



What Doesn't Kill You Makes You Stronger: Thriving Amidst Mental Health Litigation

James Greer, RN, MSN – Bureau of Health Services Director

Michelle Harris, PsyD – TCI Psychology Manager

David Tarr – TCI Security Director

08/13/13

A. Initial Investigation by US DOJ: TCI Medical/Mental Health care falls short of constitutional standards in 6 domains

1. Psychiatric Treatment

- a. Psychiatric caseload exceeds maximum acceptable size
- b. Inadequate support staff
- c. Unreasonable delays in initial & follow-up appointments
- d. Correctional officers distributing medications

2. Mental Health Programming

- a. Insufficient staff for timely screening and evaluation
- b. No psychiatric inpatient facility
- c. MSMU inmates unoccupied with little programming
- d. Segregation inmates inconsistent access to psychiatry
- e. No specialized training for MSMU staff
- f. Lack of non-pharmacological treatments for Self-injurious Behaviors

A. Initial Investigation by US DOJ (cont)

3. Inappropriate Use of Observation and Segregation
 - a. Punishing inmates for behaviors they lack control over
 - b. Lack of step down process to earn way out of segregation
 - c. Segregation/observation used to control dangerous behaviors

4. Mental Health and Medical Records
 - a. Separate charts for PSU & HSU
 - b. Important PSU data consistently unavailable
 - c. Unacceptable delays getting records into charts
 - d. Errors and Omissions on MARS
 - e. No quality assurance mechanisms

A. Initial Investigation by US DOJ (cont)

5. Medication Administration & Lab Delays

- a. Significant time between order and time of administration
- b. Orders not consistently removed from charts in timely manner
- c. Delays in processing prescriptions at central pharmacy
- d. Orders for labs not drawn in timely manner and unclear if performed
- e. Lack of notification for medication refusals

6. Continuous Quality Improvement (CQI)

- a. Lack of quality assurance/improvement system
- b. Inadequate data system
- c. Monitoring prescribing requires hand count
- d. Lack of notes related to medication changes

B. TCI's Response to Investigation Report

1. Hiring Dr. Jeffrey Metzner as a Consultant
 - a. Initial review and recommendations

2. Staffing Requests

TCI FY 08-FY 09 Additional Positions - 2007 Act 20
Unit Summary & Position Summary
 Prepared on: 6-20-2007

Unit Summary

<u>Monarch Unit/Segregation</u>	FY 09 FTE	Date
Psychologist Licensed - Phase 1	1.00	Oct-07
Psychologist Licensed - Phase 1	1.00	Oct-07
Psychological Assoc. A/B - Phase 1	1.50	Oct-07
Psychological Assoc. A/B - Phase 4	1.25	Jun-09
Licensed Practical Nurse - Phase 1	7.00	Oct-07
Total	11.75	

Mental Health Services - PSU

Psychiatrist Supervisor	1.00	Jun-09
Psychologist Supervisor - Phase 3	1.00	Apr-09
Psychologist Supervisor - Phase 4	0.50	Jun-09
Office Operations Associate- Phase 1	0.50	Oct-07
Office Operations Associate- Phase 3	1.00	Apr-09
Psychological Assoc. A/B - Phase 3	1.00	Apr-09
Psychological Assoc. A/B - Phase 4	1.50	Jun-09
Total	6.50	

A&E

Nurse Practitioner - Phase 1	0.50	Oct-07
Nurse Practitioner - Phase 4	0.50	Jun-09

Primary Care HSU

Nurse Clinician 2 - Phase 1	2.00	Oct-07
Nurse Clinician 2 - Phase 2	1.00	Jul-08
Nurse Clinician 2 - Phase 4	1.50	Jun-09
Licensed Practical Nurse - Phase 1	2.50	Oct-07
Medical Assistant 2 - Phase 1	2.00	Oct-07
Medical Assistant 2 - Phase 3	1.50	Apr-09
Medical Program Assistant Assoc-Phase1	2.50	Oct-07
Medical Program Assistant Assoc-Phase3	1.00	Apr-09
Total	15.00	

Totals **33.25**

Position Summary

<u>Mental Health Positions</u>	Total FTE
Psychologist Licensed	2.00
Psychological Assoc. A/B	5.25
Psychologist Supervisor	1.50
Office Operations Associate	1.50
Psychiatrist Supervisor	1.00
Total	11.25

Health Care Positions

Nurse Practitioner	1.00
Nurse Clinician 2	4.50
Licensed Practical Nurse	9.50
Medical Assistant 2	3.50
Medical Program Assistant Assoc	3.50
Total	22.00

Totals **33.25**

B. TCI's Response to Investigation Report

1. Hiring Dr. Jeffrey Metzner as a Consultant
 - a. Initial review and recommendations

2. Staffing Requests
 - a. Hiring
 - b. Loan Forgiveness: NHSC, HPSA

3. Project Requests (WWRC, Treatment Annex, Segregation Addition)
 - a. Construction costs for WWRC \$15,900,000
 - b. Construction costs for TCI Treatment Annex and Segregation Addition \$8,256,000

4. Negotiating for Memorandum of Agreement (MOA)
 - a. Consultant instead of court monitor
 - b. Content of MOA

Content of the MOA

TCI Standards

1. **Serious Mental Health Needs:** The state agrees to provide services to address the serious mental health needs of all inmates.
2. **Psychiatric Treatment:** The state shall retain sufficient psychiatrists to enable TCI to address the mental health needs of inmates with serious mental illness. The state shall ensure that inmates who are being treated with psychotropic medications are seen regularly by a physician or other licensed prescriber to monitor responses and potential reactions to those medications.
3. **Administration of Mental Health Medications:** The state shall develop and implement policies, procedures, and practices to ensure that psychotropic medications are prescribed, distributed, and monitored properly and safely.
4. **Serious mental illness training:** The state shall conduct initial and periodic training for all security staff on how to recognize symptoms of serious mental illness and respond appropriately.
5. **Mental Health Screening:** The state shall develop and implement policies, procedures, and practices to ensure that all inmates receive adequate initial mental health screening by appropriately trained staff.

Content of the MOA (cont)

6. **Mental Health Assessment and Referral:** The state shall develop and implement policies, procedures, and practices to ensure mental health assessments by qualified mental health professionals for those inmates whose mental health histories or whose responses to initial screening questions indicate a need for such an assessment. The state shall ensure treatment for inmates with a serious mental illness, including for specialty care and regularly scheduled visits with qualified mental health professionals.
7. **Mental Health Treatment plans:** The state shall ensure that a qualified mental health professional prepares and updates an individual mental health treatment plan for each inmate who requires mental health services. The state shall also ensure that the plan is implemented. Implementation of any changes to the plan shall be documented in the inmate's medical/mental health record.
8. **Crisis Services:** The state shall ensure an array of crisis services to manage the psychiatric emergencies that occur among TCI inmates. Inmates in segregation or observation status shall have access to the array of crisis services which are available to other inmates. Inmate shall have access to inpatient psychiatric care when clinically appropriate.

Content of the MOA (cont)

9. Treatment for inmates with a serious mental illness: The state shall ensure therapy, counseling, and other mental health programs for all inmates with a serious mental illness.
10. Review of disciplinary charges for inmates with a serious mental illness: The state shall ensure that disciplinary charges against inmates with a serious mental illness are reviewed by a qualified mental health professional (a) to determine the extent to which the charge is related to a serious mental illness; (b) to ensure that inmates who commit infractions resulting from a serious mental illness are not punished for behavior caused by the serious mental illness; and (c) 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.
11. Procedure for inmates with a serious mental illness, who are in segregation or observation status: the state shall implement policies, procedures, and practices to ensure that inmates with a serious mental illness who are in segregation receive treatment.

Content of the MOA (cont)

12. Medical and mental health record system: The state shall develop and implement a record-keeping system in which all clinically appropriate documents for the treatment of an inmate with a serious mental illness are readily available to each clinician. The record keeping system shall document assessments and treatment. Medical and mental health care staff shall have access to documents that are relevant to the care and treatment of inmates.
13. Medication and laboratory orders: The state shall develop and implement policies, procedures, and practices to ensure timely responses to orders for mental health medication and laboratory tests. Such policies, procedures, and practices shall be periodically evaluated to ensure that delays in the receipt of medications and laboratory tests are prevented. In addition, files of inmates shall contain current and accurate information regarding medication changes.

C. New Standard of Care

1. Psychiatric Treatment

- a. Increased providers
- b. Full-time support staff
- c. Standardized timeframes
- d. Nurses distribute medications

2. Mental Health Programming

- a. Intakes seen within 2 business days/no more than 72 hours
- b. WWRC Built
- c. 10+ hours of out-of-cell programming per week
- d. Segregation psychiatric appointments scheduled
- e. Annual mental health training
- f. DBT

WWRC Position Summary

# of positions	CLASSIFICATION
1	CLINICAL COORDINATOR
1	COOK 1
4	CORRECTIONS FOOD SERVICE LEADER 2
1	DIETETIC TECHNICIAN-CLINICAL
1	DOCUMENT PRODUCTION ASST
1	ELECTRONICS TECH AGENCY
10	FOOD SERVICE ASSISTANT 2
1	FOOD SERVICE MANAGER
1	FOOD SERVICE SUPERVISOR
1	HVAC/REFRIGERATION SPEC-ADVANCED
1	INSTITUTION COMPLAINT EXAMINER
1	INSTITUTION UNIT SUPERVISOR
1	LIBRARY SERVICES ASSISTANT
1	MEDICAL PROGRAM ASSISTANT-ASSOC
10	NURSE CLINICIAN 2
1	NURSING SUPERVISOR
2	OFFICE OPERATIONS ASSOCIATE
1	PAYROLL & BENEFITS SPECIALIST 2
1	PHARMACIST
1	PHYSICIAN
5	PSYCHIATRIC CARE SUPERVISOR
55	PSYCHIATRIC CARE TECHNICIAN
2	PSYCHIATRIST
2	PSYCHOLOGICAL ASSOCIATE(B)
1	PSYCHOLOGIST-LICENSED
2	RECREATION LEADER (A)
2	SOCIAL WORKER
1	SOCIAL WORKER-CLINICAL
2	TEACHER
1	THERAPIST-SENIOR
1	TRAINING SUPERVISOR

WWRC classroom



WWRC dining



WWRC outside dayspace



WWRC hallway



WWRC hallway



WWRC calming room



WWRC calming room



WWRC dayroom



WWRC dayroom



WWRC gym



WWRC gym



WWRC inside cell



WWRC cell exterior



WWRC security core



C. New Standard of Care (cont)

3. Inappropriate Use of Observation and Segregation



Observation Placements

Year	# of Placements	Average Duration
2007	207	Data unavailable
2008	215	4.55
2009	164	4.07
2010	145	4.48
2011	179	3.80
2012	184	2.64
2013 (to date)	87	2.02

C. New Standard of Care (cont)

3. Inappropriate Use of Observation and Segregation
 - a. Psychological Input into the Disciplinary Process
 - b. Transition and Step system
 - c. GP inmates not placed in segregation observation cells, no restraints during escort
 - d. Out-of-cell programming space and programs
 - e. Changes in Observation Property

3509 Psychology Input into Disciplinary Process

	2010	2011	2012	2013**
Number of DOC-3509 written	275*	391	421	229
Recommended mitigation	21	77	88	28
Reduced duration of DS	10	27	28	10
DS reduced to lesser discipline	4	12	12	3
Reduced duration of Room Confinement	1	9	7	0
Room Confinement reduced to lesser discipline	1	1	7	1
Did not use progressive discipline	1	3	1	0
No change in discipline	1	7	8	3
Reprimand	0	3	8	1
Dismissed	2	4	8	2
Not processed/Inmate Released	0	3	0	1
No outcome entered	0	8	9	7
Not Guilty	1	0	0	0

*Combination of old and new form

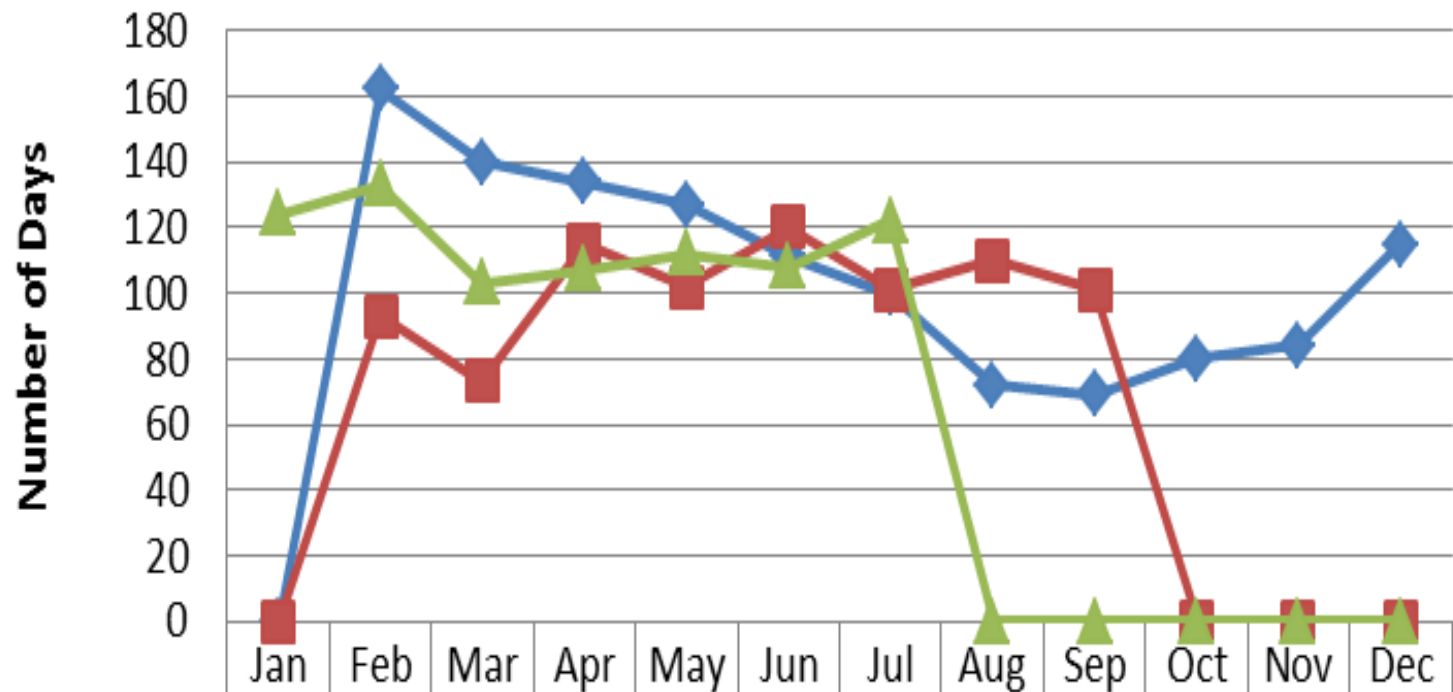
** January through July

TCI AVERAGE MONTHLY SEGREGATION COUNT
2004-July 2013

Housing Unit Count = 68

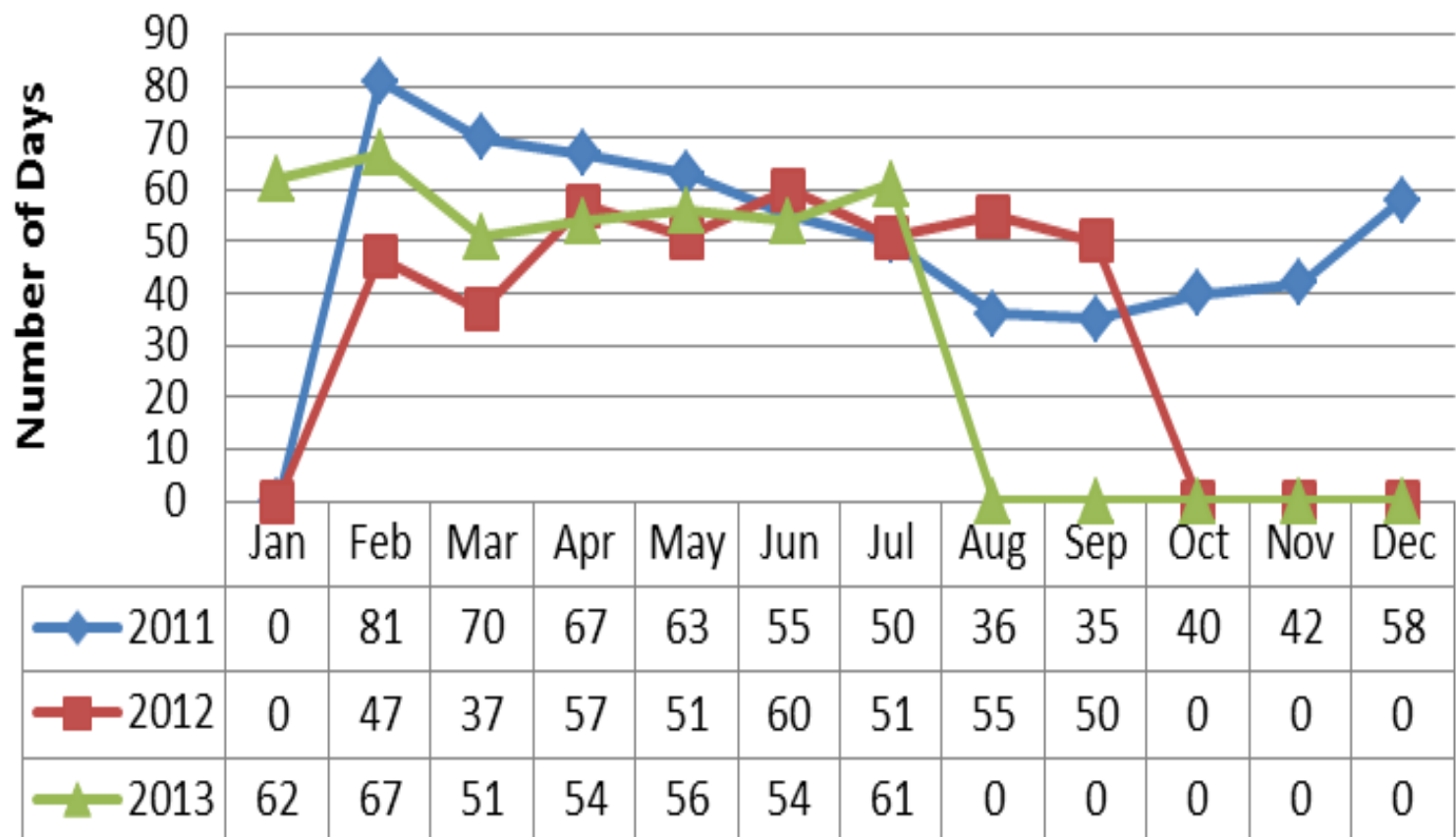
	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
2004	58	49	51	54	48	47	54	55	54	48	44	61
2005	N/A	61	57	59	65	58	54	63	63	59	67	62
2006	N/A	58	62	60	65	60	52	56	57	65	62	63
2007	65	63	57	64	56	62	65	62	59	66	61	60
2008	65	58	61	62	55	60	55	62	63	52	64	63
2009	62	64	53	53	46	48	53	47	42	57	58	55
2010	58	55	66	56	65	47	59	59	45	54	63	54
2011	N/A	44	45	34	28	40	35	25	30	32	30	34
2012	36	40	41	42	34	41	48	35	35	49	40	52
2013	48	42	32	47	37	40	46	n/a	n/a	n/a	n/a	n/a

Average Number of Days in Seg



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2011	0	162	140	134	127	111	100	72	69	80	84	115
2012	0	93	73	115	102	120	101	110	101	0	0	0
2013	124	133	103	107	112	108	122	0	0	0	0	0

1/2 Time Average Number of Days in Seg



TCI Segregation Annex Pods



TCI Segregation Annex Pods



TCI Segregation Annex Pods



TCI Segregation Annex Pods



TCI Segregation Annex Pods



TCI Segregation Annex Staff Corridor



C. New Standard of Care (cont)

4. Mental Health and Medical Records

- a. PSU chart provided at psychiatric appointment
- b. Additional support staff for PSU
- c. Transcription service
- d. Documentation in the MRs will include a clear and consistent indication of whether the inmate received, refused or otherwise missed any doses of medication.

5. Medication Administration & Lab Delays

- a. Routine psychotropic medication orders processed and signed-off by nursing staff within twenty four (24) hours of being written.
- b. Routine laboratory orders processed and signed-off within twenty four (24) hours of being written. Specimens obtained within the time frame specified by the prescriber.
- c. Nonadherence Training
- d. Medication pass times, sleepers at 7PM
- e. Pharmacy delivery system

C. New Standard of Care (cont)

6. Continuous Quality Improvement (CQI)
 - a. Established CQI Committee, monthly meetings
 - b. Routine Audits
 - c. Inmate Complaints-Medical and Psychiatry

D. Allies VS Adversaries

1. Relationships with Consultant and DOJ Staff
2. Aim for Best Practice
 - a. Consultation with Licensed Psychologist
 - b. Treatment plan requirements
 - c. Evidence-based programming

E. Fulfilling the MOA: Secrets of Success



1. Identification of Agreement Coordinator
2. Approach to Cultural Changes
 - a. Continual training of all staff levels
 - b. CIP training
 - c. Annual Mental Health and Suicide Prevention training
3. Integration of Mental Health and Security
4. Policy and Procedure Development
5. Handling Staff Changes
 - a. Leadership changes