



**Justice Center for the  
Protection of People  
with Special Needs**

# Forensic Unit Quarterly Report

## 3rd Quarter 2018

June 2019

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**Report: Third Quarter of 2018 (July - September)**

The Justice Center Forensic Unit initiated 8 SHU Compliance/Quality of Mental Health Care Reviews in the third quarter of 2018; completing 206 cell-side interviews, 27 private interviews, 151 compliance reviews, and 119 reviews of the quality of mental health care provided (QMHC).

<b>Quarterly Summary: Second Quarter of 2018 Correctional Facility Date of Visit</b>	<b><i>Inmates interviewed cell-side by Justice Center</i></b>	<b><i>Private Interviews Accepted</i></b>	<b><i>Inmates referred for immediate action</i></b>	<b><i>SHU Compliance Reviews Completed</i></b>	<b><i>Quality of Mental Health Reviews Completed</i></b>
Franklin CF - 7/10/2018	11	1	1-Clinician	11	11
Ulster CF – 7/24/2018	7	0	0	7	7
Sing Sing CF – 7/26/2018	23	3	2-Clinician	23	23
Shawangunk CF – 8/1/2018	11	2	1-Clinician	11	11
Downstate CF – 8/13/2018	19	3	3-Clinician	19	19
Groveland CF – 8/16/2018	8	4	4-Clinician	8	8
Marcy CF – 8/16/2018	27	5	9-Clinician	23	20
Elmira CF – 8/20-21/2018	100	9	12-Clinician	49	20
<b>Totals</b>	<b>206</b>	<b>27</b>	<b>32 - Clinician</b>	<b>151</b>	<b>119</b>

Inmates Interviewed by the Justice Center: Every inmate in the SHU is interviewed cell-side by Justice Center staff. Numbers of cell-side interviews reflect the census of inmates in the SHU at the time of the Justice Center’s visit.

Private Interviews Accepted: During cell-side interviews, inmates are offered an opportunity to meet privately with Justice Center staff. Those that agree are interviewed privately.

Inmates Referred to OMH For Immediate Action: Based on requests from inmates, or observations by Justice Center staff, names of inmates and of the immediate concern are provided to the OMH Unit Chief for referrals. Issues related to medication are referred for review by a psychiatrist. Others are referred to OMH for review by a clinician.

SHU Compliance Reviews: Number of inmate and/or patient records reviewed for compliance with timeframes contained in the SHU Exclusion Law<sup>1</sup>.

Quality Reviews Completed: Number of inmate and/or patient records reviewed for quality of mental health care provided. Specifically, Justice Center reviews whether care is in accordance with OMH Policies and Procedures and DOCCS Directives.

### **SHU Compliance Findings Summary of Issues Found at More than One Correctional Facility:**

6 out of the 8 facilities visited were in compliance with the timeframes contained in the SHU Exclusion Law. The two facilities that were not in compliance did not complete a SHU Mental Health Interview within the designated timeframes outlined for Mental Health Services Level (MHSL) 2 facilities.

### **Quality of Mental Health Care (QMHC) Findings Summary of Issues Found at More than One Correctional Facility**

- OMH Chronological Record Form was not updated according to policy (2 facilities)
- Inmate/patients were not seen by clinical mental health staff according to policy (3 facilities)
- Incorrect, conflicting or missing documentation in the OMH Clinical Case Records pertaining to:
  - Incorrect MHSL documentation (2 facilities)
  - Progress notes were misfiled and provided with OMH's response (2 facilities)

### **Findings at Individual Correctional Facilities:**

#### **Franklin CF**

Visit Overview: conducted 7/10/2018; 11 cell-side interviews conducted with 1 private interview accepted; 1 inmate referred to a clinician; 11 records reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were no inmate/patients diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center's review period.

Compliance Findings: Facility determined to be in compliance with the timeframes required by the SHU Exclusion Law.

QMHC: 11 records reviewed for quality of mental health care with findings of concern identified below:

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<sup>1</sup> NYS Correction Law, Section 137 (d) and (e)

QMHC Findings/Recommendations and OMH/DOCCS Response:

An inmate/patient's Chronological Record Form was not updated according to policy when a SHU admission was not recorded. The Justice Center recommended that OMH ensure that clinical staff document all admissions and transfers given the amount of movement within the DOCCS system. OMH indicated that all appropriate staff reviewed CNYPC CBO Policy #9.7 Chronological Record Form.

**Ulster CF**

Visit Overview: conducted on 7/24/2018; 7 cell-side interviews conducted with no private interviews accepted; no inmates and/or patients were referred to a clinician; 7 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were no inmate/patients diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center's review period.

Compliance Findings: Facility determined to be in compliance with the timeframes required by the SHU Exclusion Law.

QMHC Findings: 7 records reviewed for quality of mental health care provided with findings of concern identified below:

QMHC Findings/Recommendations and OMH/DOCCS Response:

It was determined that one inmate/patient's clinical case record did not have the correct MHSL documented and was missing a termination/transfer progress note. The Justice Center requested that OMH assess how to best ensure that all inmate/patient documentation is complete and accurate at the Midstate CF and Ulster CF, as the documentation discrepancies occurred at both facilities. In response to the recommendations, OMH indicated that they trained all clinical staff at the Midstate CF in CNYPC CBO Policy #9.7 – Chronological Record and provided an updated Chronological Record, reflecting the correct MHSL. In addition, clinical staff at both the Midstate CF and Ulster CF were trained in CNYPC CBO Policy #9.31 – Termination/Transfer Progress Note, with the focus on the importance of completing all necessary chart documentation.

**Sing Sing CF**

Visit Overview: conducted on 7/26/2018; 23 cell-side interviews conducted with 3 private interviews accepted; 2 inmates and/or patients referred to a clinician; 23 records were reviewed for compliance within the timeframes required in the SHU Exclusion Law. There were no inmate/patients diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center's review period.

Compliance Findings: It was determined that the facility was in compliance with the timeframes required by the SHU Exclusion Law. This was determined after OMH supplied the Justice Center with documentation to support that progress notes submitted to the Justice Center erroneously documented the wrong admission date, therefore the date of the SHU intake interview was completed in accordance to the law. However, OMH reported that based on the original recommendations of the review, OMH clinical staff involved in the

discrepancies were retrained in CNYPC CBO Policy #6.0 - Special Housing Unit Services in MHSL 1 Facilities and CNYPC CBO Policy #9.7 – Chronological Record Form to confirm that all movement is recorded appropriately.

QMHC Findings: 23 records reviewed for quality of mental health care provided with findings of concern identified below:

QMHC Findings/Recommendations and OMH/DOCCS Response:

One inmate/patient's Chronological Record Form was not updated according to policy for an admission to the SHU and another inmate/patient was not updated for a facility transfer and admission to the SHU. The Justice Center recommended that OMH clinical staff be retrained in CNYPC CBO Policy #9.7 Chronological Record Form to confirm all movement is recorded appropriately. OMH acknowledged the finding and indicated that there was an error in copying the Justice Center's requested documents and provided the appropriate documentation indicating the SHU transfer. In addition, OMH forwarded all the updated Chronological Records.

The Justice Center's review found that one inmate/patient lacked appropriate documentation indicating they were seen by the Psychiatrist. Training was recommended to assure that inmate/patients are seen according to the policy timeframes. OMH responded that the psychiatric staff member was retrained in CNYPC CBO #2.4 Cancelled/Refused/Missed Callouts.

While serving a disciplinary sanction in the SHU, one inmate/patient's primary therapist progress notes indicated they were still housed in the ICP. The Justice Center recommended that OMH staff be retrained in CNYPC CBO Policy #9.30 – Progress Notes and CNYPC CBO Policy #6.0 – Special Housing Unit Services citing how to accurately complete the forms given the amount of movement in the DOCCS system. OMH acknowledged that CNYPC CBO Policy #6.0 – Special Housing Unit Services was reviewed with the appropriate clinical staff member.

The Justice Center did not receive the requested Guidance Records from DOCCS following the July 26, 2018 site visit.

**Shawangunk CF**

Visit Overview: conducted on 8/1/2018; 11 cell-side interviews conducted with 2 private interviews accepted; 1 inmate and/or patient referred to a clinician; 11 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were no inmate/patients diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center's review period.

Compliance Findings: Facility determined to not be in compliance with the timeframes required by the SHU Exclusion Law as a SHU Mental Health Interview was not completed according to the designated timeframes outlined for Mental Health Services Level (MHSL) 2 facilities. In response to this finding OMH reviewed CNYPC CBO Policy #6.1 – Special Housing Unit Services in a MHSL 2 SHU/SHU 200 Facilities with the appropriate clinical staff.

QMHC Findings: 11 records reviewed for quality of mental health care provided with findings of concern identified below:

QMHC Findings/Recommendations and OMH/DOCCS Response:

The Justice Center found that the OMH clinical progress notes and SHU/LTKL Mental Health Interviews were detailed and thorough.

It was determined that a DOCCS Suicide Prevention Screening Guidelines #3152 incorrectly identified the type of mental health referral warranted. The Justice Center requested that DOCCS consider having the Deputy Superintendent for Security complete regular checks to ensure that supervisors understand the instructions and the proper procedure to fill out the form. DOCCS re-issued a memo explaining how to properly fill out the form and utilize the referrals. In addition, the Deputy Superintendent for Security reviewed the memo with all supervisors during his supervisory meeting.

**Downstate CF**

Visit Overview: conducted on 8/13/2018; 19 cell-side interviews conducted with 3 private interviews accepted; 3 inmates and/or patients referred to a clinician; 19 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There was 1 inmate/patient diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center's review period.

Compliance Findings: It was determined that the facility was in compliance with the timeframes required by the SHU Exclusion Law.

QMHC Findings: 19 records reviewed for quality of mental health care provided with findings of concern identified below:

QMHC Findings/Recommendations and OMH/DOCCS Response:

One inmate/patient was not provided monthly sessions with a primary therapist. The Justice Center requested that the Unit Chief complete quality assurance checks to ensure all mental health appointments are scheduled according to policy and consider retraining in CNYPC CBO Policy #9.30 – Progress Notes. OMH noted that all clinical staff were retrained in CNYPC CBO Policy #9.30 – Progress Notes.

The Justice Center found that one inmate/patient's progress notes were repetitive and contradictory. It was requested that OMH assess how best to ensure that clinical staff complete all required documentation with current clinical impressions and consider retraining in CNYPC CBO Policy #9.30 – Progress Notes. OMH noted that all clinical staff were retrained in CNYPC CBO Policy #9.30 – Progress Notes.

There was documentary evidence that only three inmates and/or patients, out of the 19 reviewed, accepted a private interview for their SHU/LTKL Mental Health Interviews. In total, private interviews were declined on 28 out of 32 occasions and OMH staff only documented the reason for refusal five times. It was recommended that OMH document reasons for refusals and encouragement strategies when an inmate and/or patient refuses private interviews. OMH acknowledged that although call outs are not mandatory, OMH

staff members were not consistently documenting the reason for missed call outs. They retrained clinical staff in CNYPC CBO Policy #2.4 – Canceled/Refused/Missed call outs.

An inmate/patient did not meet with psychiatric staff within 14 days of his admission to mental health services. Since both OMH and DOCCS consider callouts mandatory, the Justice Center requested that both agencies work together to ensure that callouts are a priority. OMH acknowledged the finding and indicated that the inmate/patient had been seen by psychiatric staff according to policy, however the progress note was misfiled at the time of the Justice Center's site visit and was enclosed with OMH's response. DOCCS responded to the finding to reiterate that it is DOCCS policy that all OMH callouts are mandatory and will look into further to ensure that the mandatory policy for call outs is being followed.

An inmate/patient clinical case record indicated that RCTP Observation Referral to Clinical Director/Designee Notes were not completed according to CNYPC CBO Policy while he was housed at the Great Meadow CF. The Justice Center recommended that OMH retrain staff in CNYPC CBO Policy #9.30 Progress Notes, specifically the section pertaining to the RCTP Observation Referral to Clinical Director/Designee Notes and also complete quality assurance checks to ensure that documentation is completed according to policy. In addition, the Justice Center requested that the inmate/patient's current status of care be reviewed by the Regional Psychiatrist or Clinical Director due to his frequently documented symptomology and requested an update be provided. OMH responded that clinical staff were retrained in CNYPC CBO Policy #4.0 – RCTP Observation Cells and CNYPC CBO Policy #9.30 Progress Notes. They also noted that the inmate/patient was thoroughly reviewed by the CNYPC CBO Director and Regional Psychiatrist and the recommendation was made to continue monitoring the inmate/patient's presentation and refer him for psychological testing if symptoms persisted.

The Justice Center found that one inmate/patient had minimal documentary evidence that additional support of alternative treatment measures was offered to combat instability and impulsive behaviors. It was requested that the Regional Psychiatrist or Clinical Director review the inmate/patient's clinical record to ensure appropriateness of the clinical care. OMH responded that the inmate/patient had been transferred to CNYPC for inpatient care.

The Justice Center only received three of the nineteen records requested from DOCCS despite numerous attempts to obtain them.

### **Groveland CF**

*Visit Overview:* conducted on 8/16/2018; 18 cell-side interviews conducted with 4 private interviews accepted; 4 inmates and/or patients referred to a clinician; 8 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were no inmate/patients diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center's review period.

*Compliance Findings:* Facility determined to not be in compliance with the timeframes required by the SHU Exclusion Law as a SHU Mental Health Interview was not completed according to the designated timeframes outlined for Mental Health Services Level (MHSL) 2 facilities. It was acknowledged that there was confusion whether the inmate's placement in

SHU was for disciplinary purposes or for protective custody. OMH indicated there was a discrepancy with DOCCS notifications and the interview was completed a day late. The Unit Chief and Forensic Program Administrator will review the process with the appropriate DOCCS staff and make changes as deemed appropriate.

QMHC Findings: 8 records reviewed for quality of mental health care provided with findings of concern identified below:

QMHC Findings/Recommendations and OMH/DOCCS Response:

The Justice Center had no other findings or recommendations.

**Marcy CF**

Visit Overview: conducted on 8/16/2018; 27 cell-side interviews conducted with 5 private interviews accepted; 9 inmates and/or patients referred to a clinician; 23 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were no inmate/patients diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center's review period.

Compliance Findings: It was determined that the facility was in compliance with the timeframes required by the SHU Exclusion Law.<sup>2</sup>

QMHC Findings: 20 records reviewed for quality of mental health care provided with findings of concern identified below:

QMHC Findings/Recommendations and OMH/DOCCS Response:

At the Fishkill CF, an inmate/patient did not attend his mental health call out due to security issues on the unit. The Justice Center requested that DOCCS provide an explanation about why a security escort was not made available. DOCCS responded that there were no security issues on the date in question that would have prevented an escort. In addition, DOCCS indicated that according to log entries, 11 inmates were seen cell-side on the date in question, 5 of whom refused OMH services.

According to clinical records, one inmate/patient did not meet with psychiatric staff per policy. The Justice Center requested that clinical staff be retrained in CNYPC CBO Policy #9.27 – Psychiatric Progress Notes and that the Unit Chief complete quality assurance checks to ensure that inmate/patients are monitored in the required time frames. OMH responded that although the inmate/patient was not seen within a month of admission due to his admission to the SHU, he was seen within two weeks of the missed appointment and therefore was seen according to the CNYPC CBO Policy #2.4 Canceled/Refused/Missed Callouts. All supporting documentation was forwarded to the Justice Center with the OMH response.

The Justice Center found that two inmate/patients psychiatric progress notes did not correspond with the physician's orders. It was requested that the OMH Unit Chief review the two inmate/patients clinical case records to confirm their appropriate medication

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<sup>2</sup> Initially, the Justice Center erroneously found the facility to be out of compliance. The Justice Center released a letter indicating compliance on April 8, 2019.



regimen and if warranted, retrain staff members in CNYPC CBO Policy #9.27 – Psychiatric Progress Notes. In addition, the Justice Center recommended that the OMH Clinical Director initiate a review process to ensure accuracy in medication documentation between all areas of the clinical case record. OMH indicated in their response that the psychiatrist assigned to the two inmate/patients is no longer employed by OMH, therefore no retraining was needed.

Clinical Case records indicated that inmate/patients were not seen by mental health staff per policy, missed call outs were not rescheduled when missed or refused, and while in general population, five inmate/patients were not seen monthly. Along with requesting that the OMH Unit Chief complete quality assurance checks to maintain that inmate/patients are seen in accordance with CNYPC CBO Policies #9.30 – Progress Notes and #2.4 Canceled/Refused/Missed Callouts, the Justice Center requested retraining in both policies. OMH responded that both CNYPC CBO Policies were reviewed with OMH mental health staff. Furthermore, as mentioned in previous OMH responses, a LEAN Six Sigma project has been initiated specifically focusing on improving statewide adherence to CNYPC CBO Policy #2.4 - Canceled/Refused/Missed Callouts. The OMH Unit Chief has also increased the number of quality assurance checks done to ensure inmate/patients are seen within the required timeframes.

## **Elmira CF**

Visit Overview: conducted on 8/20-21/2018; 100 cell-side interviews conducted with 9 private interviews accepted; 12 inmates and/or patients referred to a clinician; 49 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were 6 inmate/patients diagnosed with a serious mental illness and no inmate/patients on exceptional circumstances during the Justice Center’s review period.

Compliance Findings: It was determined that the facility was in compliance with the timeframes required by the SHU Exclusion Law.

QMHC Findings: 20 records reviewed for quality of mental health care provided with findings of concern identified below:

### QMHC Findings/Recommendations and OMH/DOCCS Response:

There was minimal documentation that additional support or alternative treatment was offered to combat an inmate/patient’s instability. The Justice Center requested that the Regional Psychiatrist or Clinical Director review the inmate/patient’s clinical case record to review his recent pattern of behavior. OMH noted that they disagreed with the Justice Center’s findings, noting that the inmate/patient had been placed in the ICP to address his symptomology and that administrative reviews have been completed by the CNYPC CBO Clinical Director and Regional Psychiatrist. OMH further stated that the inmate/patient in question had been transferred to a Residential Mental Health Unit.

It was determined that one inmate/patient’s mental health service level was not changed according to policy. To ensure that inmate/patient documentation is complete and accurate, OMH staff should be retrained in CNYPC CBO Policy #9.12 – Treatment Needs/Service Level Designation Form. OMH acknowledged the finding and the retraining in Policy #9.12 was completed in November 2018.

According to their clinical case records, three inmate/patients were not seen by their primary therapist within two weeks of transfer. The Justice Center requested that all clinical staff be retrained in CNYPC CBO Policy #9.30 – Progress Notes and the Unit Chief should complete quality assurance checks ensure that all inmate/patients are seen per policy. OMH indicated that they did review the appropriate CBO Policy with clinical staff at the Elmira CF in November 2018.

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### **Summary of Mental Health Service Review Findings**

The Justice Center completes a six-month review the quality of mental health care for all inmate/patients who commit suicide while on the mental health caseload.

One mental health service review was initiated during this quarter. The Justice Center found that the mental health treatment met the standard of care set forth by CNYPC. However, it was documented in a progress note that the inmate/patient had requested to reschedule their call out to meet with mental health staff for another day. OMH acknowledged that even though the individual was seen in accordance with the time frame in CNYPC CBO Policy, the Unit Chief reviewed with clinical staff the importance of following up with inmate/patients as per the planned time documented in their progress notes.

In addition, the inmate/patient was admitted to the infirmary overflow on RCTP status and discharged the same day to general population, however he remained housed in the infirmary until his death. OMH deferred their response to DOCCS as he had been discharged from RCTP status. DOCCS indicated that the inmate/patient had remained in the infirmary under Involuntary Protective Custody due to injuries sustained and medical requested to continue monitoring.