MENTAL HEALTH CARE

The "A Items' section are from the Medical Care sections pertinent to mental health. **Note:** Some of these provisions are duplicated in the mental health section. Under such circumstances, the mental health findings may be reported in the mental health "B items" section in contrast to the medical care "A Items" section. The absence of a mental health findings narrative means the findings are in the mental health "B Items" section of this report.

1: Intake screening

Remedial Measure of Agreed Order

Item A.1.a.

DCJ shall implement and comply with policies to provide adequate medical and mental health intake screening to all inmates; shall provide a 14-day health assessment and examination; shall ensure continuation of prescription medications within 24 hours of intake; shall comply with stated policies to screen inmates for infectious disease; shall continue to provide mental health evaluations for all inmates whose histories or whose responses to initial screening questions indicate a need for such an evaluation; shall provide accurate diagnoses for inmates in need of mental health services; and shall continue to provide timely and appropriate referrals for specialty care.

Item A.1.c.

When the initial clinical health screening indicates that an inmate has acute health or mental health needs, DCJ shall provide timely care by trained and licensed medical staff, registered nurses, or mental health professionals as soon as medically necessary, but no later than twenty-four (24) hours after the initial health screening. DCJ shall schedule individuals with chronic health or mental health needs, and those who are pregnant but who present in a stable condition, to be seen by medical staff or mental health professionals as soon as medically necessary. Incoming inmates who present with current risk of suicide or other acute mental health needs will be immediately referred for a mental health evaluation by a mental health professional. Staff will observe such inmates until they are seen by mental health professionals. Incoming inmates reporting these conditions will be housed under appropriate conditions unless and until a mental health care professional clears them for housing in segregation or with the general population.

Compliance Assessment: Partial Compliance. Compliance is present relevant to timely mental health assessments. Partial compliance is present relevant to providing timely care related, in part, to significant physical plant issues within the women's unit and limited, but significantly improved, out of cell structured therapeutic activities offered to

CBO detainees. Information re: the "care" aspect will be summarized in the acute care section of this report.

Factual Findings:

Sources of information: Review of pertinent policies and procedures, observation of mental health rounding in the segregation housing areas, observation of the pill call process in the male acute care units, information obtained from staff and review of the Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report.

April 2008 Recommendation

1. Audits related to how long it takes for inmates to receive their prescribed medications should be performed.

Current status: see below:

October 2008 findings: DSO reported the following:

Table below indicates the Central Intake data for June, July and August 2008:

All inmates are screened by CMAs upon admissions. Any inmate with a screening question answered with a yes was further assessed by a R.N., with the following results:

Central Intake		
	June, July and August 2008	
	Total	Percentage
Arrestees Assessed by RNs	12133	64%
Male	8862	73%
Female	3269	27%
Male-Average Age	35 y/o	
Female-Average Age	34 y/o	
Released-48 hours	4290	35.3%
Referred to Psychiatric Services	3959	33%

False Positive	712	18%

Approximately 20% of all detainees who were booked at the DCJ have a positive mental health screen based on an assessment by a R.N.

A Performance Improvement study of the function of the Central Intake was conducted and the results of the study are indicated below:

Central Intake Performance Improvement		
	Total	**Percentage**
Total Audited	**81**	
MH Screening Performed	**79**	**98%**
Suicide Risk Screening Performed	**79**	**98%**
Positive Suicide Screen	**3**	**4%**
Patients Placed on Suicide Precaution (positive Screen)	**3**	**100%**
With Positive MH Screen patients referred to MH	**79**	**98%**
CI Screen Not Available in EMR	**2**	**2%**

To ensure that Central Intake is meeting the expectation of referral to Psychiatric Services, a database was set to monitor all referrals which arise from all jail during the course of incarceration. The "False Negative" or those patients who were not referred to psychiatric services but had mental illness and later found to have mental illness is being monitored. Data analysis from May 2008 till September 2008 indicates as listed below:

Referrals Data Analysis (May 2008-September 2008)			
Total	**3859**		
Positive	**2897**	**75**	**%**
False Positive	**711**	**18**	**%**
False Negative	**23**	**1**	**%**
North	**740**	**19**	**%**
West	**2616**	**68**	**%**
CI	**1101**	**29**	**%**
Kite	**922**	**24**	**%**

Medical	**62**	**2**	**%**
Other (including DSO)	**1518**	**39**	**%**
DSO	**237**	**6**	**%**

The "False Negative" data is reflective of cases being missed at central intake. The most common factor for that found to be patients did not reveal information about psychiatric history. This rate is low and indicates a good central intake referral system.

Recommendation

1. See "acute care" recommendations section.

Remedial Measure of Agreed Order

2. *Acute care*

Item A.2.a-b.

DCJ shall provide adequate and timely acute care for inmates with serious and life-threatening conditions, and ensure that such care adequately addresses the serious medical needs of inmates. Adequate care will include timely medical appointments and follow-up medical treatment.

DCJ shall train correctional officers to recognize and respond to medical and mental health emergencies, and shall ensure that inmates with emergency medical or mental health needs are promptly referred and transported for outside care when the facility is unable to provide appropriate care.

Compliance Assessment: Partial compliance

Factual Findings:

Sources of information: Review of pertinent policies and procedures, observation of mental health rounding in the segregation housing areas, observation of the pill call process and the mental health rounds process in the male acute care units, interviews with inmates, information obtained from staff, review of medical records of selected detainees in the acute care units and review of the Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report.

October 2008 findings: DSO reported the following:

Acute Care Program

1. The Acute Care Program for men is located in West Tower
2. Acute Care Program for males has 112-128 Closed Behavioral Observation Cells, a reduction of 64 closed cells that were converted into intermediate care
3. Acute Care Program for females is situated in North Tower. It comprises of 46 beds.
4. Male to female ratio is 3:1
5. There are two clinical teams assigned to provide psychiatric services to patients admitted at Crisis Stabilization Program and Acute Care Program for male patients
6. One clinical team is assigned to provide psychiatric services to female Crisis Stabilization Program (CSP) and Acute Care Program (ACP)
7. At least once a week nursing rounds are conducted for all patients housed in CSP and ACP
8. Psychosocial rehabilitative programming has been conducted for male patients providing out of cell engagement in group activities. Groups provided at this time include, Co-occurring Psychiatric and Substance use Disorders (COPSD) and Mental Health Education. There are two to four groups, each lasting for two hours/day are being conducted at this time. These groups are held in multipurpose rooms and day rooms. Male inmates were reported to receive, on average, about 2 hours per week of out of cell structured therapeutic activities in addition to being offered one hour per day of dayroom time each day.

Referred to Acute (residential) Care Program				
	June-08	July-08	August-08	Total
Number	36	44	54	134
Male	28	34	38	100
Female	8	10	16	34
Male-Ave. Age	34	39	37	
Female-Ave. Age	45	38	34	
Expedited	5			
Admitted to Medical Ward	5			
Referred to ER	0			
Young Offender	0			

Three top Medical Problems	Asthma	13		
	HTN	7		
	Epilepsy	6		
Total with Medical Problems		46		

Acute Care Program Performance Improvement studies included the following:

Statement of the issue being studied

There are three Performance Improvement studies conducted associated with the Acute Care Program Management to study following issues:

a) Timeliness of Psychiatric and Medical Services

When patients were admitted at Acute Care Program, in closed behavioral observation cells:

1. They have access to psychiatric care in a timely manner
2. They have access to medical care in a timely manner

b) Timeliness of continuation of Medications

1. When patients are booked-in at Dallas county Jail who were taking medications prior to arrest, continue to receive medications in a timely manner

c) Restraint Management

Method:
Book-in numbers were randomly picked by the On-site Administrator of Dallas County jail from Central Intake database. These were book-in numbers of patients who were recommended for housing at Closed Behavioral Observation or Acute Care Program. Electronic Medical Records were reviewed for variables and detailed data of the Performance Improvement study is attached in the attached Excel workbook.

Results:

a) Timeliness of Psychiatric and Medical Services

1. 17 % charts of patients admitted at Acute Care Program during the month of June, July, August 2008 revealed that:

a. Psychiatric provider (MD, PA, NP) established first encounter with the patient within 1.4 days from the day when patient was booked-in
b. Patients with medical condition had first medical service provider (MD, PA, NP) encounter within 3 days from book-in.

Metzner assessment: Initial psychiatric services in the acute care units are being provided in a timely manner.

b) Timeliness of continuation of Medications

1. Patients who were admitted at Acute Care Program and were noted to have psychotropic medications prescribed prior to arrest (verified or unverified) were evaluated by a psychiatric provider within 1.4 days and were prescribed medications as appropriate.

2. Medications Administration Record revealed that when patients were prescribed medications they received medications within 24 hours.

3. Please see table below for result of PI study.

Acute Care Program

	June, July and August 2008 Performance Improvement		Total
No. of patients admitted at Acute Care Program (June, July, August)	134		
Male	102		
Female	32		
Average LOS	11 days		
Performance Improvement			
Total Chart Audited	23	17%	
Average days for first encounter with a psychiatric provider	1.4 days		
No. of patients on medication upon book-in	16		
No. of patients prescribed Medications	15		
Duration (Medication prescribed and first dose and MAR)	24 hours		
No. of patients with medical problems	3		

Average days for Medical provider evaluation	3 days		

Staff also reported the following:

> Patients who were admitted at Acute Care Program and were prescribed psychotropic medication in the above data revealed that 87% of the time labs to monitor medications safety were also ordered.

Metzner assessment: Medication administration is close to the benchmark required by the Agreed Order that requires DCJ to ensure continuation of prescription medications within 24 hours of intake. There are issues relevant to the documentation of medication administration related to the electronic record not being initiated until an inmate has been classified and placed in DCJ housing which, at times, can take several days. Reference should be made to the report by Ronald Shansky, M.D. which will address this issue in more detail.

The length of stay data was skewed and likely not accurate. This issue will be examined in the future when the database is more refined.

c) Restraint Management

Dallas county Jail health staff and Sheriff Department staff collaboratively manage an emergency situation when an inmate is required to be placed in restraint for prevention of harm to self and others.

1. All incidents of restraint in West Tower are reviewed by Behavioral and Psychiatric service Staff
2. The Performance Improvement studies and data revealed that during the month of June, July and August, there were no therapeutic restraint ordered by health care staff
3. Restraints were initiated by security staff and in most case a psychiatric provider or medical/psych nurse evaluated the situation and patient's clinical condition
4. There were no restraint that resulted in serious negative outcome
5. Out of 66 restraint, there were 31 incidents of restraint when patients were receiving psychiatric treatment and compliant with medications
6. Out of 66 restraint, 11 patients were not mentally ill and 3 had refused psychiatric services
7. There was no inmate in restraint longer than two hours
8. There were 7 incidents of restraint when a patient required emergency IM medication administration

Please see following table for data.

Total Incident of Restraints		**66**	
MH Services	**New Commit**	**6**	
	Yes	**45**	
	No	**11**	
	Refused	**3**	
Nurse Assessment	**Yes**	**61**	
	No	**4**	**1 seen by MD**
	Refused	**1**	
Provider's Assessment			
	Yes	**28**	
	No	**38**	
	Refused	**0**	
Restraint longer than 2 Hours		**0**	
IM medication given		**7**	
Medication Compliant			
	Yes	**31**	
	No	**14**	
	Refused	**4**	
	N/A	**17**	

Metzner assessment: Data needs to be obtained relevant to the number of detainees in the acute care unit being restrained. Such inmates who require restraints should, almost always, be restrained via mental health policies and procedures in contrast to DSO custody policies and procedures.

April 2008 Recommendations

1. The construction planning process will eventually help remedy most of the physical plant issues. Completion of the Phase 1 plan will be very helpful although problems will remain until Phase 2 has been completed.

Current status: Completed, which has significantly improved the therapeutic

milieu on 3W in the West Tower (which includes the men's crisis unit, acute care unit, and the intermediate care units).As a result of this construction, three multipurpose room became available to provide out of cell programming. Renovation also provides office space to the mental health staff

2. Fund all of the MGT recommended 52 FTE DSO staffing allocations

Current status: DSO reported the following:

a. 37 DSO were approved in June 2008
b. Out of 37, 32 DSO has been hired
c. Sheriff Department has also appointed a Sergeant as a supervisor
d. All MH DSO have gone through a 40 hours of mental health training
e. The training included information and topic related with sign and symptoms of mental illness, communication and management of psychiatric patients, prevention and management of aggressive behavior, problems and case based learning, cases and scenarios discussion, visit to a psychiatric hospital and exposure to become familiar with psychiatric milieu
f. MH DSO are assigned to Behavioral and Psychiatric Services
g. In West Tower, MH DSO are providing supervision and services during all three shifts
h. There are several teams of DSO who works in collaboration with psychiatric staff to ensure access to care and clinical safety
i. DSO teams ensures that patients have access to shower and out of cell activities
j. Environmental protection and sanitation services are provided on daily basis

The Mission Statement of the "Mental Health Workforce Team" is:

"The Mental Health Workforce Team ensures the care, and provides custody and control of inmates with mental illness housed within facilities of the Dallas County Sheriffs Department. Delivering direct patient care, compassionate understanding of the mentally ill, along with assuring a secure and well managed environment. Maintain security escort for Mental Health professionals and secure the mission by meeting the requirements of Dallas County Sheriffs Department, Parkland Mental Health Services, and the Texas Commission on Jail Standards".

A note from Mental Health DSO team Supervisor included the following:

"The Mental Health Team became active on June 23rd 2008, with thirty two officers who were recruited from the North Tower, West Tower and Central Intake. All Officers attended a forty hour Mental Health Class, where they were

educated with techniques and methods for the control, care, and custody of the mentally ill inmate. The Mental Health Team is sub-divided into smaller teams under the Mental Health Providers. Each team has daily duties to include:

Delivery of Medication with the Medical Technicians
Cell shakedowns
Assisting with Classes
Daily showering of all inmates on the Mental Health floor
Cleansing of cells and tank general population area
Performing thorough searches of all inmates entering the Mental Health Floors

Daily duties also include escorting inmates to and attending Mental Retardation evaluations.

The daily activities have achieved a higher quality of care on the Mental Health Floors of the North and West Towers. "Officer Assist" and "Officer Backup" are virtually memories of the days prior to The Mental Health Workforce Team, which is due to improved education of Officers listening and communication skills. Suicide prevention is paramount and completed suicides have reduced dramatically over the past year. The overall cleanliness of the Mental Health floors is noticeably improved and the Hygiene teams work throughout the day with trusties to maintain a more desirable living and working environment.

Future improvements are still expected and required, and with continued support with staffing and useable resources the Team will strive to be a "Shining Star" for the Dallas County Sheriffs Department and Parkland Health and Hospital System."

Metzner assessment: These correctional officers have received significant mental health training and are working very well with the mental health staff and detainees. A large number of DSO deputies requested this assignment, which helped facilitate the success of this cadre of DSO deputies assigned to work with detainees with mental illnesses. Despite all of the requested DSO positions not being funded, tremendous improvement in the mental health services related, in part, to these DSO positions was apparent.

Information was obtained from Chief Lindsey relevant to the previously requested 52 FTE DSO positions. Based on various workload issues, another 13 FTE DSO positions will be requested in the next budget cycle in order to meet existing needs from a mental health systems perspective. Six additional FTE DSO deputy positions are needed to supplement the current 5.0 FTE positions for the psychiatric assessment program team. In my opinion, the current mental health deputy allocation shortage can be mitigated via redirection of some of the current DSO staff if the custody practice relevant to the number of officers needed to be present during psychosocial group therapies for the acute

care mental health unit inmates is significantly decreased for reasons that are described in the next subsection (i.e., see #3) of this report.

3. Adequate out-of-cell time for inmates in the acute care housing units should include at least 10 hours per week of structured therapeutic activity and another 7-10 hours per week of unstructured recreational time for inmates on level 2. Out-of-cell time for inmates on Level 1 will be reviewed after implementation of the phase system and review of relevant data such as length of stay on Level 1.

Current status: Four psychosocial rehabilitation groups per day are scheduled for male inmates in the acute care units that include 4-8 inmates in last 1.5-2 hours per group. Two to four correctional officers are present in the group room during the sessions. Staff reported that these groups are functioning very well and have been well received by both staff and detainees.

DSO reported the following:

Current Status of Psychosocial Rehabilitation Program

At present we do not have any specific staff such as registered therapist technicians who have qualification to provide psychosocial programming. We also are in the process of recruiting psychologist who can provide special group therapies such as Dialectic Behavioral Therapies, Cognitive Behavioral Therapies etc. Since the PHP is partially implemented, Level system is not yet implemented.

A Position Request Justification (PRJ) has been submitted to PHHS for review and approval of 8 psychosocial rehab therapist techs and is pending.

However, at this time for, starting a psychosocial rehab program mental health liaison from existing psychiatric staff are trained to provide psychosocial service. With the consideration of our current staffing and available expertise, the most seriously mentally ill patients housed in closed behavioral observation cells have been receiving programming. The group being provided is "Co-occurring Psychiatric and Substance Disorder."

During one month period in August-September, 356 hours of group out of cell programming has been provided to patients housed in closed behavioral observation

Besides psychosocial rehabilitative program, a program is also established to teach patients Sheriff's Department rules book. This class will be instructed by the MH DSOs. This shall facilitate patients' adjustment to the environment in jail

and promote safe behaviors
8 DSO received training on following topics:

a. Sign and symptoms of mental illness
b. Communication with Mentally ill
c. How to teach a group

This group will start in October 2008 as the schedule matrix is being developed.

I also briefly observed two psychosocial therapy groups being provided for inmates in the acute care housing units. These groups were being conducted in the multipurpose rooms and were attended by 5-6 inmates with one therapist and three DSO officers present in the room. The inmates were actively participating in these groups.

Metzner Assessment: The observed group therapies being offered to acute care inmates were received very well by them. The number of DSO officers in the group therapy room during the actual treatment was excessive and related to apparent confusion (or due to historical reasons) between the concepts of levels of care and security classification. Inmates requiring an acute care level of care should not by default be treated as maximum security classification. It is very likely that only one officer is needed to observe group therapies for safety purposes and generally can observe through the glass outside of the multipurpose room. This issue needs to be further discussed by DSO and mental health staff.

4. Efforts are especially needed to increase the out-of-cell time for female CBO inmates due to the conditions of their confinement, which are very restrictive.

Current status: There has been no change in the out of cell time for female CBO inmates although they have received increased property. However, DSO reported the following:

a. It was decided that females with severe psychiatric problems, housed in closed behavioral observation (segregation cells) and Intermediate Care Program, will be transferred to West Tower on 9th floor from North Tower
b. Transfer of female patients to West Tower will provide space for psychosocial programming, opportunity for increase in day room out of cell activities, increase time to socialize, access to TV
c. Since the West Tower is going through smoke evacuation and reconstruction, this transfer is anticipated to occur during the month of October or November 2008

5. Medication administration issues in the male CBO are addressed in another section (Items A.8.a-b.) of this report.

Recommendation

1. Issues relevant to the use of restraints need to be further clarified and modified as clinically appropriate.
2. Agree with the plan to move the location of the women's crisis unit, CBO and intermediate care units.
3. Agree with the need for 8 psychosocial rehab therapist techs to implement the psychosocial rehabilitation program.
4. See "Metzner assessment" re: use of DSO deputies in the group therapy process. This issue needs to be further discussed by DSO and mental health staff.
5. Agree with the recommendation to request an additional 13.0 FTE DSO mental health deputy positions.

Remedial Measure of Agreed Order

3. Chronic care

Item A.3.a.

DCJ shall adopt and implement a system to track inmates with serious and/or chronic illnesses, including mental illnesses, to ensure that these inmates receive necessary diagnosis, monitoring and treatment.

Compliance Assessment: Partial compliance

Factual Findings:

Sources of information: Information obtained from staff and review of the Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and review of 10 health care records.

October 2008 findings: DSO reported the following:

Chronic Care Program

1. All patients housed in General Population are served by mental health staff assigned to Chronic Care Program
2. There are 550-600 patients served by Chronic Care Program
3. Both male and female receive psychiatric service in general population
4. Male to female ratio is 2.4:1
5. Psychiatric patients housed in general population enjoy the freedom of all activities as set forth by Texas Commission on Jail Standards and Sheriff Department at Dallas County Jail. This includes, if qualified, work as a trustee
6. There are 5.6 FTE provider positions (1 current vacancy but a hire will start

on 10/15/08) and 3 FTE counselor positions. Detainees are seen at least every 90 days by the providers.

Chronic Care Program		
June, July and August 2008 Performance Improvement		
		Total
No. of patients admitted at Acute Care Program (June, July, August)		1212
Male	865	
Female	349	
Performance Improvement		
Total Chart Audited	30	
Average days for first encounter with a provider	5	
No. of patients on medication upon book-in	14	
No. of patients prescribed Medications	11	
Duration (Medication prescribed and first dose and MAR)	2 days	
False Positive	6	
Released within 24 hours	4	
Released prior to Appointment	6	

Chronic Care Program Performance Improvement

Statement of the issue being studied

1. The Performance Improvement studies were performed associated with the Chronic Care Program to study following issues:

a) Timeliness of Psychiatric and Medical Services

1. When patients were admitted at Chronic Care Program
2. They have access to psychiatric care in a timely manner

b) Timeliness of continuation of Medications

1. When patients are booked-in at Dallas county Jail who were taking medications prior to arrest continue to receive medications in a timely manner

Method:

Book-in numbers were randomly picked by the On-site Administrator of Dallas County jail from Central Intake database. These were book-in numbers of patients who were recommended for housing general population or Chronic Care Program. Electronic Medical Records were reviewed for variables and detailed data of the Performance Improvement study is attached in the attached Excel workbook.

Results:

a) Timeliness of Psychiatric Services

1. PI study and data analysis revealed that average days for first encounter with a Psychiatric provider were 5 days from book-in

b) Timeliness of continuation of Medications

1. Out of 30 charts audited, 14 arrestees provided information that they had taken psychotropic medications sometime prior to arrest
2. After the Psychiatric assessment, 11 of 13 arrestees were prescribed mediations
3. Medication Administration Record revealed that patient received medication within 2 days of first psychiatric encounter
4. Please see following table for data and information.

Metzner assessment: Timeliness of the medication administration was good but not yet compliant with the Agreed Order.

An audit of 15 randomly selected charts of inmates on the chronic care mental health caseload conducted during the site assessment was not consistent with the above findings re: timeliness of initial psychiatric services. Methodology and results of this audit were as follows:

In order to audit the length of time between referral to mental health and initial contact with mental health provider, 15 charts were selected at random from a list of general population mental health referrals. The dates of clinical intake were between June 1, 2008, and July 14, 2008. The date of first referral to mental health assessment was examined in relationship to first contact with mental health. Of these 15 inmates, two had not received psychiatric referrals at the intake date in question. In other words, it appeared that the chronic care mental health list included some inmates not on the mental health caseload. Four of the inmates were released from jail within 3 days of intake, prior to receiving mental health services.

Regardless of symptoms at intake, a minimum of nine days transpired between referral and mental health assessment. In three cases, inmates were present for two weeks or longer, and were then released, prior to receiving an assessment. One inmate, who had

been taking Seroquel (an antipsychotic) on the outside, was referred to psychiatry on the 5th of June. He did not receive his medication until after an appointment with psychiatry on the 18th of June. This data is in contrast to the average of 5 days between psychiatric referral and contact in routine cases reported in databases provided by DSO.

It is recommended that DSO perform a larger audit to monitor this delay between referral and contact.

April 2008 Recommendation

1. Continue to pursue development of an adequate management information system to track the above information as well as other system issues.

Current Status: DSO reported the following:

The IT and MIS related issues were evaluated in details. Interim remedies as well as long-term remedies have been planned. Pearl kickoff was held on September 26th, 2008. IT team is lead by Dr. Anandkumar who provided the following update:

> **Electronic Medical Record:**
> We have identified the issues related to the current electronic medical record and are planning to upgrade to a new system. The new EMR is called PEARL offered by Business Computer Applications, Inc. The system is currently used by King County jail in Seattle and Salt Lake County Jail. The project has been approved by the Parkland board and the project kickoff is planned for September 26th 2008.
>
> Benefits:
> - The patient record will be started at intake eliminating the paper screening forms and scanning.
> - The system will track the patient admissions, in-house location, discharges and transfers thereby helping with continuity of care.
> - Computerized physician order entry
> - Built-in triggers will automatically remind provider to order recommended tests and follow-up visits
> - Alerts to track timely completion of charts
> - Monitoring of all interfaces
> - Daily/Weekly/Monthly reports will be available to monitor the quality of care
>
> **Pharmacy Management System:**
>
> Parkland board has approved for a new pharmacy management system, automatic medication packager, Pyxis and electronic medication

administration record system (eMAR). This solution will help start medications on time, prevent medication errors and improve documentation of medication administration.

Projects to address the current EMR issues:

EMR training:
The EMR training committee developed an EMR training manual and distributed to the staff.

The EMR training team provided 4 hrs of hands-on EMR training for all jail staff. The staffs were tested for competency

We have included 1.5 days of hands-on EMR training for all new employees as a part of the new employee orientation program.

External Databases:
Access databases have been created to overcome the deficiencies of the EMR. The Central Intake database contains data of all patients identified with a medical condition and is used to track patients and inform each housing units to provide continuity of care.

Documentation Templates:
The documentation team has created multiple nursing and provider documentation templates the staff have been trained to use these templates so that there is adequate documentation in the EMR for each patient encounter.

Recommendation

1. Continue to monitor the timeliness of psychiatric contacts and medication administration via a QI process.
2. The planned development of the electronic medical record and management information system is impressive. Will continue to monitor implementation.

Remedial Measure of Agreed Order

Item A.3.b.

DCJ shall implement a medication continuity system so that incoming inmates' medication for serious medical needs can be obtained in a timely manner, as medically appropriate when medically necessary. Within twenty-four hours of an inmate's arrival at the facility, or sooner if medically necessary, the County shall decide whether to

continue the same or comparable medication for serious medical needs as an inmate reports on arrival that she or he has been prescribed. If the inmate's reported medication is discontinued or changed by medical staff, medical staff shall evaluate the inmate face-to-face as soon as medically appropriate. The County shall develop and implement a protocol and screening tool to guide staff in gathering necessary information and present such information to medical staff for medication continuity decisions.

& 5. Access to Health Care

Items A.5 a-d

DCJ shall ensure that inmates have adequate access to appropriate health care.

DCJ shall ensure that the medical request ("sick call") process for inmates is adequate and facilitates adequate access to medical/mental healthcare.

The sick call process shall include procedures for logging, tracking, and timely responses by medical staff.

DCJ shall develop and implement an effective system for triaging sick call requests based upon the urgency of the medical issue.

Compliance Assessment: Partial compliance

April 2008 Recommendation

1. The audit results were not consistent with the inmates' reports, which need to be further assessed. An audit should address this discrepancy.

Current status: see October 2008 findings.

2. Improve percentage of kites that have all dates correctly entered.

Current status: see October 2008 findings.

Factual Findings:

Sources of information: Review of pertinent policies and procedures, information obtained from staff, interviews with inmates, review of PI audits and review of health care records.

October 2008 findings: DSO reported the following:

Performance Improvement Studies were conducted to study medications continuation for all treatment programs. In summary:

Patients admitted at Acute Care Program:

1. First psychiatric provider's encounter occurred within average 1.4 day from book-in.
2. First dose of medication administered within average 24 hours of first provider encounter.

Patients admitted at Intermediate Care Program:

1. First psychiatric provider's encounter occurred within average 4 days
2. First dose of medication administered within average 2 days of first provider encounter

Patients admitted at Chronic Care Program:

1. First psychiatric provider's encounter occurred within average 5 days
2. First dose of medication administered within average 2 days of first provider encounter

Performance Improvement studies will continue to be performed.

Re: sick call, DSO reported the following:

1. To address Access to Care and Non-emergency request for care (Kite) management system a team was assembled
2. Kristin Bilkey, Director of Performance Improvement and Clinical Safety were the team lead. A presentation about the Sick Call Management Initiative was presented to DOJ team
3. A systematic approach was developed to address kites with a unified system that addresses medical, mental health, Ob-GYN, HIV, dental and other kites in a timely manner
4. This system was implemented as pilot in North Tower
5. At this time this system has been implemented in North Tower and will be consistently applied to all jails
6. In regards to mental health kites, there were deficiencies were found in documentation of date of services on kites
7. This deficiency was reflected in kite database
8. With the primary focus of providing psychiatric services, all kites with incomplete data were reviewed to ensure psychiatric services was provided in a timely manner to all patients
9. Other databases, such as MHL database for services, nurses log for rounds and delivery of psychiatric services, and EMR for provider/nurses/MHL notes were reviewed
10. Kite database was also completed

11. The result of the data analysis is as following:

Behavioral and Psychiatric Services		
Access to Care, June, July and August 2008		
Total kites	1520	
Emergent	68	8.8%
Urgent	147	9.6%
Routine	1305	85.5%
MH Service Provided		
Emergent	1.6	days
Urgent	2.6	days
Routine	3.7	days
Incomplete data	294	19.3%

Detainees in two of the acute care housing units reported poor access to medical care via the sick call process. However, these inmates also reported poor access to the mental health prescribing clinicians which, based on healthcare record reviews, was not accurate.

The healthcare record of an inmate was reviewed who reported that he had not yet received his ADA diet. Review of his record was consistent with his report.

Inmates also complained about medications prescribed being different than those received while not incarcerated. These complaints appeared to focus on Seroquel and Wellbutrin. These medications, which remain on the formulary, are prescribed on a limited basis due to the well known abuse potential within correctional settings. It was my understanding that the prescribing clinicians have requested they remain on the formulary in contrast to being non-formulary medications as is the practice in many correctional settings.

Recommendation

1. Depending on assessments made by Drs. Puisis and Shansky, a PI should be performed specific to medical sick call responses specific to patients in the acute care mental health units.
2. The prescribing clinicians may want to reconsider the decision to have Wellbutrin and Seroquel as formulary medications due to the problems associated with prescribing them on only a limited basis.
3. See previous section re: chronic care recommendations.

Remedial Measure of Agreed Order:

6. *Follow-Up Care*

Item A.6 a-b

DCJ shall provide adequate follow up care and maintain appropriate records for inmates who return to the Jail following hospitalization.

DCJ shall ensure that inmates who receive specialty or hospital care are evaluated upon their return to the Jail and that, at a minimum, discharge instructions are recorded in the inmate's medical records and appropriately followed.

Compliance Assessment: Substantial compliance

Factual Findings:

April 2008 Recommendation

1. Continue to monitor this issue via the PI process.

Current status: see October 2008 findings.

Sources of information: Review of pertinent policies and procedures and information obtained from staff.

October 2008 findings: DSO reported the following:

For the Dallas County Jail Health, Walter Skinner, M.D., has been monitoring, and working with all team improving this system.

In addition to all steps taken by medical services, Behavioral and Psychiatric Services nursing staff ensure that patients transferred to PHHS for health care have continuation of care at Dallas county Jail.

Dr. Ahmed has also established a good working liaison relationship with PHHS. Almost all of the transfers are for consultation purposes only.

Recommendation

1. None. This process appears to be working well.

Remedial Measure of Agreed Order

7. Record Keeping

Items A.7.a-c

DCJ shall ensure that medical records are maintained consistent with generally accepted professional standards of care.

DCJ shall ensure that DCJ medical and mental health records are centralized, complete, and accurate. To ensure continuity of care, medical record information shall be submitted to outside medical providers when inmates are sent out of the Jail for medical care, and reports and records from those providers will be returned with the inmates to the Jail.

DCJ shall maintain unified medical and mental health records including documentation of inmates' psychiatric histories and individual mental health assessments.

Compliance Assessment: Partial compliance

Factual Findings:

Sources of information: Information obtained from staff and review of healthcare records.

April 2008 Recommendation

1. Upgrade the EMR to Pearl.

October 2008 findings: The progress and current status of this recommendation is described under section A.3.a.

Recommendation
1. See section A.3.a.

Remedial Measure of Agreed Order:

8. Medication Administration

Items A.8.a-b.

DCJ shall ensure that treatment and administration of medication to inmates is implemented in accordance with generally accepted professional standards of care. DCJ shall develop policies and procedures for the accurate administration of medication and maintenance of medication records. DCJ shall provide a systematic physician review of the use of medication to ensure that each inmate's prescribed regimen continues to be appropriate and effective for his or her condition.

DCJ shall ensure that medication administration is hygienic and recorded concurrently with administration.

Compliance Assessment: Compliance with medication administration. Partial compliance with "*DCJ shall provide a systematic physician review of the use of medication to ensure that each inmate's prescribed regimen continues to be appropriate and effective for his or her condition*" due to lack of a pertinent PI at this time. This is in the process of development in the context of implementing the TIMA process.

Factual Findings:

Sources of information: Information obtained from staff, review of policies and procedures and review of PI audits.

April 2008 Recommendation

1. The practice of administering medications beneath the cell door is not acceptable and needs to be changed.

Current Status: DSO reported the following:

   a. The practice of passing medication beneath the cell door has improved during last several months.
   b. Current practice is that DSO opens the door to pass medications.

2. Please send me a revise draft of the Emergency Psychotropic Medication (Procedure #: I-02), for review and comment.

   Current Status: DSO reported the following:

   a. It was noted that the earlier version of the procedure I-02 was presented by staff mistake. Dr. Metzner had already provided guidance and recommendations related with administration of emergency psychotropic medications and procedure was updated. Dr. Metzner further reviewed the I-02 procedure, provided further guidance and approved it.
   b. The earlier version of procedures were removed from staff access and archived.
   c. The correct procedure has been in effect since January 2008
   d. Fortunately, the number of incidents of use of intra muscular Emergency Psychotropic medications are extremely low at Dallas County jail
   e. In practice, the response to oral medications such as Zyprexa Zydis and Risperdal M-Tab is found to be beneficial in reducing agitation.

I observed the medication administration process on the 3P of the West Tower during the

morning of September 30, 2008, which was done in a very competent manner via a team of DSO deputies and the LPN. The detainees, in general, appear very comfortable with the team and strong encouragement and reinforcement to take the medications were demonstrated by the mental health team with good results.

The LPN used crackers and Boost as a reinforcement for selected inmates to take their medications.

Recommendation

1. Would broaden the use of snacks, juice and/or Boost for reinforcement re: medication adherence in the CBO.

Remedial Measure of Agreed Order

9. Medical Facilities

Item A.9.a.

DCJ shall ensure that sufficient clinical space is available to provide inmates with adequate medical care services including: intake screening; sick call; physical assessment; and acute, chronic, emergency, and specialty medical care (such as for geriatric or pregnant inmates).

Compliance Assessment: Partial compliance

Factual Findings:

Sources of information: Information obtained from staff and direct observation of physical plant.

April 2008 Recommendation

1. Continue with the building plan process.

Current Status: see October 2008 findings.

2. Implement MGT recommendations re: increased DSO allocations for the mental health care system.

Current Status: see acute care section October 2008 findings.

October 2008 findings: CMAs in the intake unit are now interviewing detainees in the intake area in a setting that allows for better sound privacy, which under most

circumstances is likely to be adequate.

DSO reported the following:

1. Significant progress regarding developing design of the Medical and Psychiatric infirmary has taken place since April 2008
2. Basic design has been developed and details of the facilities are under going discussions and review
3. There have been several meeting between, PHHS staff, Sheriff Department staff and HKS architects and experts
4. Design is available for review
5. Progress regarding MH DSO is described under item A.2.a-b

Staff described significant improvement re: office and programming space related to completion of Phase I of the construction project. Clinical contacts in a setting that allows for adequate sound privacy in the acute care unit remains a problem related, in part, to detainee refusals.

The design phase of the construction project is progressing very well. My only suggestions are as follows:

1. I would conceptually consider the "secure" rooms to not be available for regular mental health housing purposes unless they are being used based on clinical indications (i.e., someone not requiring seclusion or close observation should not be housed in this room).
2. Re: the women's dormitory area in the crisis cells, privacy walls would be helpful in defining personal space and providing for more of a room like atmosphere (e.g., 2-4 persons).
3. "Normalization" of the environment is a useful concept to implement, when possible.
4. A lactation room for female health care staff should be provided in the new construction project.
5. Careful attention will be needed regarding the design of the cell doors in the crisis cells, with particular attention to adequate visibility for observation purposes. Consideration for actually seeing a prototype before final approval is recommended.

Recommendation

1. See above recommendations relevant to the design phase of the construction project.
2. See recommendations relevant to submitting a budget request for an additional 16.0 FTE DSO mental health deputies in the acute care section of this report.

Remedial Measure of Agreed Order

10. Specialty Care

Items A.10.a-d.

DCJ shall ensure that inmates whose serious medical or mental health needs extend beyond the services available at the Jail shall receive timely referral for specialty care to appropriate medical or mental health care professionals qualified to meet their needs, in accordance with generally accepted professional standards of care.

DCJ shall ensure that inmates who have been referred for outside specialty care by the medical staff or another specialty care provider are scheduled for timely outside care appointments and transported to their appointments. Inmates awaiting outside care shall be seen by medical staff as medically necessary to evaluate the current urgency of the problem and respond as medically appropriate.

DCJ shall obtain records of care and diagnostic tests received during outside appointments in a timely fashion and include such records in the inmate's medical record or document the inmate's refusal to cooperate and release medical records. Following a visit to an outside specialist, medical staff, mental health staff, or a dentist shall review information and documentation available from the visit and provide reasonable follow-up care.

DCJ shall maintain a current log of all inmates who have been referred for outside specialty care, including the date of the referral, the date the appointment was scheduled, the date the appointment occurred and the reason for any missed or delayed appointments, and information on follow up care, including the dates of any future appointments.

Compliance Assessment: Substantial Compliance

April 2008 Recommendation

1. Continue to monitor transfer to specialty care and to the state hospital.

Current status: see October 2008 findings.

Factual Findings:

Sources of information: Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and staff interviews.

October 2008 findings: DSO reported the following:

State Hospital Patients/Competency Evaluation Tracking Stats

Current # of State Hospital Patients (Bench Warrants): 41

Patients committed/transported to the State Hospital:
September – 7
August – 7
July – 31
June – 16

Patients bench warrant/returned from the State Hospital:
September – 11
August – 23
July – 19
June – 22

Patients declared incompetent to stand trial; pending transport to State Hospital: 33
Found Incompetent/September 2008 – 12
Found Incompetent/August 2008 – 17
Found Incompetent/July 2008 – 4

Patients pending competency evaluation: 16

Average number of patients at State Hospitals is 121
Average days of transfer of a patient to State Hospital is 25 days

Recommendation

1. Continue to track these transfers.

Remedial Measure of Agreed Order

11. staffing, Training, and Supervision

Items A.11a, c, d, and e.

DCJ shall provide adequate staffing and training of medical, mental health, and correctional staff necessary to ensure that adequate medical and mental health care is provided.

DCJ shall ensure that services and procedures, such as medication administration and use of cut-down tools, are performed by nurses or other properly trained staff.

DCJ shall provide adequate numbers of correctional staff to ensure inmates have access to appropriate medical care.

DCJ shall conduct initial and periodic training for all correctional staff on how to recognize symptoms of mental illness and respond appropriately. Such training shall be conducted by qualified mental health professionals and shall include instruction on how to recognize and respond to mental health emergencies.

Compliance Assessment: Substantial compliance regarding the training requirements. Partial compliance re: mental health and custody staffing allocations.

April 2008 Recommendation

1. MGT recommendations need to be implemented.

Current Status: see acute care section October 2008 findings.

Factual Findings:

Sources of information: Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report, review of the DSO training data and staff interviews

October 2008 findings: DSO reported the following:

Behavioral and Psychiatric Services-DSO staffing

1. There were 37 mental health DSOs were approved by county and Sheriff department
2. A unit of Mental Health DSO (MHDSO) has been established
3. All MHDSO received 40 hours of Mental Health training
4. Sheriff Department assigned one supervisory Sergeant
5. All MHDSO are assigned to MH services

Information was obtained relevant to the detention service officer training, which included the following data:

1183-fully trained
49-in Academy
61-pre-Academy
1293-total DSO's

132-new hires in the last six months
175-10 Academy last six months

Additional Mental Health Classes in the Last Six Months

40 hours mental health officer course-57 attended

4 hours mental impaired and suicide prevention jails-484 attended in the past six months and 1176 officers have attended since the classes' inception

The only other medical/mental health course offered in continuing education is in "an immediate mental impaired and suicide prevention" intermediate class.

Recommendation

1. See recommendations relevant to submitting a budget request for an additional 16.0 FTE DSO mental health deputies in the acute care section of this report.

Remedial Measure of Agreed Order

12. Quality Assurance Review

Item A.12.a.

The DCJ shall develop and implement quality assurance programs adequate to identify and correct serious deficiencies in medical care, mental health care, suicide prevention, sanitation, and fire safety.

Compliance Assessment: Partial compliance

Factual Findings:

Sources of information: Information obtained from staff and review of various DCJ audits and performance improvement committee meeting minutes.

April 2008 Recommendation

1. Continue the current performance improvement audit process with an emphasis on medication management audits.

Current Status: DSO reported the following:

In order to develop and implement a unified and comprehensive Performance Improvement program for Dallas County Jail Health, a performance improvement team was developed. Yvonne Cone was assigned as a team lead.

There are efforts to develop a strong PI program by Performance Improvement Department. The following studies with multiple variables were the focus of mental health Performance Improvement team:

a) Timeliness of Psychiatric Assessment

b) Continuation of Medication in a timely manner
c) Medications management and medications related laboratory protocols follow-up
d) Central Intake
e) Separation Inmate Management
f) Suicide Prevention Program
g) Restraint Management Program
h) Kites management Program

A jail health quality advisory committee meets on a monthly basis and a quality assurance committee with membership from key medical and mental health administrators as well as key custody staff also meets on a monthly basis. Minutes of the jail health quality advisory committee meetings were reviewed, which provided a good summary of the contents of the meetings.

Metzner assessment: The QI process, which continues to evolve in a very positive manner, will be greatly facilitated by the completion of the management information system and EMR processes previously summarized.

Recommendation

1. Continue the current performance improvement audit process.

Remedial Measure of Agreed Order

Items from Mental Health Section Part B

DCJ shall provide adequate mental health care to address inmates' serious mental health needs.

B.1. Timely and Appropriately Evaluation

Item B.1.a.

DCJ shall develop and implement policies and procedures to appropriately assess inmates with mental illness, and evaluate inmates' mental health needs.

Compliance Assessment: Partial compliance related to the current setting of the women's mental health unit.

April 2008 Recommendation:

1. Address the privacy issues as recommended in Item B.2.b.

Current Status: see October 2008 findings for Item B.2.b.

Factual Findings:

Sources of information: Review of the Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report, interviews with staff and observation of the screening process in the Intake area.

October 2008 findings: DCJ reported the following:

Intake Screen

All arrestees who are booked into Dallas County Jail through Central Intake are screened and assessed for medical and mental health issues. Dallas County Jail Health Nursing staff performs central intake assessments.

This vital function of screening right after booking is performed by Certified Medical Assistants and Registered Nursing staff. The Central Intake Screening tool being utilized was developed and refined over a period of time. Currently used screening tool was reviewed and approved by Department of Justice. This tool contains 20 items pertinent to mental health. There are 7 items related to suicide risk assessment. All arrestees who are booked in through Central Intake are screened for any medical or mental health problem.

The following data is pertinent to the Central Intake function and mental health screening:

1. There were 19,094 arrestees screened for any health problem by Certified Medical Assistants during June, July and August 2008 at Central Intake and 12,133 (64%) were referred to RNs for further assessment.
2. There were 12,133 arrestees were assessed by Registered Nurse.
3. 3959 or 33% of all arrestees screened by RNs were referred to Behavioral and Psychiatric Services.

Other relevant information reported by DSO included the following:

1. Behavioral and Psychiatric Services average Census is 20% with a current census of 1201 patients
2. During the months of June, July and August 2008, there were 2946 patients referred to Behavioral and Psychiatric Services from sources other than Central Intake. All of them were screened by QMHP or QMHW for any mental health problem
3. Out of 2946 referrals there were 1669 or 57% patients' were screened positive for mental health problems and admitted to Behavioral and Psychiatric Services. The sources of referrals included, Medical service, DSOs, Kites, friends, family, attorneys, courts etc.
4. Kites referrals were 1520 for the month of June, July and August 2008

5. Kites database analysis indicates that out of 1520 kites, 1305 or 85% were Routine, 147 or 9.6% Urgent and 68 or 8.8% were assigned an Emergent level
6. Data analysis indicates that response time to Routine kites was 3.7, Urgent kites was 2.6 and Emergent kites was 1.6 days
7. There was 19.3% kites with missing documentation related with date kite written, date kite was received, triage date and date kite was closed completion
8. An audit of Medical Services for patient housed in closed behavioral observation indicated that patients received medical services within 3 days of admission. Particular attention was given to closed behavioral observation to obtain PI data due to access to care issues. Other Psychiatric Programs were not analyzed since it is studied by PI Department studies

Privacy Issues:

1. Mental Health Workforce is scheduled to have HIPAA training. This training is expected to be in October 2008
2. Most of the mental health encounters occurs in interview booth which ensures sound privacy
3. At time when security is primary concern, for example when evaluating suicidal patients, to minimize risk patients are seen in day room

Recommendation

1. The move of the women's mental health unit should result in compliance with this section of the Agreed Order.

Remedial Measure of Agreed Order

Item B.1.b.

DCJ shall ensure that the intake evaluation process includes a mental health screening, which shall be incorporated into the corresponding inmate's medical records. DCJ shall ensure timely access to a qualified mental health professional when presenting symptoms of mental illness require such care.

Compliance Assessment: Substantial compliance

Factual Findings

April 2008 Findings: See prior sections re: access to care issues.

Recommendation

1. Continue to periodically monitor access to care issues.

Remedial Measure of Agreed Order

Item B.1.c.

DCJ shall ensure that the mental health screening process includes inquiry regarding:

(1) past suicidal ideation and/or attempts,
(2) current ideation, threat, or plan,
(3) prior mental health treatment or hospitalization,
(4) recent significant loss, such as the death of a family member or close friend,
(5) history of suicidal behavior by family members and close friends,
(6) suicide risk during any prior confinement, and
(7) any observations of the transporting officer, court, transferring agency, or similar individuals regarding the youth's potential suicide risk.

Compliance Measure: Substantial compliance

Factual Findings

Sources of information: Policies and procedures, review of records and review of DCJ audits.

October 2008 Findings: See Item A.1.c. and Item B.1.a. The healthcare screening form includes all of the above elements. A Performance improvement study performed indicated 100% compliance and 2 screens not available in EMR but available in database. Suicide risk screen was performed on all arrestees booked-in at Dallas County jail

Recommendation

1. Periodic QI to monitor implementation of the screening process.

Remedial Measure of Agreed Order

Item B.1.d.

DCJ shall ensure adequate and timely treatment for inmates, whose assessments reveal serious mental illness, including timely and appropriate referrals for specialty care and regularly scheduled visits with qualified mental health professionals.

Compliance Assessment: Partial compliance

April 2008 Recommendation:

1. PI should devise an audit instrument to assess whether regularly scheduled visits with qualified mental health professionals are occurring. IT consultation re: the Pearl system should provide the necessary a MIS to perform such an audit.

Current status: The database is established although the audit has not yet been done.

Factual Findings:

Sources of information: The Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and review of 15 healthcare records of inmates on the chronic care mental health caseload.

October 2008 findings: DSO reported the following:

Behavioral and Psychiatric Services has following Psychiatric Programs:

A. Intake Screening
B. Psychiatric Assessment Program
C. Crisis Stabilization Program
D. Acute (Residential) Treatment Program
E. Intermediate Care Program
F. Chronic Care Program

PSYCHIATRIC ASSESSMENT PROGRAM (PAP)

1. Psychiatric Assessment Program is set to provide comprehensive psychiatric evaluation within 24 hours of arraignment
2. The evaluation includes diagnostic assessment, dangerousness and suicide risk assessment and management, medication management, initial treatment planning and assignment of acuity level for appropriate treatment housing.
3. Location of PAP was at West Tower-Building B, on classification floor.

Although approved to staff PAP 24/7, there was no psychiatric provider applied for night shift. This resulted in partial function of the PAP.

A performance Improvement study indicated that only 25% of patients were evaluated at PAP and Psychiatric providers assigned to various psychiatric service areas have to perform initial psychiatric assessments. Following causes were considered as barrier to success of PAP:

a. Smaller and undesignated holding space at the location of PAP. This resulted in rapid transfer of patients from PAP (Classification area) to housing prior to psychiatric evaluation
b. Patients were brought to PAP generally in groups. This is because of the

arraignment court generally is held with arrestees going to court in groups.

c. Consistently unfilled providers vacancies.

A proposal to establish a holding area on the psychiatric floor was presented on May 5th, 2008. Due to various factors, but mainly to construction and renovation in West Tower, the PAP holding on Psychiatric floor did not get established until September 22nd, 2008. At this time, there are two psychiatrists assigned to PAP and a third has accepted an offer and is scheduled to start her employment with PHHS on October 6th 2008.

Refer to chronic care section October 2008 findings.

Recommendation

1. Perform the recommended audit re: clinical contacts with caseload inmates.

Remedial Measure of Agreed Order

Item B.1.e.

DCJ shall ensure an adequate array of crisis services to appropriately manage the psychiatric emergencies that occur among inmates. Crisis services shall not be limited to administrative segregation or observation status. Inmates shall have access to appropriate licensed in-patient psychiatric care when clinically appropriate.

Compliance Assessment: Partial compliance

Factual Findings:

April 2008 Recommendation

1. Need to fund the MGT recommendations for a total of 52 DSO staff allocated for mental health services purposes.

Current Status: see acute care section (October 2008 findings).

Sources of information: The Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report.

October 2008 findings: DSO reported the following:

Crisis Stabilization Program (CSP)

1. Crisis Stabilization Program specifically provides crisis interventions and

management for those individuals who present themselves with severe mental health crisis and issues such as: suicide, serious self-harm behaviors, severe violence, homicidality and other significant mental health crisis that requires continuous close monitoring and observations. Crisis Intervention Services are provided to both male and female patients.

2. There are 16 beds for Crisis Stabilization Program in West Tower serving male population
3. Housing unit 1 is also established as overflow CSP unit
4. CSP for female is located in North Tower, 2-East Lower floor
5. 4 beds are assigned to CSP for female patients
6. The following table provides information about Crisis Stabilization Program database analysis

Crisis Stabilization Program

	June-08	July-08	August-08	Total
Number of Admissions	102	101	73	276
Male	89	77	46	212
Female	13	24	27	64
Average LOS	2 days	1 day	1 day	
Reasons for Admission				
Suicide Attempts	3	7	4	
Serious attempts	1	2	0	
Suicidal Ideas	95	91	69	
Restraint	1	1	0	
Other MH Crisis	3	2	0	
Evidence Based Suicide Risk Assessment	88 (86.2%)	93 (92%)	73 (100%)	
Post Suicide Precaution Transfer				
CBO	48	41	33	
OBO	46	49	32	
Infirmary	1			
Released	6	11	4	
CSP	1	0	4	

- The rate of admission at Crisis stabilization Program has been stable from past presentations
- Male to Female ratio is 3:1
- Evidence Based Suicide Risk Assessment and Management are completed to most patients admitted at Crisis Stabilization Program. It achieved 100%

completion in August. The variances for less than 100% included, patient assessment at PAP and discontinuation of suicide precaution prior to admission at CSP, rapid transfer of patient out of CSP after provider's assessment and discontinuation of suicide precaution

- There was no patient was transferred to General Population until a subsequent follow up by QMHP and after discontinuation of suicide precaution
- Patients who were released, mostly had suicide precaution already discontinued

Recommendation

1. Agree with decision to move the women's crisis beds unit as previously described.
2. Data should be present re: the median LOS in the crisis beds.

Remedial Measure of Agreed Order

B.2.Assessment and Treatment

Item B.2.a.

DCJ shall ensure that treatment plans adequately address inmates' serious mental health needs and that the plans contain interventions specifically tailored to the inmates' diagnoses.

Compliance Assessment: Partial compliance

Factual Findings

Sources of information: Policies and procedures, information obtained from staff and review of records.

April 2008 Recommendations

1. Implement recommendations previously summarized relevant to both the physical plant and DSO issues.

Current Status: Findings previously summarized in acute care section.

2. Multidisciplinary treatment teams will be able to be initiated following completion of the phase 1 construction project related to more adequate office space being available. It was also recognized that the quality of treatment plans will be limited until reasonable access to adequate treatment programming space has been achieved.

Current Status: see October 2008 findings.

October 2008 Findings: The January 2008 report included the following:

> Policy #: G-01 Special Needs Treatment Plans, addresses in part, issues relevant to the development of treatment plans. During the site visit we discussed potential timeframes for the development of treatment plans, which was dependent largely on the inmate's needs and level of care. The concept of initial preliminary treatment plan followed by a comprehensive treatment plan developed 30 days later was discussed, with the use of multidisciplinary treatment team approach (including assigned custody staff). In general, the recommended treatment plan review for inmates requiring an acute level of care was at least every 90 days. Inmate's treatment plans should be updated whenever they are admitted to a higher level of mental health care.

DSO reported the following:

1. A pilot program was established to implement treatment plan. Currently patients admitted at Crisis Stabilization Program receive a treatment plan within 24 hours of admission at CSP.
2. A plan to implement comprehensive treatment planning is underway with further recruitment of psychiatric providers

Recommendation

1. Begin to focus on development of a comprehensive treatment plans.

Remedial Measure of Agreed Order

Item B.2.b.

DCJ shall provide for an inmate's reasonable privacy in medical and mental health care, and maintain confidentiality of inmates' medical and mental health status, subject to legitimate security concerns and emergency situations.

Compliance Measure: Partial compliance

Factual Findings

Sources of information: Policies and procedures, direct observation and interviews with staff.

April 2008 Recommendations:

1. Continue to monitor privacy issues with respect to intake assessments and the use of privacy booths in other housing units within DCJ.

Current Status: see October 2008 findings.

2. Privacy issues within a segregation unit remain problematic due to lack of adequate numbers of escort officers, which should be remedied if all the 52 DSO positions are funded.

Current Status: see October 2008 findings.

October 2008 findings: DSO reported the following:

1. Since the DSO staffing for Behavioral and Psychiatric Services was approved and implemented, most of the psychiatric encounters are set to occur in interview boots. This ensures sound privacy
2. When security issues related with inmates being out of cell or escort risk are a concern, interview is conducted on cell side in the day room. The practice of cell side interviews has diminished significantly
3. Females housed in segregation are also increasingly escorted to interview booths and the practice of seeing patients at cell side is limited to when there are security concerns.
4. Medical and Mental Health staff is provided with tablet PCs and data drops were installed in interview booth to provide EMR access at the site of patient's care.
5. This issue is continuously monitored.

The CMAs are now interviewing detainees in the Intake area in a setting that allows for improved privacy.

Recommendation

1. The planned move of the women's mental health units and the eventual completion of the construction project should remedy this issue.
2. See recommendations relevant to submitting a budget request for an additional 16.0 FTE DSO mental health deputies in the acute care section of this report.

Remedial Measure of Agreed Order

Item B.2.c.

DCJ shall provide adequate on-site psychiatric coverage for inmates' serious mental health needs and ensure that psychiatrists see inmates in a timely manner.

Compliance Assessment: Partial compliance

Factual Findings

Sources of information: Policies and procedures and review of records.

April 2008 Recommendations

1. Continue to actively recruit in order to fill vacant positions.

Current Status: see October 2008 findings.

2. Devising and implementing an audit instrument re: timelines of psychiatrists' appointments will be facilitated by the development of a better MIS as previously referenced in this report.

Current Status: see October 2008 findings re: section A.3.a.

3. Development of a multidisciplinary treatment team, with active DSO participation, will be a somewhat complicated, but very necessary process.

Current Status: see October 2008 findings.

4. Having a DSO supervisor specific to the mental health program is also recommended.

Current Status: Clinical teams among the psychiatrists have been formed, in contrast to hiring a clinical director that has helped relieve some of the administrative burdens assumed by Dr. Ahmed.

Factual Findings:

Sources of information: The Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and interviews with staff.

October 2008 findings: DSO reported the following:

Staffing

Essentially the staffing for Behavioral and Psychiatric Services has not changed. However, there are few exceptions:

1. A PRJ was required to be submitted for Psychosocial rehab therapist tech. this PRJ is pending for review and approval
2. One Unit Manager position for Behavioral and Psychiatric Services is being deleted from mental health and converted to medical services

The following additional staffing allocations, which had been requested during the time surrounding the April 2008 site visit, was not granted.

10.0 FTE R.N.s
7.0 FTE LVNs
7.0 FTE CMAs

The current staffing allocations are as follows;

53 total positions		**Vacancies**	**Percentage**
8	MDs	2	
4	Midlevel providers		
4	Psychologist	3	
8	Mental Health Liaison		
8	RNs	2	
7	LVNs		
3	CMA		
3	Clerks		
1	AUM		
Total Staffing	47	7 vacancies	14%
8	Psychosocial Therapist Tech	8 Therapist Tech	PRJ pending approval

Additional information included the following:

1. Recruitment Efforts were reviewed with Medical Staff Office
2. Psychiatrist positions were advertised at National level
3. A recruitment booth and Poster Display was also set at NCCHC, Mental Health conference
4. One locum tenens psychiatrist was hired for 13 week who have accepted a full time position as Psychiatric staff
5. Two other Psychiatrist have been hired
6. Two Mid-level providers also have been hired
7. Nursing Administration have implemented programs for nursing recruitment
8. Several Psychologists were also interviewed and further interviews are scheduled

Recommendation

1. Agree with the need for the 8 FTE psychosocial therapist techs.

Remedial Measure of Agreed Order

Item B.2.d.

DCJ shall ensure that disciplinary charges against inmates are reviewed by a qualified mental health professional to determine the extent to which the charge was related to serious mental illness, to ensure that inmates who commit infractions resulting from a serious mental illness are not punished for behavior caused by mental illness, and to ensure that an inmate's serious mental illness is used as a mitigating factor, as appropriate, when punishment is imposed on inmates with a serious mental illness.

Compliance Assessment: Substantial Compliance

Factual Findings

Sources of information: Policies and procedures, relevant audit and review of disciplinary reports.

April 2008 Recommendation

1. Continue to periodically monitor.

Current status: see October 2008 findings.

Factual Findings:

Sources of information: Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report

October 2008 findings: DSO reported the following:

There are two Performance Improvement studies conducted associated with Disciplinary hearing.

Please see following table for Disciplinary hearing management:

Disciplinary Hearing		
Months	Number of Inmates with Major Infraction	Number of Inmate with Mental Illness

June	85	10
July	162	16
August	92	5
Total	339	31 (9%)
Average Number of Inmate on Restrictions	41	
Average Mentally ill on restriction	11	26%
Average LOS in Restriction	17 days	

Disciplinary Hearing database was established to have 100% audit of all inmates referred to Disciplinary Board

All inmates housed in Separation receive a nursing visit minimum of once a week. However, the system is set and three times a week nursing round is provided to all inmates in Separation and in Closed Behavioral Observation cells

There are two Performance Improvement studies conducted associated with Disciplinary hearing. Details of both studies are attached in Excel workbook.

Performance Improvement audit of all data for June, July, August and September 2008 is indicated in the chart below:

Result of Performance Improvement Audit and Analysis (All referrals, June, July, August and September 2008)	
Total referrals	40
Number competent	30
Percentage competent	75%
Number incompetent	8
Percentage incompetent	20%
Number MH Mitigation	11
Percentage mitigation	27.5%
Charges Resolved when mental health finding were positive	100%

A performance Improvement Audit of 16% charts also indicated 100% compliance with all variables. Two of the 34 cases reviewed did not involve a face to face assessment of

the detainee.

Recommendation

1. The evaluators should not render an opinion re: major infractions unless the detainee is evaluated by the clinician.

Remedial Measure of Agreed Order

Item B.2.e.

DCJ shall ensure that mentally ill inmates in segregation receive timely and appropriate treatment, including completion and documentation of regular rounds in the segregation units at least once per week by adequately trained qualified mental health professionals in order to assess the serious mental health needs of inmates in segregation. Inmates with serious mental illness who are placed in segregation shall be immediately and regularly evaluated by a qualified mental health professional to determine the inmate's mental health status, which shall include an assessment of the potential effect of segregation on the inmate's mental health. During these regular evaluations, DCJ shall evaluate whether continued segregation is appropriate for that inmate, considering the assessment of the qualified mental health professional, or whether the inmate would be appropriate for graduated alternatives.

Compliance Assessment: Partial compliance

Factual Findings

April 2008 Recommendations

1. Fund all of the recommended 52 DSO allocations.

Current Status: see acute care section October 2008 findings.

2. Implement the level system in the acute care units.

Current Status: Barriers to implementation have included DSO officer allocation issues.

Sources of information: Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and interviews with staff.

October 2008 findings: DSO reported the following:

Mental health rounds continued to be performed by nursing staff on every other day basis. During observed the mental health rounds process in both the male and female

segregation housing units, which were performed in a competent manner. Clinical contact in a private setting within the segregations units remain an issue.

Recommendation

1. Need to remedy the intermittent lack of clinical contacts occurring in a setting with adequate sound privacy in the women's mental health units. The remedy will be facilitated by the planned move of the women's mental health unit.
2. See recommendations relevant to submitting a budget request for an additional 16.0 FTE DSO mental health deputies in the acute care section of this report.

Remedial Measure of Agreed Order

B.3. Psychotherapeutic Medication Administration

Item B.3.a-c.

DCJ shall ensure that psychotherapeutic medication administration is provided in accordance with generally accepted professional mental health care standards.

DCJ shall ensure that psychotropic medication orders are reviewed by a psychiatrist on a regular, timely basis for appropriateness or adjustment.

DCJ shall ensure timely implementation of physician orders for medication and laboratory tests. DCJ shall ensure that inmates who are being treated with psychotropic medications are seen regularly by a physician to monitor responses and potential reactions to those medications, in accordance with generally accepted correctional mental health care standards.

Compliance Assessment: Partial compliance

April 2008 Recommendation

1. Audits relevant to medication management issues should be performed.

Current Status: see October 2008 findings.

Factual Findings:

Sources of information: The Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and interview with staff.

October 2008 findings: DSO reported the following:

The performance improvement Performed for patients admitted at Psychiatric Programs revealed following results:

1. When admitted at Acute Care Program and during first encounter prescribed medications, labs were ordered 87% of the time medications were ordered. Please attached Excel Workbook for data
2. When patients were admitted at Intermediate Care Program and medications were prescribed, labs were ordered 85% of the time

Medication management

1. Documentation of any medication errors reported during the last six months, and results of any summary and classification of errors in the Pharmacy or related Committee examining these reports.

    a. Patient Safety Net (PSN) reports are available.

2. Policy regarding ordering and administering HS medications, number of mental health inmates' prescribed HS medications, and any audits of this delivery practice.

    a. The North Tower teams (and Main Clinic) deliver the HS meds between 2000 and 2200.
    b. The other areas have not been adjusted, so their med pass times remain as BID with final pass occurring between 1700 -1800.

Teaming model (1 RN and 2 LVN/2 floors)		Traditional (1 LVNs/2 floors and 3 LVNs/clinic)
OD	0800	0900
QAM	0800	0900
QPM	2000	1700
Twice Daily	0800 - 2200	0800 - 1700
Thrice Daily	0600 - 1400 - 2200	0400 - 1000 - 1700
Four Daily**	0400 - 1000 - 1600 - 2200	0400 - 1000 - 1600 - 2200

** KOP or Main Clinic only

Insulin	0400 - 1600	0400 - 1600

Most commonly prescribed HS medications are listed below:

Medications	No. of patients
Diphenhydramine	90

Trazodone	55
Chlorpromazine	29
Mirtazapine	22
Citalopram	19
Amitriptyline	22

3. List of inmates and/or logs or other documentation of inmates receiving medications on an involuntary basis.

    a. Since Texas Law does not permit to prescribe medications on an involuntary basis unless it is an emergency, there is no patient at Dallas County Jail who is receiving psychotropic medications on an involuntary basis.

4. Documentation of provision of discharge medication.

    a. Release nursing staff, mental health nursing staff and pharmacy staff have worked together to facilitate patients receive medication upon release. Due to staffing issues database is not completed.

5. Names or total numbers of inmates who refused their psychotropic medication when released.

    a. This information is being collected.

6. Incident reports for all events of prescription medication overdose, unauthorized possession of prescription medication, or failure to swallow medication.

    a. A Task force under the lead of Colleen Eickmeier, Director of Clinical Programming and Sheriff Staff who has been developing specific procedures and guidelines for distribution of medications and mechanism of monitoring medication compliance.

7. Audits or other documentation of timeliness of medication delivery to inmates who arrived at the institution with current psychotropic medication orders or adequate verification of current psychotropic medication usage.

    a. The performance improvement audit is listed under the section of acute care program, intermediate care program and chronic care program.

8. Audits or other documentation of timeliness of assessment and medication

delivery to inmates who arrived at the institution with unverified psychotropic medication claims.

a. The performance improvement audit is listed under the section of acute care programs, intermediate care program and chronic care program.

9. Audits or other documentation of timeliness of medication delivery upon expiration of prior psychotropic order.

a. Data indicates that procedure established for renewal of expiring medications has achieved the compliance of 90-100%

10. Description of procedure used to identify mental health caseload inmates taking psychiatric medications who move within the institution and to provide them medication without significant interruption, and any audits of this procedure.

a. Data indicates that procedure established for renewal of expiring medications has achieved the compliance of 90-100%

11. Audits or other documentation of practices identifying patients noncompliant with their psychotropic medication (as defined in policy), timeliness of referral to mental health, and timeliness and adequacy of psychiatric response.

The procedure specifically related to the non-compliance report is to be addressed by nursing services. A Task force under the lead of Colleen Eickmeier, Director of Clinical Programming and Sheriff Staff who has been developing specific procedures and guidelines for distribution of medications and mechanism of monitoring medication compliance.

The audit will be conducted.

12. Audits or other documentation of laboratory testing orders as per standards for psychotropic medications, timeliness of results, timely notice regarding abnormal results, and appropriate medication adjustments.

a. The Performance Improvement audits performed are listed under the section of Acute Care Program, Intermediate Care Program and Chronic care Program. The compliance rate is 76%. This indicates that when medications were ordered labs were also ordered at the same time and follow-up labs were ordered per psychotropic medications protocol.

13. Audits or other documentation of the informed consent process, including signed forms with medication new to the patient and annual updates.

a. Currently mental health treatment consent process is based upon consent obtained upon book-in.

14. The total number of MHSDS inmates prescribed medication.
a. Total number of mentally ill patients on medications is 1147.

Recommendation

1. Medication management issues, which should include audits relevant to lab testing, need to be a focus of PI studies.

Remedial Measure of Agreed Order

B.4. Suicide Prevention

Item B.4.a.

DCJ shall develop policies and procedures to ensure the appropriate management of suicidal inmates, and shall establish a suicide prevention program in accordance with generally accepted professional standards of care.

Compliance Assessment: Partial compliance

April 2008 Recommendation

1. Will review training statistics of correctional officers during the next site visit after the software training tracking program has been implemented.

Current Status: See Items A.11a, c, d, and e October 2008 findings.

2. It is recommended that the suicide prevention committee meet at least quarterly and that minutes be kept. The agenda should include review of suicide prevention program implementation issues.

Current Status: see October 2008 findings.

Factual Findings:

Sources of information: The Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report, review of suicide prevention committee meeting minutes and interviews with staff.

October 2008 findings: Problems remain re: the use of segregation housing for female inmates who are suicidal as previously described as well as female inmates waiting for

transfer to the state hospital. This will be remedied once the move of the women's mental health unit occurs.

DSO reported the following:

Suicide Prevention Program

1. Suicide Prevention Program continues to remain effective
2. The outcome of the suicide prevention program is that there has been no suicide during one year period, June 2007 to June 2008
3. There is also a significant decline of serious suicide attempts. Since April 2008 (last DOJ visit at Dallas County Jail) there have been only three serious suicide attempts and none resulted in any negative outcome
4. All serious suicide attempts were reviewed by Suicide Prevention Committee. Minute report is available for review

Mental Health Education and Suicide Prevention Training Program

Mental Health and Suicide Prevention Education and Training Program has effectively provided at least one hour of suicide prevention training to all health staff and at least 4 hours of training to more than 1300 DSO officers including all new DSO staff.

Separation Inmate Management Program

1. All inmates housed in Separation receive a nursing visit minimum of once a week. However, the system is set and three times a week nursing round is provided to all inmates in Separation and in Closed Behavioral Observation cells
2. Average number of inmates in Separation is 41
3. Average number of psychiatric patients on restriction are 12
4. Average length of stay on restriction is 17 days

Recommendation

1. See prior recommendations relevant to the move of the women's mental health units to the 9th floor of the West Tower.

Remedial Measure of Agreed Order

Item B.4.b.

DCJ shall ensure that suicide prevention procedures include provisions for constant direct supervision of actively suicidal inmates and close supervision of special needs inmates with lower levels of risk (e.g., 15 minute checks). Officers shall document their

checks. Suicide prevention policies shall include procedures to ensure the safe housing and supervision of inmates based on the acuity of their mental health needs. Cells for suicidal inmates shall be retrofitted to render them suicide-resistant (e.g., elimination of protrusive shower heads, exposed bars, unshielded lighting or electrical sockets).

Compliance Assessment: Substantial Compliance

Factual Findings

April 2008 Recommendations

No new recommendations

Remedial Measure of Agreed Order

Item B.4.c.

DCJ shall ensure that all staff are trained on suicide response, prevention, and detection. Staff posts will be equipped with 911 rescue tools.

Compliance Assessment: Substantial compliance

Recommendation

1. Implement the tracking system software relevant to DSO training requirements.

   Current Status: DSO training data was reviewed and reported in a prior section of this report.

Factual Findings:

Sources of information: The Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and interviews with staff.

October 2008 findings: See Items A.11a, c, d, and e October 2008 findings.

Recommendation

1. none

Remedial Measure of Agreed Order

Item B.4.d.

DCJ shall ensure adequate administrative mortality and morbidity review of custodial suicides and serious suicide attempts review following a custodial suicide or suicide attempt. At a minimum, the review shall include:

(1) critical review of the circumstances surrounding the incident;
(2) critical review of procedures relevant to the incident;
(3) synopsis of all relevant training received by involved staff;
(4) pertinent medical and mental health services/reports involving the victim;
(5) possible precipitating factors leading to the suicide or attempt; and
(6) recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

Compliance Assessment: Compliance

Factual Findings:

April 2008 Recommendation

1. More specific details need to be provided in the report as summarized above.

Current Status: see October 2008 findings.

Factual Findings:

Sources of information: The Behavioral and Psychiatric Services October 2008 DOJ Audit Visit Report and review of M&M reports.

October 2008 findings: DSO reported the following:

There has been no suicide since June 2008.

There were three serious suicide attempts which were reviewed by Suicide Prevention committee. I reviewed the M&M report, which provided an adequate review.

As a result of Suicide Prevention Committee review of a suicidal incident, a task force to standardized medications administration system and improve safety has been established.

Recommendations

1. Continue to monitor

Additional Information

DSO provided information relevant to the intermediate care units as follows:

Intermediate Care Program

1. The Intermediate Care Program provides safe housing for psychiatric patients who are still exhibiting psychiatric symptoms and have the capacity to carry on activities of daily living and do not exhibit serious risk of engagement in violent behaviors due to symptoms of mental illness
2. There were 250-300 beds available for Intermediate Care Program for male patients in West Tower
3. Intermediate Care Program for female is located in North Tower 7-West and has a capacity of 145 beds
4. Male to female ratio is 2:1
5. Patients housed in Open Behavioral Observation cells, or Intermediate Care Program is eligible for more liberty, under the guidelines as established by Texas Commission on Jail Standards and Sheriff Department at Dallas County Jail. Patients have the opportunity to socialize and involved in sports related activities

Intermediate Care Program Performance Improvement

Statement of the issue being studied

2. The Performance Improvement studies were performed associated with the Intermediate Care Program to study following issues:

    a) Timeliness of Psychiatric and Medical Services

        1. When patients were admitted at Intermediate Care Program

        2. They have access to psychiatric care in a timely manner

    b) Timeliness of continuation of Medications

        1. When patients are booked-in at Dallas county Jail who were taking medications prior to arrest continue to receive medications in a timely manner

Method:

Book-in numbers were randomly picked by On-site Administrator of Dallas County jail from Central Intake database. These were book-in numbers of patients who were recommended for housing at Open Behavioral Observation or Intermediate Care Program. Electronic Medical Records were reviewed for variables and detailed data of the Performance Improvement study is attached in the Excel workbook.

Results:

b) Timeliness of Psychiatric Services

1. PI study and data analysis revealed that average days for first encounter with a Psychiatric provider were 4 days from book-in

c) Timeliness of continuation of Medications

1. Out of 28 charts audited, 17 arrestees provided information that they had taken psychotropic medications sometime prior to arrest
2. After the Psychiatric assessment, 13 of 17 arrestees were prescribed mediations
3. Medication Administration Record revealed that patient received their medications within 2 days of first psychiatric encounter
4. Please see following table for data and information. A complete Performance Improvement study is attached in Excel workbook

Intermediate Care Program		
June, July and August 2008 Performance Improvement		
		Total
No. of patients admitted at Acute Care Program (June, July, August)		892
Male	598	
Female	295	
Performance Improvement		
Total Chart Audited	28	
Average days for first encounter with a provider	4 days	
No. of patients on medication upon book-in	17	
No. of patients prescribed Medications	13	
Duration (Medication prescribed and first dose and MAR)	2 days	
False Positive	5	
Released within 24 hours	3	
Released prior to Appointment	7	

During the morning of October 1, 2008 I interviewed almost all of the inmates in two

intermediate care units (i.e., OBO units) on the third floor in a group setting within their housing unit (i.e., the housing tanks). In general, these inmates described the OBO to be a much better housing unit than the CBO units. However, these inmates had many complaints regarding the OBO units that included bad food, reported access problems to the prescribing clinicians and lack of therapy groups. They also reported that clinical contacts were not done in a setting that allowed for sound privacy.

Review of records of four inmates who reported lack of clinical contact with prescribing clinicians revealed information that was not consistent with their reported lack of clinical contacts. Specifically, these inmates were being seen at the least monthly by the prescribing clinician. Information obtained from the clinicians was not consistent with the inmates' reports that they were seen in a setting that did not allow for adequate sound privacy.

Recommendation: Mental health staff should periodically do community meetings for QI purposes to help assess detainees' complaints and perceptions re: the healthcare system at the DCJ.

Line Staff Interview

During the morning of September 30, 2008 I met with the line mental health staff in a group setting. Much of the information obtained during this meeting has been summarized in other sections of this report. Such information will not be repeated in this section.

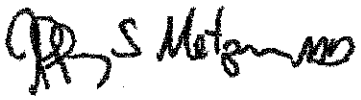
The staff's morale was excellent and their praise of Dr. Ahmed was clearly stated. Medication management issues were described as having significantly improved although issues remained re: obtaining laboratory results consistently in a timely manner.

Completion of the Phase I of the construction project has resulted in many improvements that have included not only the obvious increased space, but facilitation of staff recruitment and retention, team building and a more therapeutic milieu on the third floor of the West Tower.

Staff was uniform in their praise of their working relationships with the mental health DSO staff as well as the DSO staffs' significant contribution to the therapeutic milieu being established on the 3rd floor.

Issues related to discharge planning, including financial entitlement programs such as Medicaid, were briefly discussed.

Please contact me if I can answer any questions.



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