



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

# Forensic Unit Quarterly Report

## 1st Quarter 2018

August 2018

161 Delaware Avenue, Delmar, New York 12054

518-549-0200

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. Furthermore to determine 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.<sup>1</sup> 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).<sup>2</sup> 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.

<sup>1</sup> 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: First Quarter of 2018 (January – March)** - The Justice Center Forensic Unit initiated 4 Compliance/Quality of Mental Health Care Reviews in the first quarter of 2018; completing 885 cell-side interviews, 47 private interviews, 196 compliance reviews, and 100 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 have resolved these records access issues.

<b>Quarterly Summary: First 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>
Upstate 1/23-25/2018	662	19	95-Clinician	100	40
Green Haven 2/12/2018	24	9	2-Clinician	24	20
Clinton 2/15-16/2018	108	9	20-Clinician	26	20
Mid-state 3/14-15/18	91	10	18-Clinician	46	20
<b>Totals</b>	<b>885</b>	<b>47</b>	<b>135-Clinician</b>	<b>196</b>	<b>100</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.

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.

## Upstate

Visit Overview: conducted 1/23-25/2018; 662 cell-side interviews conducted with 19 private interviews accepted; 95 inmates and/or patients referred to a clinician; 100 records reviewed for compliance with the timeframes required in the SHU Exclusion Law.

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

QMHC: 40 records reviewed for quality of mental health care with findings of concern identified.

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

There was conflicting documentation regarding an inmate/patient's Mental Health Service Level (MHSL) and the Justice Center requested clarification to ensure appropriate continuity of care. OMH acknowledged the erroneous documentation and the Unit Chief reviewed with OMH staff the importance of accurately documenting patient information in the core documents within the uniform case record.

An inmate/patient clinical file lacked the appropriate documentation indicating he was seen and prescribed medication by a Psychiatrist. The Justice Center asked for all psychiatric progress notes and physician's orders to be forwarded. Psychiatric progress notes and physician's orders were sent to the Justice Center indicating that the inmate/patient had received treatment and medication on the dates in question. It was determined that the physician's order had existed at the time of the Justice Center's site visit, however there was no corresponding progress note. In addition, OMH staff were trained on May 3, 2018 on the procedures for appropriately completing documentation that psychiatric care was provided to the inmate/patients.

It was determined that OMH did not address and accurately complete DOCCS mental health referrals according to Central New York Psychiatric Center (CNYPC) Corrections Based Operations (CBO) Policy. After reviewing the Justice Center's findings, OMH completed a retraining on April 20, 2018 with staff members to ensure that mental health referrals are triaged upon receipt and responded to within the appropriate timeframe.

One inmate was placed on active screen status during the Justice Center's site visit. An update was requested as to whether the inmate was admitted to the OMH caseload. OMH responded with collaborating documentation that the inmate/patient was admitted to the caseload and was receiving appropriate services to meet the assessed need.

Three inmate/patient's Special Housing Unit/Long Term Keep Lock mental health interviews were not completed during the appropriate timeframe when they were housed at the Washington CF SHU. OMH completed a thorough review of the Justice Center's findings and determined that there was a record that two of the three documents had been recovered and were forwarded for review. To address the untimely assessment, OMH staff were retrained on April 24, 2018 to review timeframes for the completion of mental health interview

An inmate/patient was not provided his prescribed medication upon his transfer to the Upstate CF. It was requested that both OMH and DOCCS review their communication

procedures when an active patient is transferred. Although medication administration is performed by DOCCS nursing staff, “this issue had been previously identified resulting in conversations between CNYPC CBO Administration and the DOCCS Medical Administration and are ongoing as indicated.”

Multiple DOCCS Suicide Prevention Screening Guidelines Forms were found to incorrectly identify the type of mental health referral warranted. DOCCS acknowledged the inmates were not referred to OMH as required and indicated that the staff members involved were re-trained in proper procedures to complete the form.

Two DOCCS Suicide Prevention Screening Guidelines Forms were not completed in the designated timeframes outlined for mental health level 3 facilities. DOCCS acknowledged the errors and indicated that the staff member involved was re-trained in proper procedures

### **Green Haven**

Visit Overview: conducted on 2/12/2018; 24 cell-side interviews conducted with 9 private interviews accepted; 2 inmates and/or patients referred to a clinician; 24 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law.

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:**

Records reviewed indicated that one inmate/patient did not have any Residential Crisis Treatment Program (RCTP) Nursing Progress notes while at the Five Points Residential Mental Health Unit Program. OMH provided all documents that were missing to confirm that the inmate/patient was seen according to policy and statutory timeframes.

There was no documentation to support that two inmate/patients were discharged from the RCTP and transferred to the SHU. OMH provided all documents that were missing to confirm that the inmate/patient was seen according to policy and statutory timeframes.

One inmate/patients OMH Chronological Record was not updated according to policy. OMH staff were retrained in Policy #9.7 – Chronological Record with a focus on the importance of appropriately documenting a patient’s movement on the Chronological Record Form.

### **Clinton**

Visit Overview: conducted on 2/15-16/2018; 108 cell-side interviews conducted with 9 private interviews accepted; 20 inmates and/or patients referred to a clinician; 26 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law.

Compliance Findings: It was determined that the facility was not complying with the timeframes required by the SHU Exclusion Law as it did not appear that exceptional circumstances documentation for one inmate/patient was reviewed every fourteen days. In response, OMH stated that they had unofficial meeting notes from a OMH/DOCCS review of exceptional circumstances and referred the Justice Center to DOCCS for additional documentation. DOCCS attributed the problem to the fact that the inmate/patient was “out to court” and not in the facility. DOCCS stated that they will review the process for exceptional circumstance review when an inmate/patient is out to court and not in their owning facility.

In addition, it was determined that a SHU/Long Term Keep Lock Mental Health Interview was not completed in the appropriate timeframe. OMH recognized that the interview was completed one day late and reviewed CNYPC CBO Policy #6.0 – Special Housing Unit Services in MHSL 1 Facilities was reviewed with appropriate staff.

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

QMHC Findings/Recommendations and OMH/DOCCS Response:

Two inmate/patients case records indicated that Residential Crisis Treatment Program (RCTP) Observation Referral to the Clinical Director/Designee Notes were not completed according to policy. In response, OMH completed a thorough review of CBP Policy #9.30 – Progress Notes with the clinical staff on May 15, 2018. In addition, OMH developed a system for regular quality assurance checks to occur at the unit level.

A Special Housing Unit (SHU)/Long Term Keep Lock (LTKL) Mental Health Interview was not completed according to the designated time frame for one inmate/patient while housed at the Upstate CF SHU. OMH completed a review of the inmate/patient’s clinical record and reported that a progress note, written by OMH staff within the appropriate time frame, was located and supplied it to the Justice Center for review.

One inmate/patient’s clinical record indicated that he would be referred for special programming. OMH indicated that the inmate/patient was not referred to a special program because he was not “S” designated and the referral was not deemed clinically necessary. OMH continues to monitor the inmate/patient in accordance within policy guidelines.

A DOCCS Suicide Prevention Screening Guidelines Form was not completed according to the designated timeframe outlined for Mental Health Service Level 1 facilities. Upon further review, DOCCS was able to locate the inmate/patient’s Suicide Prevention Screening Guidelines Form as evidence that it was completed within the appropriate timeframe. The facility staff was also notified to keep all documents related to the Suicide Prevention Screening Guidelines Form in the restrictive housing area. In addition, the Superintendent was reminded of the importance of properly filling out the form upon admission and readmission to restrictive housing and the importance of proper documentation of Suicide Prevention Screening was discussed with all security supervisors during their monthly security meeting.

**Mid-State**

Visit Overview: conducted on 3/14-15/2018; 91 cell-side interviews conducted with 10 private interviews accepted; 18 inmates and/or patients referred to a clinician; 46 records were reviewed for compliance with the timeframes required in the SHU Exclusion Law.

Compliance Findings: It was determined that the facility was not complying with the timeframes required by the SHU Exclusion Law as a SHU/Long Term Keep Lock Mental Health Interview was not completed in the appropriate timeframe. OMH detailed in their response that there is a date discrepancy with when the inmate/patient actually entered the SHU that is currently being reviewed by the Justice Center.

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

QMHC Findings/Recommendations and OMH/DOCCS Response:

At the time of the Justice Center's site visit, it was determined that an inmate/patient was in the process of seeking a transfer to the CNYPC for acute care and treatment. Upon request for an update to his current placement, OMH reported that the inmate/patient had in fact been transferred to the CNYPC for inpatient treatment.

Clinical records revealed that two inmate/patients were not seen by psychiatric staff according to policy. OMH completed a thorough review and acknowledged that policy time frames for seeing a prescriber were not adhered to. CNYPC CBO Policy #9.27 was reviewed with all prescribers and staff responsible for scheduling psychiatric call outs, with an emphasis on adherence to timeframes.

One inmate was considered to be on active screen status at the time of the Justice Center's site visit. OMH provided an update that the inmate was screened on three different occasions and determined to not need mental health services.

Clinical records reviewed indicated that RCTP Observation Referral to Clinical Director/Designee Notes were not completed according to policy while an inmate/patient was housed at the Elmira CF RCTP. OMH's review of the clinical record and consultations revealed that the consults were completed, however, were not filed in the inmate/patient's clinical record. Therefore, CNYPC CBP Policy #9.30 was reviewed with Elmira CF staff who are responsible for the required documentation.

It was determined that a DOCCS Suicide Prevention Screening Guidelines Form incorrectly identified the type of referral warranted. DOCCS acknowledged that the form was incorrectly completed and the Deputy Superintendent for Security addressed the Security Supervisors on properly filling out the form even if the inmate has just been released by OMH and re-admitted to the SHU.