- A mechanism for receiving approval for the use of non-emergency involuntary medication is required.

MDOC ADMINISTRATION SATISFACTION/CONCERNS:

Reviewers met with Wardens and/or Superintendents at each facility to discuss their views on the

provision of mental health services. Facility Administrators expressed overall satisfaction with the mental health services provided by Centurion and the responsiveness of staff. Additionally, input was gathered from MDOC mental health leadership during the week of the review.

CMCF:

[REDACTED]

EMCF: Warden Frank Shaw reported that staff are providing good mental health services. Despite the number of mental health staff vacancies, he has noticed improvements in the delivery of mental health services since Centurion was awarded the contract. He added that he interprets the lack of complaints from the inmates as an indicator that their mental health needs are being met. Warden Shaw reported that the facility is preparing to open a new mental health unit and that filling vacant mental health positions should be a priority of Centurion leadership. He also added that additional mental health staff may be needed in order to accomplish the mental health mission at EMCF. At the time of the review, all of the officer positions were filled per Warden Shaw.

MCCF:

[REDACTED]

MSP:

[REDACTED]

SMCI:

[REDACTED]

WCCF:

[REDACTED]

[REDACTED]

MDOC mental health leadership reported significant concerns about the services provided by Centurion. In particular, challenges at EMCF were discussed including the need to fill critical vacancies as well as provide more intensive clinical services for patients with serious mental illness. These concerns were expressed immediately to Centurion's leadership in Mississippi who scheduled meetings with MDOC leadership to understand and address concerns. There was a plan to open an acute mental health unit at EMCF and all agreed that MDOC, MTC, and Centurion staff need to work closely in order to ensure the success of this new unit. Since the time of the review, progress had been made, with patients being moved onto the acute unit in mid-February.

Corrective Action Needed:

- None

Supplemental Recommendations:

- Centurion mental health staff and facility administration should continue to communicate regularly about patients with acute mental health needs, including those who are pending transfer.
- Centurion Regional leadership may want to conduct a review of patients referred for transfer to a higher level of care in order to determine the causes of reported delays. This may require collaboration with MDOC leadership who receive these referrals. Once the analysis is completed, a corrective action plan to address transfer issues could be developed, implemented, and analyzed to determine its efficacy after three months of implementation.
- Centurion site leaders may want to converse with the MTC or MDOC facility administration to identify specific training needs. Mental Health specific trainings are available on the Centurion Portal and Clinical Operations is available to assist upon request.
- A study designed to understand the challenges with the number of patients on suicide precautions and the number of available "safe cells" would be informative and helpful in providing the appropriate level of care to patients in crisis.

INTERFACE WITH MEDICAL

Reviewers met with the Centurion HSA or Director of Nursing (DON) at each facility. A brief overview of the feedback provided by each HSA or DON is presented below.

CMCF: [REDACTED]

EMCF: HSA Anthony McCort reported that the mental health staff are knowledgeable and care about the patients. He noted that since he began working at EMCF in November, 2017 he has seen an improvement in the interface between medical and mental health. He reported that he has been working to ensure that mental health staff have needed supplies. Mr. McCort reported that it would be helpful if mental health could see patients in the clinic while they are waiting for their medical or dental appointments to ensure that patients are seen within the timeframes established by policy. He noted improvements are needed with the on-site mental health leadership and communication among the mental health staff. He is working with the recruiting department and Centurion Regional

Leadership to fill vacancies with qualified candidates and reported that with the new Acute Mental Health Unit opening additional staff may be needed.

MCCF:

[REDACTED]

MSP:

[REDACTED]

SMCI:

[REDACTED]

WCCF:

[REDACTED]

Corrective Action Needed:

- None

Supplemental Recommendations:

- Regional leadership are encouraged determine training needs of staff and provide training accordingly. Clinical Operations is available to assist upon request.
- It is recommended that Regional Office staff continue to work closely with site administration and recruiting to fill the remaining vacancies. Filling the critical vacancies should be a priority. The staffing matrix should be reviewed routinely in order to determine whether there are opportunities to shift staff based on patient acuity levels and mental health caseload size.
- Given the planned expansion of inpatient/residential treatment services at EMCF, mental health staffing levels at EMCF should be monitored and adjusted as needed.
- When appropriate, scheduling of patients for multiple health care related appointments should be explored to increase access to patients. One suggestion is to consider a shared clerical staff member to coordinate both the mental health and medical appointment schedules.

MENTAL HEALTH SERVICES CREDENTIALING AND STAFFING

Centurion is contracted to provide credentialed and trained mental health staff to work at six MDOC facilities. In order to assess compliance with credentialing expectations, a total of 25 credential files were reviewed to include four psychiatrists, six nurse practitioners, and 15 non-psychiatric mental health staff. Results of the reviews are found in the tables below. When applicable records were five or fewer, raw numbers rather than percentages are presented. Results from the 2016 review are included as a means of comparison.

Credentialing Files	Psychiatry/NP Credentialing Files		Mental Health Professional Credentialing Files	
	2016 Totals	2017 Totals	2016 Totals	2017 Totals
Initial National Practitioner Data Bank (NPDB) Inquiry	50%	100%	40%	4 of 5
Annual NPDB Inquiry	0%	100%	0%	100%
CV or resume	60%	90%	87%	87%
Diplomas/Certificates	0%	0%	20%	13%
Signed job description	70%	90%	93%	87%
Signed new employee orientation checklist or evidence of completion	30%	0%	73%	7%
Evidence of institutional orientation training	30%	0%	20%	7%
Current License	90%	100%	60%	47%
Current Drug Enforcement Agency (DEA) Certificate	100%	90%	N/A	N/A
Current Cardiopulmonary Resuscitation (CPR) Certification	90%	100%	80%	80%
Current tuberculosis (TB) Testing (within the last year)	60%	80%	60%	93%
Hepatitis B Vaccination acceptance or declination	30%	100%	87%	100%
Continuing Medical Education (CME)/Continuing Education Unit (CEU) or other training within past year	30%	100%	27%	100%
Signed CRNP collaboration agreement	1 of 5	2 of 2	N/A	N/A
Evidence of Annual Training on:				
- PREA	40%	100%	40%	100%
- HIPAA/Confidentiality	0%	100%	10%	100%
- Bloodborne Pathogens/Infection Control	0%	100%	20%	100%
- Suicide Prevention	0%	100%	20%	93%
- Professional Boundaries/Safe Practices	0%	100%	10%	100%

As the above results reveal, there were significant improvements since 2016 in the following areas:

- Obtaining initial and annual NPDB inquiries
- CV or resume
- Current TB testing
- Hepatitis B Vaccination acceptance or declination
- Evidence of CME/CEU or additional trainings
- All areas of required annual trainings

Additionally, signed collaboration agreements were found in applicable nurse practitioners' files. The nurse practitioners at EMCF have been granted a 90-day waiver from their licensure board following the resignation of the overseeing psychiatrist.

Although there were improvements realized, the following areas require further attention for non-providers:

- A diploma or proof of education
- Current CPR certification
- Evidence of new employee orientation
- Evidence of institutional orientation

For providers, improvements are needed in the following areas:

- A diploma or proof of education
- New employee and institutional orientation
- Current TB testing

Eight of the non-provider files reviewed did not indicate professional licensure or progress towards obtaining licensure. One provider file did not include a current DEA certificate and one non-provider, hired within the past year, did not have an initial NPDB inquiry.

It should be noted that when discussed with Centurion Regional Office staff, they indicated that the new employee and institutional orientation training items are completed in the Learning Management

System (LMS), but are not currently tracked in the Regional Office. At the time of the review an orientation checklist was not in use because the LMS system provides a visual summary of staff who need to complete orientation materials online. The lack of outstanding training on the LMS training system informs leadership that the required orientation has been completed.

STAFFING:

A review of staffing and caseloads was conducted to determine whether caseloads are consistent throughout the system. This analysis is based on all contracted and agreed upon “over the matrix” positions to include the additional MHP position at EMCF recently allocated by Centurion. Findings are presented in the following table:

Caseload Averages with All Positions Filled including Over Contract Positions							
	MSP	CMCF	SMCI	EMCF	MCCF	WCCF	TOTALS
Total Population	█	█	█	1234	█	█	█
Total Mental Health Caseload	█	█	█	1099	█	█	█
Total Psychiatrists + NPs							
Total Psychiatrists + NPs	█	█	█	4.75	█	█	█
Average Psychiatry Caseload (per 1.0 FTE)	█	█	█	231	█	█	█
Total MHPs + MHDs							
Total MHPs + MHDs	█	█	█	7.2	█	█	█
Average MHP MHD Caseload (per 1.0 FTE)	█	█	█	153	█	█	█
Total MHPs							
Total MHPs	█	█	█	6.2	█	█	█
Average MHP Caseload (per 1.0 FTE)	█	█	█	177	█	█	█

If all allocated positions, including over contract positions, were filled and the MHD at each site maintains an equivalent caseload to the MHPs, the caseload averages would range from 90 to 153 patients per staff member. Likewise, the psychiatric provider caseload averages are variable across sites, ranging from 214 to 452 patients per psychiatric provider. It should be noted that the caseload averages listed above do not take into account the required interventions based on the identified LOC codes. Given the plan to open a new Acute Mental Health Unit and to increase the programming in Unit 3 at EMCF, staffing levels require further review as there is an expected increase in the number of LOC D's and LOC E's at this facility.

Corrective Action Needed:

- Without exception, NPDB inquiries need to be completed on all licensed staff upon hire and on an annual basis.
- Signed nurse practitioner collaboration agreements and protocols need to be in place prior to the expiration of the Board waivers.
- All qualified MHPs providing direct care services must be appropriately licensed or working toward appropriate licensure. All staff should report the status of obtaining licensure on a quarterly basis to the Centurion Regional Mental Health Director. Also, a timeframe for each staff member to achieve licensure should be established individually taking into account necessary requirements to achieve licensure. Staff who do not achieve licensure within the pre-determined timeframe should be replaced with licensed staff.

Supplemental Recommendations:

- It is recommended that credential files continue to be reviewed and necessary documentation obtained when noted to be missing. This should include a mechanism for tracking and documenting new employee orientation and institutional training.

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



OUTPATIENT MENTAL HEALTH SERVICES

At the time of the review, [REDACTED] patients were reported to be on the mental health caseload. The populations and caseloads at each facility at the time of the review are listed below to include a breakdown of patients by LOC codes. Information obtained from the sites in December 2016 is included in the table for comparison.

Facility	State Totals	CMCF	EMCF	MCCF	MSP	SMCI	WCCF
Average Daily Population 2017	[REDACTED]	[REDACTED]	1234	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Average Daily Population 2016	[REDACTED]	[REDACTED]	1160	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
% Change 2016 to 2017	[REDACTED]	[REDACTED]	+6.4%	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Mental Health Caseload 2017	[REDACTED]	[REDACTED]	1099	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Percentage of Inmates on the Mental Health Caseload 2017	[REDACTED]	[REDACTED]	89%	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Mental Health Caseload 2016	[REDACTED]	[REDACTED]	984	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Percentage of Inmates on the Mental Health Caseload 2016	[REDACTED]	[REDACTED]	85%	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
% Change 2016 to 2017	[REDACTED]	[REDACTED]	+4%	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Number of Patients on Psychotropic Medications 2017	[REDACTED]	[REDACTED]	1059	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Percentage of the Mental Health Caseload on Medications 2017	[REDACTED]	[REDACTED]	96%	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Number of Patients on Psychotropic Medications 2016	[REDACTED]	[REDACTED]	866	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Facility	State Totals	CMCF	EMCF	MCCF	MSP	SMCI	WCCF
Percentage of the Mental Health Caseload on Medications 2016	■	■	88%	■	■	■	■
% Change 2016 to 2017	■	■	+8%	■	■	■	■
Number of LOC-B patients 2017	■	■	23	■	■	■	■
% of LOC-B patients on the caseload 2017	■	■	2%	■	■	■	■
Number of LOC-B patients 2016	■	■	18	■	■	■	■
% of LOC-B patients on the caseload 2016	■	■	1.8%	■	■	■	■
% Change 2016 to 2017	■	■	+0.2%	■	■	■	■
Number of LOC-C patients 2017	■	■	1036	■	■	■	■
% of LOC-C patients on the caseload 2017	■	■	94.3%	■	■	■	■
Number of LOC-C patients 2016	■	■	934	■	■	■	■
% of LOC-C patients on the caseload 2016	■	■	95%	■	■	■	■
% Change 2016 to 2017	■	■	-0.7%	■	■	■	■
Number of LOC-D patients 2017	■	■	36	■	■	■	■
% of LOC-D patients on the caseload 2017	■	■	3.3%	■	■	■	■
Number of LOC-D patients 2016	■	■	19	■	■	■	■
% of LOC-D patients on the caseload 2016	■	■	1.9%	■	■	■	■
% Change 2016 to 2017	■	■	+1.4%	■	■	■	■
Number of LOC-E patients 2017	■	■	4	■	■	■	■
% of LOC-E patients on the caseload 2017	■	■	0.4%	■	■	■	■
Number of LOC-E patients 2016	■	■	13	■	■	■	■
% of LOC-E patients on the caseload 2016	■	■	1.3%	■	■	■	■
% Change 2016 to 2017	■	■	-0.9%	■	■	■	■

The data in the table above indicates that while the mental health caseload has increased by 3%, the overall prison population has decreased by 1% since December, 2016. At the time of the review, the caseload represented 26% of the total inmate population.

According to data reported by the sites, 97.5% of patients on the caseload are coded as LOC-C with almost no change in the overall percentage since last year. The percentage of LOC-B, LOC-D, and LOC-E patients on the caseload also reflected little to no change. The percentage of the caseload with a LOC-D or LOC-E designation is lower than national averages.

At the time of the review, LOC-E patients were being housed at EMCF, CMCF, and SMCI. Reviewers were informed that the LOC-E patients at SMCI were pending transfer. [REDACTED]

[REDACTED] Pending transfer, these patients should receive enhanced mental health services commensurate with their mental health needs. According to policy, those with LOC-D and LOC-E codes should be housed at EMCF whenever possible. Reviewers were informed by on-site staff that due to a psychiatrist vacancy at EMCF, MDOC leadership directed that these patients were to be rerouted to MSP.

Transfers

Based on the numbers provided by the facilities, there is an average of 200 intrasystem transfers each week, representing approximately 2% of the prison population. The table that follows represents the average reported number of transfers received weekly during 2017 at each facility.

Facility	State Totals	CMCF Male	EMCF	MCCF	MSP	SMCI	WCCF
Transfers Received Weekly 2017	■	■	10	■	■	■	■

At all facilities "OffenderTrak" and/or other institutional sources are used for tracking inmate transfers into and out of the facility. Staff reported that it is typically a MHP who reviews the medical record of

new transfers with variability across sites with respect to when the initial clinical contact with a MHP was scheduled. According to policy, all mental health assessments should be completed within 14 days of arrival.

In order to assess for compliance with transfer requirements, 64 medical records were audited. [REDACTED]

Results are found in the below table.

Outpatient Mental Health Services Facility Transfers	2016 Total	2017 Total	CMCF Male	EMCF	MCCF	MSP	SMCI	WCCF
Number of records reviewed	[REDACTED]	[REDACTED]	[REDACTED]	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Average number of days between arrival and mental health professional encounter at receiving site	[REDACTED]	[REDACTED]	[REDACTED]	0	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Average number of days between last date seen by mental health professional at transferring site and first date seen by mental health professional at receiving site	[REDACTED]	[REDACTED]	[REDACTED]	27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

All sites are consistently meeting the requirement for mental health assessments to be completed within the expected timeframe, except for [REDACTED]. At EMCF patients are seen on the day of arrival, [REDACTED].

As can be seen from the data, overall there has been a significant decrease in the average number of days between arrival and the MHP initial encounter at the receiving site. The average number of days between being seen by mental health at the transfer site and receiving site dropped significantly, from 117 to 37 days. Staff should be commended on their efforts despite the need for continued improvement.

Although not directly a focus in this review, reviewers were pleased to learn from Dr. Bellamy that as part of the intake transit screening process a LOC and High Risk Screener is now being completed by the MHP upon transfer. This screener assists with the review of the LOC designation and identification of any immediate clinical needs including a referral to psychiatry.

Sick Call

Reviewers inquired about the sick call triage process. Triage of sick call requests should occur daily and when the request indicates a clinical symptom, a face-to-face assessment should occur within 48 hours (72 hours on weekends) of receipt of the request per NCCHC standards. Follow-up of non-urgent referrals should occur within 5 days. All sites, with the exception of [REDACTED], reported that nursing staff typically triage the slips on a daily basis. [REDACTED]

Reviewers noted variability with respect to whether nursing staff was consistently reviewing the written content to identify any emergent or urgent concerns prior to forwarding the requests to mental health. During the on-site visit at EMCF, reviewers noted that a sick call slip that contained emergent concerns had been placed in a MHP's mailbox instead of handled immediately by the nursing or mental health staff. [REDACTED]

Mental Health Caseload

Accurate caseload lists are an essential tool for the mental health team. Reviewers noted challenges at some sites with the accuracy of and the up-to-date completion of the caseloads. All sites continue to maintain an electronic, standardized caseload list which includes patient information such as LOC designation, diagnoses, assigned MHP, psychiatric provider, etc. These electronic workbooks also

include important tracking information pertinent to appointments and the completion of treatment plans to include: the date of the last psychiatry appointment, the date of the next scheduled psychiatry appointment, the date of the last appointment with a MHP, the date of the next scheduled appointment with a MHP, the date of the current treatment plan, and the date that the next treatment plan is due. It was noted that some sites were not completing all of the information contained within the tracking system, thus limiting the utility of the system to support services.

Outpatient Treatment Planning

Review of the treatment planning process and treatment team meetings occurred at each facility with most sites identifying a need for improvement in completing and updating treatment plans. In order to assess compliance with treatment planning expectations, 79 medical records for patients receiving outpatient services were audited. Results of these audits are included in the table below. When applicable records were five or fewer, raw numbers rather than percentages are presented.

Outpatient Mental Health Services Treatment Plan Documentation	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
Number of records reviewed	█	█	█	█	10	█	█	█	█
There is a treatment plan	█	█	█	█	60%	█	█	█	█
Patient treatment plan reviewed per contract	█	█	█	█	0%	█	█	█	█
The treatment plan includes:									
...Diagnosis	█	█	█	█	83%	█	█	█	█
...Goals to reduce symptoms	█	█	█	█	100%	█	█	█	█
...How progress toward goals will be measured	█	█	█	█	100%	█	█	█	█
...Level of functioning	█	█	█	█	50%	█	█	█	█
...Treatment plan diagnosis matches last diagnosis on psychiatric provider note	█	█	█	█	5 of 5	█	█	█	█
The treatment plan has been signed by the:									
...Psychiatric provider	█	█	█	█	67%	█	█	█	█
...Mental health professional	█	█	█	█	100%	█	█	█	█
...Patient	█	█	█	█	100%	█	█	█	█
...If no, a reason is indicated	█	█	█	█	N/A	█	█	█	█

█ A significant backlog in completing initial or reviewing treatment plans was reported at the majority of the sites. Completion of these plans and reviews need significant improvement at █ EMCF, █.

█ t EMCF, █ the patient's current level of functioning on the treatment plan needs to be consistently documented. Also, the psychiatric provider's signature was not found on 33% of the treatment plans reviewed at EMCF. At the majority of facilities, improvement in the content and quality of treatment plans is needed.

Centurion policy calls for routine scheduled treatment team meetings to develop comprehensive treatment plans that are individualized to the patient's needs. Reviewers noted inconsistencies across sites with regards to scheduled treatment team meetings, completing treatment plans, and the treatment plan review process. █

Staff at EMCF reported that the majority of the treatment plans are developed and/or reviewed by the MHP in conjunction with the patient. Subsequently, the psychiatric provider reviews and signs the treatment plan at a later time.

Reviewers were able to observe a treatment team meeting on one of the units at EMCF. Participants in the meeting included the activity therapist, MHP, psychiatric provider and the patient. The process was smooth, effective, and appeared productive.

Outpatient Individual Treatment

When preparing for the review, a discrepancy between the MDOC/Centurion Contract and the MDOC Process Measures for out-of-cell clinical contacts was noted. Clarification with the Regional Office revealed that the expectation of the Centurion Regional Office is that patients are to be seen at least every 30 days. However, when reviewing records, both criteria were included for comparison.

Specifically, the discrepancy is as follows:

MDOC/Centurion Contract: Out-of-cell clinical contacts: Patients designated with Level of Care “B” status must be seen at least every 90 days by a behavioral health professional and every 120 days by a psychiatric provider (for case review of ongoing need); Patients designated with Level of Care “C” status must be seen at least every 45 days by a behavioral health professional and every 90 days by a psychiatric provider; Patients designated with Level of Care “D” status must be seen at least every 30 days by behavioral health professional and every 90 days by psychiatric provider; Patients designated with Level of Care “E” status must be seen at least weekly by behavioral health professional and every 30 days by psychiatric provider.

MDOC Process Measure: Behavioral health caseload patients seen by qualified mental health professional at least every 30 days, or more frequently as needed.

Compliance with the requirements for individual clinical contacts based on the patient’s LOC designation was assessed by reviewing a total of 79 medical records. Sixty-nine of the records reviewed were for patients with a LOC-C designation.

When applicable records were five or fewer, raw numbers rather than percentages are presented. An asterisk (*) indicates this specific item was not audited in the 2016 review.

Outpatient Mental Health Services Individual Treatment	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
Number of records reviewed:	10				10				
The patient was seen per contract by MHP:									
For LOC B every 45 days by MHP					N/A				
If not, every 90 days by MHP					N/A				
For LOC C every 45 days by MHP	3				30%				
For LOC C every 30 days by MHP	7				0%				
For LOC D every 30 days by MHP					N/A				
For LOC E every 7 days by MHP					N/A				
...If no, reason is indicated					0%				
Progress notes reflect goals in treatment plan	0				0%				
Progress notes reflect progress towards goals	0				0%				
Progress notes reflect level of functioning	10				100%				

While the statewide compliance with 30-day contact percentage increased by 20% for patients with a LOC-C designation, significant improvements are needed at [REDACTED], EMCF, [REDACTED].

As stated above, in order to accommodate for the discrepancy between the contract language and the process measure, reviewers audited to determine if the patients with an LOC-C code were seen at least every 45 days, if not seen every 30 days. This revealed an increase in the percentage of patients seen according to the contractual requirements to 65%.

[REDACTED] At the other sites improvements are needed in progress note documentation. Areas that were lacking include the following: the patient's level of functioning; progress towards treatment plan goals; and linking the care provided to the treatment plan as well as overall content and quality.

According to national standards, mental health encounters should occur in a confidential setting whenever possible. Though staff reported efforts are made to provide a confidential setting, ongoing improvements are needed. At some sites, mental health staff share office space and/or the space to see patients is shared with other institutional staff which can make scheduling confidential contacts problematic. At some sites, staff reported individual contacts do not consistently occur in a private setting and often occur on the housing units in the common area, in the hallway, or in the gym. Some sites reported increased efforts for mental health staff to meet with patients when they are already in the clinic for medical or dental appointments with some success; however, such arrangements will likely only make marginal improvements as the frequency of mental health appointments is typically significantly more than for dental or chronic care medical appointments.

Reviewers did not consistently find that staff are documenting and/or reporting difficulties with accessing confidential space to site leadership. The Centurion Escalation Policy requires mental health staff to document and report any instances in which a patient was unable to be seen as required in a confidential setting for mental health evaluation and/or treatment. If staff were unaware of this policy, the reviewers provided an overview.

Outpatient Group Treatment

For many patients in correctional settings group treatment can be a very effective modality. [REDACTED]

[REDACTED] Groups were also being offered by activity therapists to patients at EMCF, but no groups were being offered at that site by the MHPs.

[REDACTED]. Audits of 79 medical records found evidence of group treatment as follows:

Outpatient Mental Health Services Group Treatment	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
Number of records reviewed	█	█	█	█	10	█	█	█	█
There is evidence of group treatment	█	█	█	█	10%	█	█	█	█

Staff primarily attributed the limited group programming to mental health staffing shortages, lack of space, lack of time, and lack of expressed patient interest.

Outpatient Psychiatric Services and Psychotropic Medication Monitoring

Psychiatric services are provided at all six facilities. At the time of the review there were psychiatric provider vacancies at the majority of the sites. Coverage for the vacancies was provided by tele-

psychiatry services in addition to staff providing coverage at multiple sites.

Reviewers inquired about the psychiatric backlog at each site. [REDACTED]

[REDACTED] The following backlogs were reported: [REDACTED] and 236 patients at EMCF.

Reviewers noted that the tracking of medication compliance varied across sites. [REDACTED]

[REDACTED]
At EMCF, it was reported that this process requires improvement as medication compliance is not consistently tracked.

[REDACTED] At EMCF, several patients are prescribed Clozapine. There are strict FDA guidelines defined by the Risk Evaluation and Mitigation Strategy (REMS) to monitor patients prescribed Clozapine which requires frequent monitoring of levels. It was reported that there was an issue with the courier services which resulted in a delay in the delivery of blood samples. This required new samples to be drawn and a review of the courier services to ensure this did not occur in the future.

To assess the delivery of psychiatric services and the use and monitoring of psychotropic medications, 79 outpatient medical records were audited. Results of these record reviews are provided in the table below. When applicable records were five or fewer, raw numbers rather than percentages are presented. An asterisk (*) indicates this specific item was not audited in the 2016 review.

Outpatient Mental Health Services Psychiatric Services and Psychotropic Medication Monitoring	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
Number of records reviewed	■	■	■	■	10	■	■	■	■
Patient is seen by psychiatric provider per contract	■	■	■	■	67%	■	■	■	■
Psychiatric provider progress note includes:									
...Mental Status Exam	■	■	■	■	100%	■	■	■	■
...DSM diagnosis	■	■	■	■	100%	■	■	■	■
...if yes, it is in DSM 5 format	■	■	■	■	0%	■	■	■	■
...Review of laboratory results	■	■	■	■	3 of 3	■	■	■	■
...Discussion of abnormal labs results with patient	■	■	■	■	N/A	■	■	■	■
...Assessment of side effects	■	■	■	■	100%	■	■	■	■
...Target symptoms are specified	■	■	■	■	100%	■	■	■	■
...Current level of functioning	■	■	■	■	100%	■	■	■	■
...Rationale for medication changes	■	■	■	■	100%	■	■	■	■
...Follow-up date scheduled	■	■	■	■	100%	■	■	■	■
Percentage of psychotropic medications prescribed with signed informed consent forms	■	■	■	■	6%	■	■	■	■

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Outpatient Mental Health Services Psychiatric Services and Psychotropic Medication Monitoring	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
There is evidence of medication education in progress note	■	■	■	■	100%	■	■	■	■
There is evidence of a review of medication compliance by provider	■	■	■	■	100%	■	■	■	■
...If non-compliance is noted, it was addressed	■	■	■	■	3 of 3	■	■	■	■
If prescribed antipsychotic medication, AIMS testing is completed every 6 months	■	■	■	■	0 of 2	■	■	■	■
If antipsychotic is newly ordered a baseline AIMS is present	■	■	■	■	0 of 2	■	■	■	■
If prescribed atypical antipsychotic medication, there is evidence of metabolic monitoring	■	■	■	■	2 of 2	■	■	■	■
If atypical antipsychotic medication is newly ordered, there is evidence of baseline metabolic monitoring	■	■	■	■	2 of 2	■	■	■	■
Serum levels are ordered at least every 6 months for Depakote/Tegretol and every 12 months for Lithium, if stable	■	■	■	■	3 of 4	■	■	■	■
If newly ordered Depakote/Tegretol/Lithium, there are baseline laboratory tests ordered	■	■	■	■	1 of 2	■	■	■	■
Psychiatric provider documented review of most recent laboratory results in progress note	■	■	■	■	3 of 3	■	■	■	■
...If not, psychiatric provider initialed/dated laboratory results	■	■	■	■	N/A	■	■	■	■
Average number of days between last date seen by psychiatric provider at transferring site and first date seen by psychiatric provider at receiving site	■	■	■	■	71	■	■	■	■

Despite staff reports of backlogs, based on the above results, patients appear to be seen by a psychiatric provider at least every 90 days at all sites with the exception of EMCF [REDACTED]. While staff at EMCF were aware of the psychiatric backlog, [REDACTED].

In order to examine continuity of care, the number of days between the patient being seen by the provider at the transfer site and receiving site was calculated. On average patients were seen within 53 days of transfer which is 26 days less than the 2016 results. Additionally, all patients were seen at least within 90 days of arrival which suggests that sites are effectively tracking incoming transfers and scheduling them for a psychiatric appointment within required timeframes.

Based on record reviews, psychiatric progress notes included the majority of the required elements.

[REDACTED]

Diagnoses were documented using DSM-IV:TR language and criteria with the exception of some

records reviewed at [REDACTED]. Regional leadership indicated that the EMR has not been updated to accommodate for DSM-5.

Despite the variability in processes to track non-compliance, significant improvement was realized. When noncompliance was noted in the record, it was addressed 100% of the time in the records reviewed. Additionally, reviewers found improvement in that psychiatric providers included all prescribed medications in each progress note to ensure clear communication among providers.

Improvements are needed in ordering baseline as well as follow-up laboratory tests when prescribing atypical antipsychotic medications, Depakote, Tegretol, or Lithium according to Centurion's Model Laboratory Guidelines for Psychotropic Medications. Additionally, baseline and follow-up AIMS testing is not being consistently completed for patients prescribed antipsychotic medications. Improvements could also be realized with regard to psychiatric providers documenting review of laboratory results.

Corrective Action Needed:

- All sick call slips need to be triaged and logged upon receipt.
- Nursing staff require additional training on triaging mental health sick call requests including how to identify emergent and urgent mental health needs.
- Significant improvements are required in conducting 30-day clinical contacts with patients at [REDACTED], EMCF, [REDACTED]. Mental health staff are encouraged to use the caseload database to track appointments and ensure they are conducted within timeframes outlined in policy.
- Improvements in tracking and scheduling psychiatric contacts for patients on the caseload are required to ensure the elimination of psychiatric backlogs.
- Improvements are needed in ordering baseline as well as routine follow-up laboratory tests when prescribing atypical antipsychotic medications and/or Depakote, Tegretol, or Lithium. Additionally, baseline and follow-up AIMS testing should be completed for patients prescribed antipsychotic medications.
- Staff need to be reminded that regardless of where a LOC-E patient is housed, he/she must be seen at least weekly by a MHP.
- For patients prescribed Clozaril, adherence to federal regulations regarding laboratory testing are required. Psychiatric providers and medical staff need to work together to ensure that laboratory testing is completed and results are received within required timeframes. Problems need to be addressed and resolved immediately.
- Clarification of the requirements for out-of-cell contacts with corresponding LOC codes is needed. Staff need to be reminded of these requirements and to adjust LOC codes based on the identified clinical needs of the patient and not based on housing location.
- Treatment plans need to be completed and reviewed for all patients in compliance with policy and contractual expectations.

Supplemental Recommendations:

- A statewide review of psychiatric coverage provided at each site may be helpful.
- Attention is needed to maintain an accurate and up-to-date caseload database at all times. Mental health staff, including leadership at each site, could benefit from a better understanding of how this tool can effectively be used to track appointments, track treatment planning, streamline their workflow, and positively impact patient care.
- Staff would benefit from additional training on the purpose and content of treatment plans with an emphasis on individualization, timely completion, how the patient's progress toward goals will be measured, and how to use the treatment plan to guide the individual and/or group therapy sessions.
- It is recommended that each site develop a regular schedule for all treatment team members to

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meet together to develop and review treatment plans. Staff providing psychiatric services via telehealth and/or working outside of standard business hours should be included in treatment team meetings whenever possible.

- Progress note documentation by MHPs could improve in content with an emphasis on linking the treatment provided during each clinical contact with the treatment plan. This may require training.
- Consideration should be given to expanding outpatient group treatment across sites. The Centurion portal has numerous group curricula materials that can be utilized by staff.
- The Regional Office leadership should continue to work with MDOC and MTC leadership to ensure that when patients are designated as LOC-E, transfers occur in a timely manner to facilities equipped to care for these patients.
- Psychiatric staff should be reminded about the expected content of progress notes with an emphasis on patient medication education, target symptoms, review of laboratory results, rationale for medication changes, and the patient's current level of functioning.
- Discussions with psychiatric staff may be necessary to ensure that written informed consent is obtained from the patient for each medication prescribed.
- If possible, the EMR should be updated to the DSM-5. If not possible, the process used by providers at WCCF to document DSM-5 diagnoses should be shared with the providers statewide.
- Improvement is needed in implementing a written policy at each site for reporting, documenting, and tracking any impediments to the timely delivery of mental health services in a confidential setting. MDOC policy 25-03-A: Offender Medical Appointments (No-Shows) includes clear expectations for staff regarding no-shows. This policy should be provided to mental health staff with supplemental training as needed.

MENTAL HEALTH SERVICES FOR SEGREGATED INMATES

Mental health services provided to patients in segregation were reviewed at each site. The number of segregation beds, the percentage of inmates in segregation on the mental health caseload and the percentage of inmates in the facility on the mental health caseload as reported at the time of the review are included in the below table.

Facility	Number of Segregation Beds	Percentage of Inmates in Segregation on the MH Caseload	Percentage of Inmates in the Facility on the MH Caseload
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EMCF	103	99%	89%
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Throughout the MDOC, 26% of inmates are on the mental health caseload. In segregation statewide, 52% of the inmates are on the mental health caseload. [REDACTED]

At each of the facilities, reviewers found that the percentage of inmates housed in segregation who are on the mental health caseload is higher than the percentage of inmates in the facility overall who are on the caseload. This same pattern was noted in 2016 and such differences indicate that inmates with serious mental illness are disproportionately placed and housed in segregation. The rate of mental health caseload inmates housed in segregation is higher than we find in other state correctional departments throughout the country.

Reviewers were pleased to find that Taking a Chance on Change (TCC), Centurion's in-cell psychoeducational program, is offered to male patients at MSP and female patients at CMCF. At CMCF, the female patients housed in segregation have an out-of-cell group where these materials are reviewed and discussed. Staff are commended for initiating this type of out-of-cell group programming in segregation.

The ability to provide care to patients in segregation in a confidential space continues to be a challenge at most facilities with the exception of [REDACTED].

Staff at the other sites indicated that patients are usually seen at cell-front. Staff identified a variety of reasons for this practice including high security vacancy rates at some sites, the lack of a designated private space to see patients, scheduling difficulties, and other security issues such as lockdowns. Assessing patients in segregation at the cell front raises not only concerns about confidentiality, but also about the ability of staff to conduct a thorough assessment and to provide effective treatment.

In order to assess the mental health services being provided to patients on the caseload in segregation, a total of 35 medical records were audited, ten at CMCF and five at each of the other sites. All records reviewed indicated the patient had an LOC-C or D code. Criteria specific to segregation services were audited, as well as outpatient mental health services criteria. Results from these record reviews are presented in the table below. As applicable records at each site were five or fewer, raw numbers rather than percentages are presented for each facility. An asterisk (*) indicates this specific item was not audited in the 2016 review.

Mental Health Services Segregation	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
Patient is seen by MH at least one time per week (for the past 90 days)	■	■	■	■	5 of 5	■	■	■	■
Patient is seen by MHP per contract									
If LOC C, patient is seen every 30 days	■	■	■	■	0 of 1	■	■	■	■
...If not, patient is seen every 45 days	■	■	■	■	0 of 1	■	■	■	■
If LOC D, patient is seen every 30 days by a MHP	■	■	■	■	2 of 3	■	■	■	■
... If no, reason is indicated	■	■	■	■	N/A	■	■	■	■
Progress notes reflect goals in treatment plan	■	■	■	■	2 of 5	■	■	■	■
Progress notes reflect progress towards goals	■	■	■	■	2 of 5	■	■	■	■
Progress notes reflect level of functioning	■	■	■	■	5 of 5	■	■	■	■
There is evidence of group treatment in segregation	■	■	■	■	0 of 5	■	■	■	■
... If no, is reason indicated	■	■	■	■	0 of 5	■	■	■	■
There is a treatment plan	■	■	■	■	4 of 5	■	■	■	■
Patient treatment plans reviewed per contract	■	■	■	■	0 of 4	■	■	■	■
The treatment plan includes:									
...Diagnosis	■	■	■	■	4 of 4	■	■	■	■
...Goals to reduce symptoms	■	■	■	■	3 of 4	■	■	■	■
The treatment plan includes:									
...How progress toward goals will be measured	■	■	■	■	3 of 4	■	■	■	■

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Mental Health Services Segregation	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
The treatment plan includes:									
...Level of functioning	■	■	■	■	4 of 4				
...The treatment plan diagnosis matches the last diagnosis on the psychiatric provider note	■	■	■	■	4 of 4				
The treatment plan has been signed by the:									
...Psychiatric provider	■	■	■	■	4 of 4				
...Mental health professional	■	■	■	■	4 of 4				
...Patient	■	■	■	■	3 of 4				
...If no, is reason indicated?	■	■	■	■	0 of 1				
Patient is seen by psychiatric provider per contract	■	■	■	■	5 of 5				
Psychiatric provider progress note includes:									
...Mental Status Exam	■	■	■	■	5 of 5				
...DSM diagnosis	■	■	■	■	5 of 5				
...If yes, it is in DSM 5 format	■	■	■	■	0 of 5				
...Review of laboratory results	■	■	■	■	4 of 4				
...Discussion of abnormal laboratory results with patient	■	■	■	■	N/A				
...Assessment of side effects	■	■	■	■	5 of 5				
...Target symptoms are specified	■	■	■	■	5 of 5				
...Current level of functioning	■	■	■	■	5 of 5				
...Rationale for medication changes	■	■	■	■	2 of 2				
...Follow up date scheduled	■	■	■	■	5 of 5				
Percentage of psychotropic medications with signed informed consents	■	■	■	■	70%				
The medication informed consent includes discussion of heat related complications if applicable	■	■	■	■	3 of 3				
There is evidence of medication education in progress note	■	■	■	■	5 of 5				
There is evidence of medication compliance review by provider	■	■	■	■	5 of 5				
...If non-compliance is noted, it was addressed	■	■	■	■	1 of 1				
If prescribed antipsychotic medication, AIMS testing is completed every 6 months	■	■	■	■	5 of 5				
If antipsychotic is newly ordered a baseline AIMS is present	■	■	■	■	1 of 1				
If prescribed atypical antipsychotic medication, there is evidence of metabolic monitoring	■	■	■	■	1 of 2				
Psychiatric provider progress note includes:									
If an atypical antipsychotic medication is newly ordered, baseline metabolic monitoring is present	■	■	■	■	1 of 2				
Serum levels are ordered at least every 6 months for Depakote/Tegretol and every 12 months for Lithium, if stable	■	■	■	■	2 of 2				

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Mental Health Services Segregation	2016 Totals	2017 Totals	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
Psychiatric provider progress note includes:									
If newly ordered Depakote/ Tegreto/ Lithium, there is baseline laboratory testing ordered	■	■	■	■	2 of 2	■	■	■	■
Psychiatric provider documented review of laboratory results in progress note	■	■	■	■	2 of 2	■	■	■	■
...if not provider initialed and dated laboratory results	■	■	■	■	N/A	■	■	■	■
Average number of days between initial segregation placement and screening/assessment	I	I	I	I	UTD	■	I	I	■
Average number of days between initial segregation screening/ assessment and 30 day evaluation	I	■	■	I	UTD	■	■	■	■
Average number of days between 30 and 90 day evaluations	I	■	■	■	UTD	■	■	■	■

Significant improvement was noted as weekly segregation rounds are being conducted and documented at all sites except [REDACTED]. The Centurion form is being routinely used for the documentation of these rounds.

Both the 30 and 90-day assessments are being completed in a timely manner according to record review. At several sites reviewers were unable to determine the date of placement in segregation and therefore unable to determine compliance based on record review. While not included in the current review, 30 and 90-day mental health assessments need to be completed for all inmates in segregation, not just those on the mental health caseload.

Records of patients placed in segregation were reviewed for compliance with routine clinical contacts in accordance with their LOC designation. With the exception of [REDACTED], MHPs were not consistently providing 30-day individual contacts to patients in segregation. There was no indication from the record reviews that groups were being held in segregation; however, staff at [REDACTED] reported that groups were being held for females in segregation. Similar to the results of the outpatient record audits, the content of the progress notes written by the MHPs needs improvement.

Patients housed in segregation were generally being seen by psychiatric providers at least every 90 days in accordance with policy; however, the majority of these contacts were occurring at cell-front. Similar to the outpatient findings, improvements are needed in ordering laboratory testing, completing AIMS testing, obtaining written informed consent for each prescribed psychotropic medication and documentation of patient education.

Treatment plans were located in 53% of the records of patients in segregation. In contrast to the outpatient record reviews, the content of the plans generally met expectations.

Corrective Action Needed:

- 30 and 90-day assessments are required for all inmates placed in segregation, not just those on the caseload
- Patients on the mental health caseload in segregation must continue to receive mental health services in accordance with their treatment plan including the required 30-day clinical contacts.
- The development and review of treatment plans must occur per policy requirements.
- Psychiatric staff should order laboratory testing in accordance with Centurion's Model Laboratory Guidelines.

Supplemental Recommendations:

- The date of placement in segregation should be documented in the EMR and the designated form for 30- and 90-day mental health assessments should be consistently used.
- If not already in place, a tracking mechanism is necessary to ensure that these 30 and 90-day assessments occur.
- Centurion leadership staff should continue to collaborate with institutional leadership staff to identify appropriate schedules and space where confidential mental health services can be provided to patients housed in segregation.
- Centurion leadership may wish to collaborate with MDOC leadership in investigating the overrepresentation of mental health caseload patients in segregation. A review of the infractions which result in segregation placement may help to reveal if patients are being sanctioned for behaviors that stem from mental illness.
- Staff should be encouraged to use the Taking a Chance on Change program and be trained on how to most effectively use the program. Clinical Operations is available for support.
- Staff should be reminded to document the location of clinical contacts in the EMR, including whether the session occurred out-of-cell and in a confidential setting. If contacts do not occur out-of-cell, the reason the contact was conducted at cell-front should be documented. Additionally, staff should routinely report access to care issues to facility administration in accordance with policy at each site.
- Mental health staff could benefit from additional training on progress note documentation.
- Psychiatric staff should obtain written informed consent from the patient for each prescribed medication, and document the provision of medication education.

CRISIS INTERVENTION SERVICES

Crisis intervention services are provided at all sites reviewed and should include at a minimum: a structured assessment of patient's current risk for self-harm, violence, or psychiatric decompensation; a formal suicide risk assessment when clinically indicated; an individualized crisis treatment plan developed within one business day for patients placed on suicide watch or psychiatric observation; daily behavioral health interventions for patients on suicide watch and per crisis treatment plan for patients on psychiatric observation; and an assessment of need for higher level of care if suicide watch or psychiatric observation status continues for more than 72 hours.

In order to determine whether or not mental health watch procedures met policy expectations, a total of 35 medical records (ten at CMCF and five at each of the other sites) were reviewed. Results from those audits are found in the table below. As applicable records at each site were five or fewer, raw numbers rather than percentages are presented for each facility. An asterisk (*) indicates this specific item was not audited in the 2016 review.

Mental Health Watch	2016 TOTALS	2017 TOTALS	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
The documentation clearly shows that clinical rationale or the safety of the patient was the reason for the watch	■	■	■	■	4 of 5	■	■	■	■
The MHP (or psychiatric provider) was involved in placing patient on watch	■	■	■	■	4 of 5	■	■	■	■
...If no, mental health staff assessed the patient face-to-face on the day of placement on watch, or within one business day if placement occurred after hours or on weekend	■	■	■	■	1 of 1	■	■	■	■

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Mental Health Watch	2016 TOTALS	2017 TOTALS	CMCF Male	CMCF Female	EMCF	MCCF	MSP	SMCI	WCCF
A crisis treatment plan was initiated w/in 24 hours of watch initiation	■	■	■	■	4 of 5	■	■	■	■
The crisis treatment plan was updated as needed	■	■	■	■	1 of 1	■	■	■	■
The crisis treatment plan indicates:									
... Patient involvement in plan	■	■	■	■	4 of 4	■	■	■	■
... Current level of risk	■	■	■	■	4 of 4	■	■	■	■
... Ways to avoid or reduce risk	■	■	■	■	4 of 4	■	■	■	■
... Interventions to manage risk	■	■	■	■	4 of 4	■	■	■	■
The mental health staff assessed the patient daily	■	■	■	■	4 of 5	■	■	■	■
The patient was held on watch for more than 72 hours	■	■	■	■	5 of 5	■	■	■	■
... if so, there is documentation of consideration of transfer to a higher level of care	■	■	■	■	0 of 5	■	■	■	■
The watch was discontinued by a psychologist or provider	■	■	■	■	5 of 5	■	■	■	■
The psychologist or provider had at least one face-to-face with patient prior to discontinuing watch	■	■	■	■	5 of 5	■	■	■	■
If on the MH caseload the treatment plan was updated to reflect the placement on watch or evidence that it was reviewed and did not need updating	■	■	■	■	0 of 5	■	■	■	■
Patient was seen within 5 days following discontinuation of watch	■	■	■	■	4 of 5	■	■	■	■
Patient was seen for a second follow up within 30 days	■	■	■	■	5 of 5	■	■	■	■
Average number of days on watch	■	■	■	■	22	■	■	■	■
Average number of days between discharge and 1 st follow up	■	■	■	■	6	■	■	■	■
Average number of days between 1 st and 2 nd follow up	■	■	■	■	3	■	■	■	■

Based on record review, overall areas of improvement included: the involvement of MHPs or psychiatric providers placing a patient on watch status, and in cases when they were not involved in the placements, face-to-face assessment occurred the next business day; watch status was being discontinued by either a psychologist or psychiatric provider; and completing second follow-ups with patients occurred at each site within thirty days after discontinuation of watch.

In the records reviewed, documentation was not consistently found to indicate that patients on suicide watch or psychiatric observation were assessed daily (excluding weekends and holidays). Likewise, improvements are needed with regard to the initiation of crisis treatment plans within one business day of placement on watch. Crisis plans reviewed in the EMR were not consistently updated as needed. In addition, some did not include the expected content including patient involvement in the plan, ways to avoid or reduce risk, and interventions to manage risk.

It was reported by Centurion Regional Office that a template for crisis treatment planning is pending placement in the EMR. Once this is available and staff are provided training, reviewers are confident that crisis treatment planning will improve.

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It should be noted that 53% of the patients whose medical records were reviewed were held in an acute setting for more than 72 hours with some patients on watch for extended periods of time particularly at [REDACTED], EMCF, [REDACTED]; however, reviewers only found documentation of consideration of transfer to a higher level of care in 6% of these records. [REDACTED]

[REDACTED] EMCF, [REDACTED] also had long lengths of stay for patients on watch. Reviewers were concerned with the fact that patients who require crisis interventions for lengthy periods may need to be considered for a more appropriate treatment location or more intensive treatment interventions. Suicide watch and psychiatric observation status are usually reserved for patients in crisis who are in need of stabilization. If crises are lasting two weeks and beyond without stabilization, staff should be referring the patient to a more suitable treatment location or demonstrating attempts at intensive treatment interventions beyond "observation."

Significant progress has been made in ensuring patients are seen for the two required follow-up clinical contacts after the discontinuation of watch. However, with the exception of [REDACTED] further improvement is needed to ensure that the first follow-up session consistently occurs within five days of discharge. Additionally, staff are not updating the treatment plan as a result of the watch placement, or documenting that the treatment plan was reviewed and no update was needed. This process is important to ensure that this group of patients has treatment plans that adequately address their clinical needs given the recent crisis event.

While reviewers were advised that placement on suicide watch within MDOC does not require provision of a safety mattress, standards of care in correctional facilities prescribe that inmates on watch be provided with a safety mattress unless clinically contraindicated due to safety concerns. While not providing the mattress due to such concerns is rarely indicated, when this is the case, the clinical rationale for removing the mattress should be clearly documented in the patient's record, reviewed regularly, and revised as soon as the safety concerns are resolved. Reviewers noted that the mattresses being provided to patients on suicide watch at EMCF do not appear to be safety mattresses. As this was not included in the focus of the review, practice at the other five facilities is not known.

Corrective Action Needed:

- Mental health staff should evaluate patients placed on suicide precautions or psychiatric observation at least every working day, to assess for changes and determine whether continued watch is clinically needed.
- Patients placed on suicide watch or psychiatric observation status should have a crisis treatment plan developed within one business day.
- Follow-up contacts with patients discharged from suicide watch or psychiatric observation status need to occur in accordance with policy.
- Patients who have been on suicide watch or psychiatric observation status for more than 72 hours should have their treatment needs reviewed to include consideration of a transfer or the provision of more intensive treatment. These reviews, the resulting clinical decision, and the rationale for the decision should be clearly documented.

Supplemental Recommendations:

- To improve crisis intervention and mental health watch procedures, the following training may assist mental health staff:
 - How to develop a crisis treatment plan, including the expected content and frequency of updates
 - Assessment of symptoms and progress
 - Provision of crisis intervention, and how to document these interventions
 - Assessment of patients who need mental health watch beyond 72 hours to determine if a higher level of care is needed and, if not, the clinical rationale for continued

- placement on watch and the plan of care going forward
- Required timeframes for follow-up appointments and the clinical rationale and purpose of these mental health contacts
- It is recommended that a standardized system for tracking follow-up appointments is implemented across sites. Clinical Operations is available for support upon request.
- It is recommended that safety mattresses be provided to all patients on suicide watch and psychiatric observation status unless clinically contraindicated. As noted in 2016, this will likely require Centurion to purchase safety mattresses for facilities.

INPATIENT/RESIDENTIAL MENTAL HEALTH TREATMENT

Consistent with the 2016 review, MDOC has two inpatient/residential mental health units in the state, one at EMCF and one at MSP. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

At EMCF, Housing Unit 3 reportedly houses the largest percentage of patients in the state with serious mental illness and is intended to provide intensive mental health services. At the time of the review services included activity therapy groups, individual treatment provided by mental health professionals, psychiatric services, and programming provided by MTC staff. The unit houses approximately 225 patients.

Staffing was not sufficient to ensure that all patients have access to intensive services including individual and group therapy due to vacancies and the number of MHPs allocated to the facility. Reviewers were informed by Centurion Regional Office that an additional MHP position has been approved for EMCF. It was reported that the assigned psychiatric providers worked in the evenings and there were no treatment team meetings on the unit as a result.

At the time of the review, the unit did not have its own policies and procedures, including written admission and discharge criteria. Furthermore, while patients were sometimes placed on the unit or moved off the unit based on a mental health assessment, patient movement was typically determined by security staff often without input from the mental health providers.

Although all patients with a LOC-D designation at EMCF should ideally be housed on Unit 3, this was not the case. LOC-D patients were housed in different units within the facility, including Unit 3.

Clinically-ordered restraints are not used at the facility. Additionally, when non-emergency involuntary medication is clinically indicated, there is no available mechanism in place to review a request for involuntary medication orders. MDOC has appropriate policies which support an administrative review process for non-emergency involuntary medications, but the processes are not in place. Emergency involuntary medications are used as clinically indicated and are the only involuntary interventions in use at EMCF. Emergency medications are not a long-term solution to the needs of seriously mentally ill patients who are in need of psychotropic medication for their own safety and well-being.

Medical record reviews were conducted for eight patients with an LOC-C or D code receiving services

on the unit. Expectations were based on MDOC policy, Centurion policy, reviewers' experience with inpatient/residential treatment in other correctional settings, correctional mental health standards, and prior reviews of services at EMCF. Results from the record reviews are presented in the table below. When applicable records at each site were five or fewer, raw numbers rather than percentages are presented. An asterisk (*) indicates this specific item was not audited in the 2016 review.

MENTAL HEALTH UNIT SERVICES EMCF – MALES – HU-3	2016 Totals	2017 Totals
Orientation to unit is documented	0 of 2	0 of 4
Provider order to admit is present	N/A	0 of 5
An admission evaluation is present	1 of 2	1 of 4
The admission evaluation confirms need for placement on unit	1 of 1	0 of 2
There is a multidisciplinary treatment plan	100%	88%
Treatment Plan is reviewed/revise per contract	11%	57%
Treatment Plan is signed by patient	100%	86%
Treatment Plan is signed by the psychiatric provider	100%	100%
Treatment Plan is signed by nursing staff	0%	0%
Treatment Plan is signed by Centurion mental health staff	100%	100%
Treatment plan identifies patient-specific strengths and needs	100%	100%
Treatment plan identifies specific, measurable treatment goals	22%	5 of 5
Treatment plan identifies specific frequencies of interventions (not "options" for frequency)	11%	33%
Discharge criteria is clearly indicated in the treatment plan	0%	0%
For LOC C & D, individual counseling provided every 30 days by qualified mental health professionals	0%	0%
Documentation indicates individual sessions occur out of cell	0%	0%
...if not, reason for why not is noted	0%	0%
Mental health progress notes identify the interventions provided to the patient	11%	63%
The interventions are consistent with the treatment plan	33%	67%
Mental health progress notes identify patient's progress towards treatment plan goals	0%	25%
Overall, the content of the mental health contact notes are consistent with the content of psychiatric provider notes in terms of patient functioning and symptoms	100%	88%
Patient participates in group programming	25%	25%
Patient prescribed psychotropic medications was seen by a psychiatric provider per contract	78%	100%
Percentage of active psychotropic medications with accompanying informed consents	0%	84%
There is a psychiatric progress note for each medication change	100%	5 of 5
The psychiatric progress note documents rationale for medication/medication change	100%	4 of 4
Target symptoms are indicated	89%	100%
Psychiatric progress note documents patient response to medication to date	100%	100%
Psychiatric progress notes include a mental status examination	100%	100%
MENTAL HEALTH UNIT SERVICES EMCF – MALES – HU-3	2016 Totals	2017 Totals
Psychiatric progress notes include diagnoses	100%	100%
Psychiatric progress notes include a plan for treatment	100%	100%
If prescribed antipsychotic medication, AIMS is completed every 6 months	75%	4 of 5
If prescribed atypical antipsychotic, there is evidence of weight monitoring	4 of 4	1 of 1
If prescribed atypical antipsychotic, metabolic monitoring (serum glucose and lipid profiles) is ordered	3 of 4	1 of 1
If newly ordered Depakote/Tegretol/Lithium baseline labs order w/in 14 days	*	2 of 2
Serum levels ordered at least every 6 months for Depakote/Tegretol and every 12 months for Lithium	86%	2 of 2

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MENTAL HEALTH UNIT SERVICES EMCF – MALES – HU-3	2016 Totals	2017 Totals
Psychiatric provider documented review of laboratory results in progress note	33%	1 of 2
If not provider initialed/dated laboratory results	100%	1 of 1
Emergency Medications		
There is a provider order for the emergency medication	5 of 5	4 of 5
Consultation with the psychiatrist was obtained within 24 hours	5 of 5	UTD
Documentation supports use of emergency medications	4 of 5	3 of 5
This medication was continued for more than 72 hours	*	1 of 5
Emergency medication orders are not PRN or standing orders	5 of 5	5 of 5

Overall, psychiatric services on the unit were being provided in accordance with policy expectations. Significant areas of improvement that were identified include the following: all records reviewed indicated that the patient was seen by a psychiatric provider within the past 90 days; the content of psychiatric progress notes met expectations; and the majority of medications prescribed had accompanying written informed consents. Additionally, laboratory testing, including AIMS administration, and the documentation of side effects monitoring was compliant with Centurion's Model Laboratory Guidelines. None of the records reviewed indicated the use of PRN medications.

Record review indicated that patients were not seen by a MHP at least every 30 days in accordance with their treatment plans and policy requirements. While 88% of the records did have a treatment plan, only 57% had been reviewed per policy. Reviewers could not determine the location of clinical contacts based on record review, but staff reported that appointments occur in offices, classrooms, hallways, or at the tables within the common area on the unit. It was reported that finding appropriate space to meet with patients in private can be challenging as space is shared with MTC program staff. While the activity therapist was providing multiple groups each week, given the large number of patients, not everyone was able to attend. Record reviews found that 25% of the patients had documented evidence of group programming.

Consistent with outpatient findings, staff could benefit from training on treatment plan content and progress note documentation. It was noted that neither the specific frequency of interventions nor the discharge criteria were included in the treatment plans. Overall, there was consistency between psychiatric staff and mental health professional documentation with respect to patients' symptoms and level of functioning.

Five records were also reviewed for the use of emergency medication. There was one record in which the reviewers could not locate an order for the emergency medication and two records in which the documentation did not provide clear support for the use of the medication. Additionally, there was one instance where it was noted that the emergency medication was continued for more than 72 hours which is not consistent with standards.

Corrective Action Needed:

- It is necessary for the legal statutes and policies related to the use of emergency involuntary medications to be reviewed by Centurion clinical leadership. If the statutes and policies limit the timeframe for use, these limitations must be followed by providers.
- Improvements are needed to ensure patients on Unit 3 are provided mental health treatment services in accordance with their treatment plan and LOC designation. Mental health staff should be reminded that all clinical contacts should be out-of-cell and in a private setting. Any impediments to this practice should be documented in accordance with policy.

Supplemental Recommendations:

- [REDACTED]

- [REDACTED]
- It is recommended that Centurion Regional Office leadership, in conjunction with leadership staff at EMCF, continue to work closely with MDOC and MTC to expand the residential treatment services being offered on Housing Unit 3, as well as prepare for the opening of the acute mental health unit on Housing Unit 7.
- In order to ensure the success of inpatient and acute treatment units, program and policy development is needed including:
 - Formal admission and discharge criteria
 - A clinical referral and approval process
 - Appropriate staffing levels to meet established treatment requirements
 - Schedules of treatment activities
 - Regularly scheduled triage meetings to discuss each patient
 - A formal process to discharge patients
 - Staff training on all of the above information. Clinical Operations is available to assist upon request.
- A mechanism needs to be in place for non-emergency involuntary medication in accordance with policy. Clinical Operations is available to assist upon request.
- Mental health staff working on Unit 3 and Unit 7 will need training on treatment plan development and review, clinical documentation, mental health assessment, and crisis intervention.
- [REDACTED]
- [REDACTED]

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