



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

Forensic Unit Quarterly Report

2nd Quarter 2018

May 2018

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The Justice Center for the Protection of People with Special Needs (the Justice Center) is required to oversee compliance with the Special Housing Unit (SHU) Exclusion Law (Chapter 1 of the Laws of 2008) and to monitor the quality of corrections-based mental health care provided to inmate/patients by the Office of Mental Health (OMH) programs operated within the Department of Corrections and Community Supervision (DOCCS).

Background

The SHU Exclusion Law requires compliance with specific timeframes for providing screenings for risk of suicide for any inmate entering the SHU. In addition, the law requires assessments by mental health staff within statutorily designated timeframes. The timeframes are determined by the type of facility where the SHU is located, with shorter timeframes required for the facilities housing those inmate/patients who require a higher level of mental health care. In addition to determining compliance with the statutorily required timeframes described above, the law requires an evaluation of the quality of care provided to inmate/patients.

What happens on a Justice Center site visit?

Justice Center staff are provided with the census of the SHU upon arrival. Size of the units varies greatly with some units having under 20 individuals in the census and others with more than 1,000. Whatever the census, Justice Center staff tour the unit and speak cell-side with every inmate. Once the cell-side tour is complete, Justice Center staff meet and create a list of inmates to privately interview based on observations and comments made cell-side. Justice Center staff also makes referrals to OMH if any inmate appears in need of an assessment by mental health staff. These referrals can be made at the request of the inmate, or upon Justice Center staff's conclusion that such a referral is needed. These referrals, with the details of each inmate's specific need are provided to the mental health unit chief at the time of the visit and followed up in a formal letter to OMH.

Along with cell-side and private interviews, Justice Center staff designates records for inspection. To determine compliance with the timeframes listed in the SHU Exclusion Law, Justice Center staff reviews records on site.¹ In addition to reviewing records for compliance with the statutorily designated timeframes, Justice Center staff compiles a list of records to be produced to review the quality of mental health care (QMHC).² Once the records are produced, Justice Center staff requests copies of the clinical documentation, DOCCS guidance records, and DOCCS Sign-In and Unit Activity Log Books to review and ensure that timely and appropriate quality mental health care has been provided in accordance with OMH Policies and Procedures and DOCCS Directives. Following a thorough review, the Justice Center provides detailed findings and recommendations to OMH and DOCCS. Both agencies are provided an opportunity to respond within 30 days.

¹ Justice Center staff chose a random sample of records to review for compliance with the required timeframes as follows: units with a census 50 or less, all records are reviewed; units with a census of between 51 and 100, 50% of records are reviewed; units with a census of more than 100, 20% of records are reviewed not to exceed 100 records.

2 Justice Center staff chose a sample of records to review for the quality of mental health care provided as follows: units with a census of 199 or less, 20 records are reviewed; units with a census of 200 or more, 40 records are reviewed.

Quarterly Report: Second Quarter of 2018 (April - June) - The Justice Center Forensic Unit initiated 7 Compliance/Quality of Mental Health Care Reviews in the second quarter of 2018; completing 570 cell-side interviews, 64 private interviews, 250 compliance reviews, and 139 reviews of the quality of mental health care provided (QMHC). Throughout this review period, the Justice Center experienced challenges obtaining records from the Office of Mental Health. The Justice Center and OMH are working collaboratively to resolve these records access issues.¹

Quarterly Summary: Second Quarter of 2018 Correctional Facility Date of Visit	<i>Inmates interviewed cell-side by Justice Center</i>	<i>Private Interviews Accepted</i>	<i>Inmates referred for immediate action</i>	<i>SHU Compliance Reviews Completed</i>	<i>Quality of Mental Health Reviews Completed</i>
Five Points 4/3-4/2018	127	9	21-Clinician	30	20
Great Meadow 4/4-5/2018	84	13	12-Clinician	39	20
Greene 5/3-4/2018	81	10	19-Clinician	42	20
Five Points RMHU 5/23-24/2018	40	9	5-Clinician	40	20
Auburn 6/13-14/2018	58	10	14-Clinician	48	20
Bedford Hills 6/22/2018	15	3	5-Clinician	19	19
Fishkill 6/26-27/2018	165	10	22-Clinician	32	20
Totals	570	64	98-Clinician	250	139

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.

¹ Effective May 10, 2018, OMH resumed providing the Justice Center with all documentation pertaining to Justice Center referrals, findings and recommendations.

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.

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.

Five Points CF

Visit Overview: conducted 4/3-4/2018; 127 cell-side interviews conducted with 9 private interviews accepted; 21 inmates and/or patients referred to a clinician; 30 records reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were 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 one SHU/LTKL Mental Health Interview and three Suicide Prevention Screening Guidelines were not completed in the appropriate time frame.

QMHC: 20 records reviewed for quality of mental health care with findings of concern identified.

QMHC Findings/Recommendations and OMH/DOCCS Response:

It was determined that the SHU/LTKL Mental Health Interviews contained detailed and thorough notes. The Justice Center found that the SHU Mental Health Interview Forms and Progress Notes contained valuable information regarding the content of the mental health contact with the inmate and/or patient.

A DOCCS Suicide Prevention Screening Guidelines Form #3152 was found to incorrectly identify the type of mental health referral warranted. DOCCS was asked to appropriately utilize mental health referrals as instructed. DOCCS Executive Team re-trained all security supervisors. DOCCS also issued a memo to all Sergeants and stated that Central Office would follow up with the Executive Team at the Correctional Facility regarding a corrective action plan.

It was determined that that an inmate/patient's transfer to the Five Points CF was initiated as a transfer to the Residential Crisis Treatment Program (RCTP) however, documents indicated that he was transferred to the SHU. The Justice Center requested clarification referencing the inmate/patient's transfer and that DOCCS ensure that emergency psychiatric transfers are completed as documented. OMH deferred to DOCCS regarding this finding as it was a discrepancy with DOCCS documentation and the inmate/patient was indeed transferred to the RCTP at the Five Points CF. DOCCS noted in their response that the CF received notification from Class and Movement that placement was the Special

Housing Unit. Policy indicates that Class and Movement and DOCCS Bureau of Mental Health is notified via the Inmate Records Coordinator (IRC), which would be received from the Office of Mental Health. DOCCS reiterated that they will work with OMH to ensure proper communication.

An inmate/patient case record indicated that the inmate/patient was did not engage in treatment during an RCTP admission and was discharged back to SHU. He was immediately placed on RCTP status in the SHU due to overflow after the inmate/patient refused to answer all questions on his DOCCS Suicide Prevention Screening Guidelines. The Justice Center requested that OMH assess how to ensure that inmates and/or patients who are don't appear to engage in treatment while in the RCTP and are unable to be assessed are properly discharged from the RCTP. This may include using the RCTP Dorms for continued observation and assessment. The Justice Center recommended that DOCCS should consider that when an inmate refuses to answer screening questions, the DOCCS Sergeant should attempt to re-screen the inmate. OMH completed a review of the inmate/patient's RCTP admission and stated that appropriate clinical decisions were made based on a comprehensive evaluation of risk factors, which included mental status and behavioral assessments, with consideration given to his lack of engagement with clinical staff. It was also indicated that during his RCTP stay, he was observed engaging with other staff and his peers. DOCCS responded that the inmate/patient was immediately placed on RCTP status in the SHU because the RCTP was full. It is DOCCS policy to place inmates on that status due to potential suicide risk.

It was determined that an inmate/patient's Transfer/Termination Progress Note and Comprehensive Suicide Risk Assessment (CSRA) were not completed according to CNYPC Corrections-Based Operations (CBO) Policy. OMH was requested to assess how to ensure that all staff complete required forms and documentation, including retraining in CNYPC CBO Policy. His case record also noted that the inmate/patient may be removed from the OMH caseload The Justice Center requested an update as to whether the inmate/patient in question remains on the mental health caseload and if he has been removed, to provide a completed termination/transfer progress note. OMH indicated in their response that OMH staff were trained in CNYPC CBO Policies #7.2 and #9.16 related to Termination Transfer Progress Notes and CSRA's. OMH reported that the inmate/patient was still on the OMH caseload as a Mental Health Service Level (MHSL) 3.

Inmate/patient clinical case records indicated that RCTP Observation Referral to Clinical Director/Designee Notes were not completed according to CNYPC CBO Policy at both the Clinton CF and Great Meadow CF RCTP. The Justice Center recommended that OMH assess how to ensure that all staff at both facilities complete required forms and documentation, including retraining in CNYPC CBO Policy. It was also requested that the Unit Chief's complete quality assurance checks to ensure that documentation is completed according to policy. OMH responded that staff at both facilitates were trained in CNYPC CBO Policy #9.30 – Progress Notes with special emphasis on the RCTP Observation Referral to Clinical Director/Designee Notes and that the Unit Chiefs have a process in place to routinely verify completion of documentation.

Two inmate/patients did not receive monthly sessions with their primary therapist. The Justice Center recommended that OMH ensure that all staff at the Marcy CF and the Great Meadow CF complete required forms and documentation, including retraining in CNYPC

CBO Policy and that the Unit Chief complete quality assurance checks to ensure that documentation is completed according to policy. OMH responded that staff at both facilities were trained in CNYPC CBO Policy #9.30 – Progress Notes and indicated that the Unit Chiefs have a process in place to routinely verify completion of documentation. No further details about this process were provided to the Justice Center.

An inmate/patient's SHU/LTKL Mental Health Interview was found to not have been completed during the appropriate timeframe at the Fishkill CF SHU. The Justice Center recommended that OMH ensure that clinical staff provide timely SHU/LTKL Mental Health Interviews at the Fishkill CF, including retraining in CNYPC CBO Policy #6.0 – Special Housing Unit Services in MHS 1 Facilities. OMH indicated that following OMH's review of the clinical case record, a coordinating 14-day interview was found, and it was provided to the Justice Center.

Great Meadow

Visit Overview: conducted on 4/4-5/2018; 84 cell-side interviews conducted with 13 private interviews accepted; 12 inmates and/or patients were referred to a clinician; 39 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were 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: 20 records reviewed for quality of mental health care provided with findings of concern identified:

QMHC Findings/Recommendations and OMH/DOCCS Response:

The Diagnosis Record for two inmate/patient were not completed properly according to policy at the Southport CF. The Justice Center requested that OMH clinical staff at the Southport CF be retrained in CNYPC CBO Policy to ensure that Diagnosis Records contain the signature of the individual completing the form, their title and the date of completion. OMH indicated that following OMH's review of the clinical case record, one of the Diagnosis Records was found and it was provided to the Justice Center. In addition, OMH reviewed CNYPC CBO Policy #9.10 – Diagnosis Record with the appropriate clinical staff at the Southport CF.

Treatment plans for two inmate/patients appeared to contradict collateral information in their OMH clinical case records. It was recommended that staff members be retrained in CNYPC CBO Policy so that treatment goals and objectives address specific areas of need and that the Unit Chief complete regular reviews to ensure that documentation is complete and accurate. OMH reported that the appropriate CNYPC CBO Policy #9.22 – Treatment Plans was reviewed with staff at the Downstate and Great Meadow Correctional Facilities.

According to the clinical records reviewed, one inmate/patient was not seen by clinical staff in accordance to CNYPC CBO Policy following two missed callouts. The Justice Center requested that staff be retrained in CNYPC CBO Policy, to ensure that missed appointments are properly followed up and documented by clinical staff. OMH reported that

the appropriate staff members were provided with a review of CNYPC CBO Policy #2.4 – Cancelled/Missed/Refused Callouts.

One inmate/patient's OMH Chronological Record did not reflect a transfer to the Great Meadow CF. OMH responded that that when the inmate began his transfer there was a coordinating OMH Chronological Record and Termination Transfer Progress note, which was provided to the Justice Center with OMH's response. Following his admission to the Great Meadow SHU, all coordinating documentation was completed and an updated OMH Chronological Record and Intake SHU Mental Health Interview was also provided to the Justice Center with OMH's response.

One inmate/patient's clinical record indicated that he was considered active screen status at the time of the Justice Center's visit. The Justice Center requested an update to find out if he was admitted to mental health services as well as his current mental health status. OMH indicated that the inmate/patient was admitted to the mental health caseload and has remained as a mental health service level 3.

Greene

Visit Overview: conducted on 5/3-4/2018; 81 cell-side interviews conducted with 10 private interviews accepted; 19 inmates and/or patients referred to a clinician; 42 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were 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:

QMHC Findings/Recommendations and OMH/DOCCS Response:

An inmate/patient's Core History was found to not be completed in accordance with CNYPC CBO Policy. The Justice Center requested that OMH provide training to staff members to ensure that documentation is accurate, and timeframes are adhered to. The Unit Chief should ensure that inmate/patient records are reviewed upon transfer to make certain all documentation is filed according to policies and standards. OMH reviewed CNYPC CBO Policy #9.14 - Core History with all clinical staff at the Fishkill and Greene CF's. An updated Core History was requested and forwarded with OMH's response.

One inmate/patient's clinical case record contained conflicting documentation pertaining to his mental health diagnosis and there was no Diagnosis Record to confirm any changes to his mental illness. The Justice Center recommended that psychiatric staff be reminded to renew, assess and update diagnosis information to accurately reflect mental health care and treatment needs. OMH responded that the Regional Psychiatrist reviewed CNYPC CBO Policy #9.10 – Diagnosis Record with the psychiatrist to ensure that in the future, the diagnosis is accurately documented and appropriate forms are completed.

Clinical records revealed that two inmate/patients were not seen by clinical staff per CNYPC CBO Policy at the Washington and Marcy CF's. The Justice Center addressed the identification of reoccurring issues at both the Washington and Marcy CF's with primary therapist sessions. Staff members at both facilities should be retrained in CNYPC CBO Policy #9.30 – Progress Notes and the Unit Chiefs should complete quality assurance checks to ensure that all appointments are scheduled according to policy. OMH acknowledged that all clinical staff were trained in CBO Policy and the Unit Chiefs, in consultation with their Regional Forensic Program Administrators, have developed procedures that are used to follow up with clinicians to ensure that inmate/patients are scheduled per policy.

One inmate/patient was considered active screen status at the time of the Justice Center's visit. An update was requested about his current mental health status. OMH reported that the inmate/patient was not admitted to the mental health caseload and is considered an inactive mental health service level 6.

Five Points Residential Mental Health Unit (RMHU)

Visit Overview: conducted on 5/23-24/2018; 40 cell-side interviews conducted with 9 private interviews accepted; 5 inmates and/or patients referred to a clinician; 20 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There was 11 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 as inmate/patients were placed appropriately on exceptional circumstances because they posed an unacceptable risk to the safety and security of staff and inmates in out-of-cell programming. All inmate/patients received alternative mental health treatment and were reviewed every 14 days by the treatment team.

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

QMHC Findings/Recommendations and OMH/DOCCS Response:

The Justice Center found that, based on the number of positive informational reports and time cuts, the RMHU was providing positive feedback to inmate/patients via informational reports and incentives.

Four inmate/patients were on exceptional circumstances at the time of the Justice Center's site visit. The Justice Center requested an update and documentation that the inmate/patients have continued or been removed from exceptional circumstances. OMH responded with updates to all four inmate/patients with supporting documentation for all acknowledging their release from exceptional circumstances.

Clinical records revealed that two inmate/patients lacked appropriate documentation indicating they were seen and/or prescribed medications by the Psychiatrist. Training was recommended to assure that inmate/patients are seen according to the policy timeframes and that documentation indicates appropriate psychiatric care. OMH indicated that one inmate/patient had in fact been seen on three occasions and provided the corresponding

progress notes with their response. In addition, the Clinical Director discussed at a Medical Staff Executive Committee meeting, the importance of progress notes clearly outlining medication changes. This was reflected in the meeting minutes and was sent out to all the prescribers. Furthermore, clinical staff at the Attica CF reviewed CNYPC CBO Policy #9.27.

One inmate/patient was not provided monthly clinical sessions at the Elmira CF with his primary therapist. The Justice Center recommended that staff members should be retrained in CNYPC CBO Policy #9.30 – Progress Notes and that Unit Chiefs should complete quality assurance checks. OMH reported that Policy #9.30 was reviewed with Elmira clinical staff.

Auburn

Visit Overview: conducted on 6/13-14/2018; 58 cell-side interviews conducted with 10 private interviews accepted; 14 inmates and/or patients referred to a clinician; 20 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were 5 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. In addition, inmate/patients were placed appropriately on exceptional circumstances because they posed an unacceptable risk to the safety and security of staff and inmates in out-of-cell programming. All inmate/patients received alternative mental health treatment and were reviewed every 14 days by the treatment team.

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

QMHC Findings/Recommendations and OMH/DOCCS Response:

While at the Great Meadow CF, an inmate/patient could not attend his mental health callout due to a lack of security escorts. The Justice Center requested an explanation as to why the security escort was not available at that time. DOCCS acknowledged that although OMH call outs are mandatory there was an issue with the escort being unavailable due to a serious security incident at the facility. The call out was rescheduled.

An inmate/patient was unable to attend his mental health callout due to being on Keeplock status. An explanation detailing the inability to escort due to disciplinary status was requested. Upon further review, DOCCS reported that the inmate/patient was not escorted due to being in Protective Custody (PC) status. This incident was reviewed by the DOCCS executive team and a memo was issued to be read in line up prior to security shifts to ensure that it was heard by all staff. Secondly, the Superintendent updated the Facility Operational Manual to reflect that all PC/pending PC keeplock individuals are escorted to their mandatory call outs.

An inmate/patient was designated a MHSL 1S and was ticket pending at the time of the Justice Center's site visit. To ensure compliance with the SHU Exclusion Law, his current disciplinary sanctions and whether he was diverted from SHU was requested. In addition,

the inmate/patient's clinical record indicated that he would be referred for special programming. An update was requested of whether he was referred to a special program and the status of that placement. DOCCS reported that the inmate/patient, after receiving additional misbehavior reports, was transferred to the Marcy RMHU.

Four inmate/patients were not seen by clinical staff per CNYPC CBO Policies according to the clinical records reviewed. The Justice Center recommended that staff members be retrained in CNYPC CBO Policies #9.30 – Progress Notes and #2.4 Cancelled/Refused/Missed Callouts and that the Unit Chief complete quality assurance checks to ensure that inmate/patients are monitored in the appropriate timeframes. OMH acknowledged that they retrained staff in both CNYPC CBO Policies and that a Lean Six Sigma project has been initiated, specifically focusing on improving statewide adherence to CNYPC CBO #2.4 Cancelled/Refused/Missed Callouts.

The Justice Center's review found that five inmate/patients 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 and that the Unit Chief complete quality assurance checks to ensure that inmate/patients are monitored appropriately. OMH responded that both CNYPC CBO Policy #9.27 Psychiatric Progress Notes and #2.4 Cancelled/Refused/Missed Callouts Policies were reviewed with clinical staff and an additional Lean Six Sigma project has been initiated related to CNYPC CBO #2.4 Cancelled/Refused/Missed Callouts, with specific focus on units that strictly use Video Teleconferencing for psychiatric callouts.

There were no psychiatric progress notes to demonstrate changes in medications for one inmate/patient. It was requested that all clinical documentation pertaining to medication changes be supplied to the Justice Center. OMH responded that psychiatric progress notes had been completed, but were misfiled at the time of the Justice Center's visit. They were forwarded with the OMH response.

It was determined that one inmate/patient was not seen according to CNYPC CBO Policy following his transfer to the Wende CF. OMH staff members should be retrained in CNYPC CBO Policy #9.30 – Progress Notes, specifically that an inmate/patient be assessed within two weeks of transfer. OMH acknowledged that the inmate/patient in question was scheduled to be seen in accordance with policy, however that call out was cancelled and rescheduled for a later date. A review of CNYPC CBO #2.4 Cancelled/Refused/Missed Callouts with was completed with the specified clinician because Wende CF clinicians are responsible for their own call outs as well as follow up on any cancelled call outs.

One inmate/patient did not receive appropriate contact with his clinician at the Mid-State CF. Staff members at the Mid-State CF should be retrained in CNYPC CBO Policy #9.30 – Progress Notes to ensure that inmate/patients are assessed in the appropriate time frame and the Unit Chief should complete quality assurance checks. OMH noted that all clinical staff at the Midstate CF were retrained in CNYPC CBO Policy #9.30 – Progress Notes.

An inmate/patient did not meet with psychiatric staff at the Upstate CF within thirty days of his transfer. The OMH staff at the Five Points CF should be retrained in CNYPC CBO Policy #9.27 – Psychiatric Progress Notes. OMH reported that they reviewed CNYPC CBO Policy #9.27 – Psychiatric Progress Notes with all staff responsible for scheduling prescriber call outs at the Upstate CF.

While at the Attica CF, clinical case records indicate that an inmate/patient was not provided the opportunity to meet with the Psychiatrist. Justice Center requested that OMH staff members at the Attica CF be trained in CNYPC CBO Policy #9.27 – Psychiatric Progress Notes. OMH indicated in their response that a psychiatric progress note had been completed, however was misfiled at the time of the Justice Center’s visit. The progress note was forwarded with the OMH response.

Bedford Hills

Visit Overview: conducted on 6/22/2018; 15 cell-side interviews conducted with 3 private interviews accepted; 5 inmates and/or patients referred to a clinician; 19 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were 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 Suicide Prevention Screening Guidelines Form was not completed in the appropriate time frame. DOCCS acknowledged that they issued a memo explaining how to properly fill out the form and in addition, the Deputy Superintendent for Security reviewed it with all the supervisors at a supervisory meeting.

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

QMHC Findings/Recommendations and OMH/DOCCS Response:

An inmate/patient’s clinical record lacked appropriate documentation indicating she was prescribed medication by the Psychiatrist. Training was recommended to assure appropriate documentation indicating the renewal/discontinuation of medications, treatments, or procedures. OMH indicated that CNYPC CBO Policies #9.27 – Psychiatric Progress Notes and #9.33 – Physician’s Orders were reviewed with the assigned prescriber.

Inmate/patient clinical case records indicated that RCTP Observation Referral to Clinical Director/Designee Notes were not completed according to CNYPC CBO Policy and those completed contained inaccurate information. The Justice Center recommended that OMH retrain in CNYPC CBO Policy #9.30 Progress Notes, specifically the section pertaining to the RCTP Observation Referral to Clinical Director/Designee Notes. In addition, the Unit Chief should complete quality assurance checks to ensure that documentation is completed according to policy. OMH acknowledged in their response that the RCTP Observation Referral to Clinical Director/Designee Notes had been completed but were misfiled. The notes were provided with OMH’s response.

Clinical records revealed that two inmate/patients were not provided monthly sessions with their primary therapist. The Justice Center requested that staff be retrained in CNYPC CBO Policy to ensure that inmate/patients are adequately evaluated to assess their current mental health statuses. OMH indicated that following OMH’s review of the clinical case record, one of the progress notes was found and it was provided to the Justice Center. In addition, OMH reviewed CNYPC CBO Policy #9.30 – Progress Notes with the appropriate clinical staff.

An inmate/patient was terminated from the mental health caseload due to non-compliance and there was no documentation to support she was seen in person to confirm her refusal. The Justice Center recommended that clinical staff be retrained in CNYPC CBO Policy to assure that all canceled/refused/missed callouts are rescheduled in a timely manner. In addition, it was requested that the OMH Clinical Director should complete a review of the inmate/patient's clinical case record and discharge from services. OMH reported that the Clinical Director did review the case record and recommended that the inmate/patient be reassessed for possible admission to services. Due to additional refusals during that process, the inmate/patient signed a Refusal of Medication and/or Treatment form indicating that she does not want to meet with OMH staff

Fishkill

Visit Overview: conducted on 6/26-27/2018; 172 cell-side interviews conducted with 10 private interviews accepted; 22 inmates and/or patients referred to a clinician; 32 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law. There were no inmate/patients on exceptional circumstances during the Justice Center's review period.

Compliance Findings: It was determined that the facility was not in compliance with the timeframes required by the SHU Exclusion Law as one SHU/LTKL Mental Health Interview and one Suicide Prevention Screening Guidelines were not completed in the appropriate time frame. OMH acknowledged that CNYPC CBO Policy #6.0 Special Housing Unit Services in MHSL 1 Facilities was reviewed with the appropriate clinical staff. DOCCS responded that they issued a memo explaining how to properly fill out the form and in addition, the Deputy Superintendent for Security will review it with all the supervisors during the supervisory meeting.

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

QMHC Findings/Recommendations and OMH/DOCCS Response:

Three inmate/patient's clinical records lacked appropriate documentation indicating they were seen and/or prescribed medication by the Psychiatrist at the Collins and Fishkill CF's. Training was recommended to assure appropriate documentation indicating the psychiatric care provided to the inmate/patients. In addition, the Justice Center requested any Psychiatric Progress Notes and Physician's Orders that may have been completed but were not forwarded. OMH responded that after their review of the clinical case records, documentation was found for two inmate/patients and supplied to the Justice Center. In addition, CNYPC CBO Policies #9.27 – Psychiatric Progress Notes and #2.4 – Canceled/Missed/Refused Callouts was reviewed with the assigned prescriber.

An inmate/patient clinical case record indicated that RCTP Observation Referral to Clinical Director/Designee Notes were not completed according to CNYPC CBO Policy and those completed contained inaccurate information. The Justice Center recommended that OMH retrain in CNYPC CBO Policy #9.30 Progress Notes, specifically the section pertaining to the RCTP Observation Referral to Clinical Director/Designee Notes. In addition, the Unit

Chief should complete quality assurance checks to ensure that documentation is completed according to policy. OMH responded that clinical staff were retrained in CNYPC CBO Policy #9.30 Progress Notes, specifically the RCTP Observation Referral to Clinical Director/Designee Notes.

According to clinical records, one inmate/patient was not provided with monthly sessions with his primary therapist. The Justice Center stated that concerns related to this finding had been documented in a prior letter and OMH reported then that clinical staff were to receive additional training. It was requested that OMH monitor and ensure that all mental health appointments are scheduled according to policy. OMH reported that the Unit Chief will conduct a full review with the Washington CF clinicians to implement a tracking system to monitor callouts and ensure that all appointments are scheduled according to policy.

Upon review of the DOCCS SHU Folders, it was determined that two DOCCS Suicide Prevention Screening Guidelines Forms incorrectly identified the type of mental health referrals warranted. The Justice Center recommended that the Deputy Superintendent for Security complete regular checks to ensure supervisors understand the instruction and the proper procedures to fill out the form. DOCCS acknowledged the finding and agreed that it is critical that supervisors properly fill out the forms and utilize referrals for Suicide Prevention efforts. A memo was released and the Deputy Superintendent for Security will review with all supervisors during his supervisory meetings.