

PERFORMANCE AUDIT

State Correctional Institution at Coal Township Commonwealth of Pennsylvania Department of Corrections

March 2015



Commonwealth of Pennsylvania
Department of the Auditor General

Eugene A. DePasquale • Auditor General



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**EUGENE A. DePASQUALE
AUDITOR GENERAL**

March 31, 2015

Honorable Tom W. Wolf
Governor
Commonwealth of Pennsylvania
Harrisburg, Pennsylvania 17120

Dear Governor Wolf:

This report contains the results of a performance audit of the State Correctional Institution at Coal Township (SCI Coal) of the Department of Corrections for the period July 1, 2009, to June 30, 2013. The audit was conducted under authority provided in Section 402 of The Fiscal Code and in accordance with generally accepted government auditing standards.

The report details the audit objectives, scope, methodology, and findings. Our objectives were:

- To determine if SCI Coal maintained effective controls over the monitoring of contracted medical services and whether those services were provided in compliance with applicable contracts, agreements, laws, and regulations or policy.
- To determine if SCI Coal maintained effective controls over the monitoring of contracted mental health services and whether those services were provided in compliance with applicable contracts, agreements, laws, and regulations or policy.

The report indicates that SCI Coal monitored medical services and the services provided under the mental health contract. The report also indicates that SCI Coal's mental health staffing level was not sufficient to provide the inmate care required under policy.

We discussed the contents of the report with the management of the institution, and all applicable comments are reflected in the report. We would like to thank the management and staff of SCI Coal for the courtesy and professionalism they extended to us during the audit.

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene A. DePasquale". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Eugene A. DePasquale
Auditor General

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**State Correctional Institution at Coal Township
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**Background
Information**

*History, mission,
and operating
statistics*

Department of Corrections

The Pennsylvania General Assembly created the Bureau of Corrections under the authority of the former Pennsylvania Department of Justice with the passage of Act 408 of 1953. In December 1980, the responsibility moved from the Pennsylvania Department of Justice to the Office of the General Counsel under the governor.¹ On December 30, 1984, the governor signed Act 245 of 1984,² elevating the Bureau of Corrections to cabinet level status as the Department of Corrections.

The mission of the Department of Corrections is as follows:

Our mission is to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change.³

The Department of Corrections is responsible for all adult offenders serving sentences of two or more years. As of January 2014, it operated 25 correctional institutions, one motivational boot camp, one training academy, and 14 community pre-release centers throughout the Commonwealth of Pennsylvania. In addition to the 14 community pre-release centers, the Department of Corrections also had oversight for 40 contracted facilities, all part of the community corrections program.⁴

State Correctional Institution at Coal Township

The State Correctional Institution at Coal Township, which we refer to as SCI Coal or the institution in this report, is a level 3⁵ facility for adult male offenders. It is located in Northumberland County and it was opened in May 1993. Fourteen buildings are on the property including 10 separate general housing units and one restricted housing unit. During the audit period, the Commonwealth allocated \$15.5 million for the creation of a 128-prison cell unit enabling SCI Coal to increase their inmate capacity in 2012 from 1,900 to 2,153.

¹ 71 P.S. § 732-101 *et seq.* (known as the “Commonwealth Attorneys Act”).

² 71 P.S. § 310.1. By way of further background, the pre-existing powers and duties of the Bureau of Corrections under Act 408 of 1953 (P.L. 1428, July 29) were pursuant to Section 1 which added Section 911 to the Administrative Code of 1929. Act 245 of 1984 (P.L. 1299, December 30) expressly repealed Section 911 and transferred all the powers and duties of the Bureau of Corrections to the Department of Corrections by adding Section 901-B to the Administrative Code of 1929, codified at 71 P.S. § 310-1.

³ http://www.portal.state.pa.us/portal/server.pt/community/our_mission/20857 accessed June 30, 2014.

⁴ Ibid.

⁵ SCI Coal’s Facility Narrative Summary, dated April 2012.

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The table below presents unaudited SCI Coal operating statistics compiled from Department of Corrections' reports for the fiscal years ending June 30, 2010, through June 30, 2013. SCI Coal exceeded inmate capacity every year by an average of 7.35 percent. This condition persisted even after SCI Coal's capacity was increased from 1,900 inmates to 2,153 inmates.

Operating expenditures	SCI Coal Operating Statistics for Fiscal Years ending June 30			
	2010	2011	2012	2013
State	\$56,064,582	\$57,445,301	\$59,032,932	\$62,104,361
Federal	97,955	32,419	133,376	104,957
Total Operating expenditures ⁶	56,162,537	57,477,720	59,166,308	62,209,318
Inmate population at year end	2,008	2,082	2,308	2,301
Inmate capacity at year end	1,900	1,900	2,153 ⁷	2,153
Percentage of capacity at year end	105.7	109.6	107.2	106.9
Average monthly inmate population	2,056	2,051	2,094	2,295
Average cost per inmate ⁸	\$27,316	\$28,024	\$28,255	\$27,106

⁶ Operating expenditures were recorded net of fixed asset costs, an amount that would normally be recovered as part of depreciation expense.

⁷ September 2011, Department of Corrections instituted a new formula to determine a facility's bed capacity.

⁸ Average cost per inmate was calculated by dividing total operating expenditures by the average monthly inmate population.

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**Objectives,
Scope, and
Methodology**

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Our performance audit of SCI Coal had two objectives, related to contract monitoring and services provided. The specific audit objectives were as follows:

- One To determine if SCI Coal maintained effective controls over the monitoring of contracted medical services and whether those services were provided in compliance with applicable contracts, agreements, laws, and regulations or policy. (Finding 1)
- Two To determine if SCI Coal maintained effective controls over the monitoring of contracted mental health services and whether those services were provided in compliance with applicable contracts, agreements, laws, and regulations or policy. (Findings 2 and 3)

The scope of the audit was from July 1, 2009 through June 30, 2013, unless indicated otherwise.

To accomplish our objectives, we obtained and reviewed records and analyzed pertinent policies, procedures, and agreements of the Commonwealth of Pennsylvania, the Department of Corrections, and SCI Coal. In the course of our audit work, we interviewed various facility management and staff. The audit results section of this report contains more details on the specific inquiries, observations, tests, and analyses for each audit objective.

SCI Coal management is responsible for establishing and maintaining effective internal controls to provide reasonable assurance that SCI Coal is in compliance with applicable laws, regulations, contracts, grant agreements, and administrative policies and procedures. In conducting our audit, we obtained an understanding of SCI Coal's internal controls. These controls included systems controls that we considered to be significant within the context of our audit objectives. We assessed whether those controls were properly designed and implemented. Any deficiencies in internal controls that were identified during the conduct of our audit and

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determined to be significant within the context of our audit objectives are included in this report.

The Department of Corrections did not provide us with specific information on the housing and treatment of inmates in need of mental health services at SCI Coal. On September 17, 2013, the Auditor General received correspondence from SCI Coal's audit liaison stating that SCI Coal could not release any name, number, or other information related to inmates that would eventually lead to confidential personal health information being disclosed. Therefore, we could not determine whether SCI Coal was in compliance with:

- Department policy 13.8.1 *Access to Mental Health Care*;
- Department policy 11.2.1 *Reception and Classification*; and
- Department policy 6.5.1 *Administration of Level 5 Housing Units* regarding mental health services provided to inmates and the housing of those inmates. (See Finding No. 3)

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Audit Results

The audit results are organized into two sections. Each section is organized as follows:

- Statement of the objective;
- Relevant laws, regulations, policies, and agreements;
- Audit scope in terms of period covered, types of transactions reviewed, and other parameters that define the limits of our audit;
- Methodologies used to gather sufficient and appropriate evidence to meet the objective;
- Finding(s);
- Recommendation(s), where applicable;
- Response by SCI Coal management, where applicable; and
- Our evaluation of SCI Coal management's response, where applicable.

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**Audit Results for
Objective One**

*Contract for
Medical Services*

The objective

Objective one of our performance audit was to determine if SCI Coal maintained effective controls over the monitoring of contracted medical services and whether those services were provided in compliance with applicable contracts, agreements, laws, and regulations or policy.

Relevant contracts, policies, and procedures

State correctional institutions must provide basic necessities to inmates incarcerated in their facilities. Among these basic necessities is health care. The Department of Correction's (Department) policy outlines the medical services, such as physical examinations and specialty services, that must be provided to every inmate.⁹

During our audit period, two separate medical contracts were initiated.

First, the Department entered into a contract with a medical contractor¹⁰ to provide services to inmates under a department-wide contract. This contract was effective from September 1, 2003 through December 31, 2012.¹¹

Second, the Department of General Services entered into a contract with a new medical contractor¹² for inmate medical services at all Department institutions. This contract was effective October 31, 2012, and valid from January 1, 2013 through December 31, 2017.¹³

⁹ Department of Corrections, Policy and Procedures Manual Number 13.2.1, *Access to Health Care*, effective June 28, 2004. Within the procedures manual, section 1 addresses the inmate health care plan and section 3 addresses physical examinations.

¹⁰ Contract #4000005143 between the Commonwealth of Pennsylvania and Prison Health Services, Inc., which effectuated a legal name change to Corizon Health, Inc., effective November 15, 2011.

¹¹ On November 15, 2011, the Department notified the provider (Corizon Health, Inc.) that it was terminating the agreement effective December 31, 2012. The new contract for medical services, Contract #4400010453 between the Commonwealth of Pennsylvania and Wexford Health Sources, Inc. became effective January 1, 2013, and runs through December 31, 2017. Please refer to

<http://www.emarketplace.state.pa.us/FileDownload.aspx?file=4400010454\ContractFile.pdf> accessed May 31, 2013.

¹² Contract #40000010454 between the Commonwealth of Pennsylvania and Wexford Health Services, Inc., effective October 3, 2012, valid January 1, 2013 to December 31, 2017. Please refer to <http://www.emarketplace.state.pa.us/BidContracts.aspx>, accessed September 30, 2013.

¹³ On November 15, 2011, the Department notified the provider (Corizon Health, Inc.) Contract #4000005143 between the Commonwealth of Pennsylvania and Corizon Health, Inc that it was terminating the agreement effective December 31, 2012.

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During our audit period, July 1, 2009 through June 30, 2013, the two contractors billed the Department a total of \$10,642,773 for contracted medical services provided at SCI Coal.

The Wexford contract described in footnote 11 specified the allowable services as well as the number of hours of services that the contractor will provide. The agreement also specified that the contractor will participate in committee meetings with the Department's staff.

Under the authority of the Commonwealth Procurement Code,¹⁴ the Department of General Services has issued the *Procurement Handbook*, which provides the policies, procedures, and guidelines for state agencies to use when procuring supplies, services, and construction. Included in the *Procurement Handbook* are the requirements an agency must follow with regard to statewide contracts.¹⁵ This handbook states the following:

A statewide requirements contract is a contract which is entered into by DGS and includes the annual, semi-annual, or quarterly contract requirements for the specified items to meet the requirement of all Commonwealth agencies. Agencies order needed materials or services directly from the contractor. When a statewide requirements contract is established by DGS, agencies are required to order their requirements for the specified items from the contractor(s) who holds the contract.

The Department also established policies and procedures¹⁶ that provide that each institution's corrections health care administrator (administrator) has the responsibility for ensuring that the medical contractor complies with the terms of the contract. Specifically, the Department's procedures state the following:

¹⁴ 62 Pa.C.S. § 101 *et seq.* Hereafter, we refer to this law as the Procurement Code.

¹⁵ See the Department of General Services' *Procurement Handbook*, Part 1, Chapter 9, Statewide Requirements Contracts." We refer to a "statewide requirements contract" as a "statewide contract" throughout this report.

¹⁶ Department of Corrections, Policy and Procedures Manual Number 13.1.1, *Management and Administration of Health Care*, effective July 17, 2004. Within the procedures manual, section 3 addresses medical contract monitoring.

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The corrections health care administrator shall be responsible for ensuring that the contracted health care provider complies with the contract and verify and approve the hours of service submitted as stipulated in the contract.¹⁷

In addition, the Department of Corrections' procedures¹⁸ required the contracted medical provider to participate in quality improvement programs at each facility.

Scope and methodologies to meet our objective

To satisfy this objective, we performed the following:

We reviewed the agreements made between the Department of Corrections (Department) and the Department of General Services with the medical service contractors. We focused our review on the sections related to the types of medical services, number of hours of service, and committee participation that the contractor was to provide.

We also reviewed Department policies and procedures related to health care services¹⁹ that are to be provided to inmates, such as physical exams and specialty services; medical contract monitoring; and the contractor's participation in quality improvement meetings.

We interviewed SCI Coal's acting health care administrator, who was responsible for medical contract monitoring, and the corrections superintendent's assistant, who was responsible for processing inmate grievances relating to medical services. We also interviewed SCI Coal's deputy of centralized services who is responsible for overseeing mental health services as SCI Coal.

We reviewed three of the six monthly staffing reconciliations²⁰ that were prepared after the contract began in January 2013. From each of those three monthly staffing reconciliations, we tested each contracted

¹⁷ Department of Corrections, Procedures Manual Number 13.1.1, *Management and Administration of Health Care*, effective July 17, 2004. Within the procedures manual, section 3 addresses medical contract monitoring. Within section 3, section A addresses general contract performance and section B addresses hours of service.

¹⁸ Ibid. Within the procedures manual, section 3 addresses medical contract monitoring. Section 3 refers to Attachment 3-A: Medical Contract Compliance Manual.

¹⁹ Department of Corrections Policy and Procedure Manual 13.2.1 Access to Health Care issue date May 29, 2004, effective date June 28, 2004.

²⁰ SCI Staffing reconciliations are documents prepared by the contractor that summarize the total hours each contracted medical employee worked during the month and are utilized for billing purposes.

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employee's hours.²¹ We verified the accuracy of the hours listed on the staffing reconciliation by comparing those hours to the hours recorded on the contracted employee's time records, which included biometrics sheets.²²

We obtained the sick call listing from January through July 2013 for both the general population and Restricted Housing unit and we verified if sick call²³ was offered to inmates seven days per week in the Restricted Housing Unit²⁴ and five days per week for the general population.

We reviewed a listing of inmates from 2010 through 2013 and chose 25 inmates to determine if physical examinations were given in accordance with policy.²⁵

We reviewed copies of the quarterly Medical Audit Committee (MAC) meeting minutes for the time period July 1, 2011 through June 30, 2012, and Monthly Quality Improvement (QI) meeting minutes for the time period July 1, 2011 through March 31, 2013. We then verified that management from the medical services contractor participated in meetings with SCI Coal management as required in both the contract and DOC procedures.²⁶

We obtained the total listing of the 628 medical service related grievances filed by SCI Coal inmates during the period July 1, 2011 to March 31, 2013, in order to identify any significant issues related to the medical services provided to inmates at the facility or any instances when an inmate claimed he received inadequate or improper care.

Finally, we reviewed an executive summary from the Department's Bureau of Health Care Services' annual management review audit of SCI Coal's medical department that was conducted on August 1, 2013. We

²¹ Our audit effort focused on testing SCI Coal's monitoring of the hours of service provided by the new contractor Wexford Health Sources. The contract with Corizon Health Inc was terminated December 31, 2012.

²² Coal uses a security system that captures evidence of each person's entry and exit at the secured perimeter of the institution using "biometrics," which identifies humans by a characteristic or trait such as a thumb print.

²³ Sick call an offering of medical service to inmates requesting medical attention.

²⁴ Restricted Housing Unit (RHU) – A special housing unit in the facility that provides a safe and secure setting for inmates placed in Disciplinary Custody for up to 90 days per misconduct charge when found guilty of a Class 1 misconduct. The Restricted Housing Unit (RHU) includes Administrative Custody, a separate special non-disciplinary housing providing closer supervision, control and protection for inmates.

²⁵ Policy 13.2.1 states: "Health appraisals must be conducted annually for inmates age 65 and over, biennially for inmates ages 40 to 64, and triennially for inmates age 39 and under."

²⁶ Department of Corrections, Procedures Manual Number 13.1.1, *Management and Administration of Health Care*, effective July 17, 2004. Within the procedures manual, section 3 addresses medical contract monitoring. Section 3 refers to Attachment 3-A: Medical Contract Compliance Manual.

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also reviewed the plan of action dated October 15, 2013 submitted by SCI Coal. However, we determined that the deficiencies noted were not relevant to our audit objectives.

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Finding 1

SCI Coal monitored hours of service charged under the medical contract and ensured inmate physicals and sick call were being provided in accordance with Department policy.

The audit found that SCI Coal effectively monitored contracted hours of service received under the medical contract. We found that SCI Coal had procedures in place to ensure that billings from the contractor during the audit period were accurate.

SCI Coal's acting corrections health care administrator (administrator) effectively monitored the medical contract. The administrator verified the accuracy of the hours of service provided by the contracted employees by comparing the hours recorded on the monthly staffing reconciliations, which were prepared by the contractor, to the hours worked on the time cards provided by SCI Coal. The staffing reconciliations are used to generate monthly invoices. The administrator signed the staffing reconciliations to show approval.

To ensure that the hours recorded on the staffing reconciliations were accurate, we matched the hours listed on the detailed time records that listed the days and times the contracted employees clocked in and out of SCI Coal's medical department. Additionally, the hours also matched the biometric time records.

In accordance with policy 13.2.1, Access to Health Care, Section I, Sick Call, we also determined that sick call was offered for inmates in the general populations and in the Restricted Housing Unit as required. We reviewed sick call logs from January 2013 through July 2013, and determined that sick call was offered and provided to inmates in the general population five days per week and to inmates in the restricted housing unit seven days per week.

We selected a test group of inmates to determine if inmates were given physical examinations in accordance with policy 13.2.1, Access to Health Care, Section 3, physical examinations.

We selected a test group of 25 inmates and determined if the inmates were given physical examinations in compliance with policy.²⁷ The 25 inmates included five inmates under the age of 40, ten inmates between the ages of 40 and 64, and ten inmates age 65 and older. We found that all 25 inmates were given physical examinations in compliance with the policy.

²⁷ The policy requires that: inmates under the age of 40 receive a physical once every three years, inmates between the ages of 40 and 64 receive a physical every two years, and inmates 65 and older receive a physical every year.

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We found that members of both contractors' staff met with SCI Coal's acting corrections health care administrator and with other SCI Coal management, such as the superintendent and registered nurse supervisors, during Medical Audit Committee (MAC) and monthly Quality Improvement (QI) meetings. The meetings were held to discuss the operations of the facility's medical department and any problems and/or issues related to the medical services provided by the contractor's staff. Our review of the reports during the period July 1, 2011 to March 31, 2013, did not disclose any significant issues related to the medical contract.

We reviewed medical grievances and found no significant issues that affected the health services and well-being of the inmates at SCI Coal. The grievances we reviewed included but were not limited to, inmate glasses being confiscated, type of skin lotion dispenser, and need for orthopedic shoes. In all cases reviewed, the inmates' grievances were reviewed and responded to appropriately by SCI Coal.

As a result of our interviews and audit, we concluded that SCI Coal established controls to ensure the hours of service billed by the medical service contractor were accurate and supported by documentation. The contractor's staff was available to discuss medical issues and SCI Coal addressed inmate medical grievances. In addition, controls were in place to ensure that the contractor provided inmate physicals, and sick call services in accordance with Department policy.

However, due to confidentiality concerns, SCI Coal did not permit us to view redacted medical records of inmates. Therefore, we could not determine whether other medical services were provided to inmates in compliance with Department policy.²⁸

**Management
Response**

The institution concurs with the facts of this finding.

²⁸ Department of Corrections Policy and Procedure Manual 13.2.1 Access to Health Care, Section1 Inmate Health Care Plan, issue date May 29, 2004, effective date June 28, 2004.

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**Audit Results
for
Objective Two**

*Contract for
Mental Health
Services*

The objective

Objective two of our performance audit was to determine if SCI Coal maintained effective controls over the monitoring of mental health services and whether those services were provided in compliance with applicable contracts, agreements, laws, and regulations or policy.

Relevant contracts, policies, and procedures

It is the policy of the Department of Corrections (Department) to deliver a broad continuum of mental health services to ensure that regardless of how major or minor the emotional disturbance, services are available to every inmate in the prison system.²⁹ The Department policy outlines the mental health services that must be provided to every inmate.³⁰

The Department entered into a contract with a mental health contractor³¹ to provide services to inmates under a department-wide contract effective from January 1, 2009 to August 31, 2013. During our audit, the contract was extended through December 1, 2013. During our audit period of January 1, 2009 to June 30, 2013, SCI Coal paid approximately \$919,000 for these contracted mental health services.

This contract specified the allowable services, as well as the number of hours of services that the contractor will provide. This contract specifies the types of services the contractor will provide to correctional institutions, including SCI Coal. The agreement also specified that the contractor will participate in committee meetings with the Department's staff.

The Department has issued a policy statement to ensure all inmates have access to health care, including mental health services.³² In addition, the Department has also issued a policy statement to help ensure inmates are properly classified.³³

²⁹ Department of Corrections, Policy Number 13.8.1, Access to Mental Health Care, V-Policy effective June 14, 2004.

³⁰ Department of Corrections, Policy and Procedures Manual Number 13.1.1, Management and Administration of Health Care, effective July 17, 2004. Attachment 3-A addresses psychiatric services.

Policy Number 13.2.1, Access to Health Care, effective June 28, 2004. Within the procedures manual, section 1 addresses the inmate health care plan.

Policy Number 13.8.1, Access to Mental Health Care, effective June 5, 2013. Within the procedures manual, section 2 addresses the delivery of mental health services.

³¹ Contract #40000 12956 between the Department of Corrections and MHM Correctional Services, Inc. effective January 1, 2009.

³² Department of Corrections, Policy Number 13.8.1, *Access to Mental Health Care*, effective June 14, 2004.

³³ Department of Corrections, Policy Number 11.2.1, Reception and Classification, effective January 11, 2011.

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In order to properly identify inmates with mental illness, the Department uses an automated tracking system. This system helps ensure inmates with mental illness are identified and that they receive adequate treatment and continuity of care. The automated tracking system also helps ensure the mental health staff has access to an inmate's current medical information.

The system is comprised of a mental health ID (MH) roster and a psychiatric review team (PRT) roster. The MH/ID roster includes every inmate with special needs who is being tracked by the psychology department. The PRT roster includes a subset of inmates on the MH/ID roster who suffer from serious mental illness and are having severe difficulty adjusting to facility life and therefore require close, regular monitoring.³⁴ Inmate status or classification is communicated by use of stability codes such as A, B, C, and D.³⁵

According to medical personnel at SCI Coal, inmates on the C roster include inmates with special needs who were tracked by the psychology department and inmates who may have been previously diagnosed with serious mental illness. Inmates on the D roster currently suffer from serious mental illness and are having difficulty adjusting to facility life and therefore require close, regular monitoring by the multi-disciplinary psychiatric review team.

Department policy defines the mental health care SCI Coal must provide to inmates.

³⁴ 13.2.1 Section 2 – Delivery of Mental Health Services (3) The PRT Roster includes a subset of clients on the MH/ID Roster who suffer from Serious Mental Illness, who are having severe difficulty adjusting to facility life, and who require close, regular monitoring by the multi-disciplinary PRT.

³⁵ Department of Corrections, Policy Number 13.8.1, Access to Mental Health, effective June 14, 2004. The inmate's status on the MH/ID Roster is communicated to other Department staff by means of the Mental Health Stability ("S") scores in the following manner: (a) Stability Code "A" – inmate has no identified psychiatric/mental retardation needs or history of psychiatric treatment in the last five years; (b) Stability Code "B" – inmate is placed on inactive MH/ID roster; (c) Stability Code "C" – inmate is placed on active MH/ID roster; and (d) Stability Code "D" – inmate is placed on PRT roster and the MH/ID roster.

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Department Policy 13.8.1 states³⁶:

Psychological Services - Each facility shall provide sufficient psychological staff to provide evaluation, monitoring, and treatment to those inmates in need of such services.

The treating psychiatrist/Psychiatric Certified Registered Nurse Practitioner or PCRNP shall see inmates on the PRT (“D”) roster every 30 days. Medical orders may be written for up to six months.

The treating psychiatrist/PCRNP shall see the inmate on the MH/ID (“C”) roster a minimum of every 90 days. The psychiatrist/PCRNP has the discretion to see the inmate more frequently, as frequent as every 30 days; however, if the psychiatrist/PCRNP does not see the inmate every 30 days the psychologist must see him/her every 30 days. The frequency of psychiatry and psychology contacts shall be noted in the inmate’s ITP.

Mental Health Coordinators (MHC) - Every Security Level 3, 4, and 5 facility shall have a MHC on the psychology staff and shall make appropriate use of the coordinator to assist an inmate in receiving each of the mental health services he/she is scheduled to receive.

Department Policy 13.8.1 further states³⁷:

Psychology staff shall visit the SL5³⁸ Unit five times per week. All psychology staff entering the unit shall sign in/out on the DC-702 SL5 Unit Log Book.

Psychology staff shall visit the RHU five times per week and assess every inmate for suicide potential and review the DC-510, suicide indicator checklist.

³⁶ Department of Corrections policy 13.8.1, Access to Mental Health Care Procedures Manual, Section 2, Delivery of Mental Health Services, 1. Mental Health Services, a, b, c.

³⁷ Ibid.

³⁸ Department of Corrections policy 6.5.1 Administration of Level 5 Housing Units, part V- Policy states “It is the policy of the Department to maintain Security Level 5 housing units in order to maintain the secure and orderly operation of the facility and to provide for the safety of the public, staff, and other inmates. A security level 5 housing unit is generally a restricted housing unit (RHU), a special management unit (SMU), or a long term segregation unit (LTSU).”

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All psychological assessments and written reports shall address suitability for continued placement in the RHU.

A member of the psychology staff shall be responsible for providing ongoing monitoring, individual and group therapy, developing ITPs, as well as required assessments and reports. The psychology staff member shall visit the unit on a daily basis and attend every unit meeting. Twenty hours of psychology staff member time per month for each 75 special needs inmates is recommended. Staff should be assigned based on unit size.³⁹

The psychiatrist/PCRNP has the discretion to see the inmate more frequently, as frequent as every 30 days; however, if the psychiatrist/PCRNP does not see the inmate every 30 days, the psychologist must see him/her every 30 days. The frequency of psychiatry and psychology contacts shall be noted in the inmate's individual treatment plan.

In addition to ensuring the inmates are properly classified, the Department is responsible to maintain a safe and secure prison system and to implement necessary rehabilitative programs. As part of that responsibility, the Department utilizes specialized housing units to house inmates who, through demonstrated behavior, cannot function in the general population.

SCI Coal utilizes the following three types of specialized housing:

1. Restricted Housing Units⁴⁰ (RHU) or Security Level 5⁴¹ (SL5) units;
2. Special Needs Units – SNU; and
3. Psychiatric Observation Cells – POC.

The primary purpose of the RHU⁴² is to securely house offenders who receive disciplinary sanctions, or who have been placed in Administrative Custody (AC) for non-disciplinary reasons.

³⁹ Department of Corrections policy 13.8.1 Access to Mental Health Care Procedures Manual, Section 5 – special needs unit - psychology staff.

⁴⁰ Restricted Housing Unit (RHU) - A housing unit or group of cells designated for inmates assigned to disciplinary custody (DC) or administrative custody (AC) as defined by DC-ADM 801.

⁴¹ Security Level 5, Maximum - Consists of single or double occupancy cells with a secure control booth that has remote electronic locking capabilities. Cell doors must be high security grade with food passes and electronic locks. Hardware must be of high security grade. Exterior wall construction must be security reinforced.

⁴² Department of Corrections, Policy Number 13.8.1, *Access to Mental Health Care*, effective June 14, 2004.

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The primary purpose of the SNU⁴³ is to provide a safe and secure setting and specialized treatment services for those inmates identified as being unable to function in a general population housing unit.

The primary purpose of the POC⁴⁴ is to hold inmates who are mentally decompensating to the point where they are considered a danger to themselves, other inmates, and/or property.

According to Department policy the following mental health services should be provided to inmates housed in the following facilities:

**Inmates in the Restricted Housing Unit⁴⁵ (RHU)
Psychological Services**

1. Psychology staff shall visit the RHU five times per week and assess every inmate for suicide potential and review the DC-510, suicide indicator checklist.
2. All psychological assessments and written reports shall address suitability for continued placement in the RHU.
3. The treating psychiatrist/ (PCRNP) shall continue to see inmates on the C roster out of cell a minimum of every 90 days and inmates on the D roster out of cell every 30 days.
4. Psychology staff shall personally interview, assess, and make a written report utilizing the DC-560 to be filed in the inmate's medical record for every C classified inmate monthly.
5. Psychology staff shall personally interview, assess, and make a written report utilizing the DC-560 in the inmate's medical record for every D classified inmate at least every seven days.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Department of Corrections policy 6.5.1 Administration of Level 5 Housing Units, part V- Policy states "It is the policy of the Department to maintain Security Level 5 housing units in order to maintain the secure and orderly operation of the facility and to provide for the safety of the public, staff, and other inmates. A security level 5 housing unit is generally a restricted housing unit (RHU), a special management unit (SMU), or a long term segregation unit (LTSU)."

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6. An inmate continually confined in the RHU for more than one year shall be given, at a minimum, an annual psychological and psychiatric examination.

Inmates in the Psychiatric Observation Cells⁴⁶ (POC)

1. The shift commander shall be notified of all admissions and discharges.
2. Inmates shall be under constant observation for psychiatric observations
3. The psychiatrist (PCRNP) shall evaluate inmates for POC admission and instruct what level of watch is required, constant, close, or regular.
4. The psychiatrist shall document the history of abnormal behavior that led to the POC admission.
5. The psychiatrist shall complete the DC-447 medications physicians order form.
6. The psychiatrist shall perform a mental health exam assessment (individual treatment plan) within 72 hours of admission into the POC. This assessment shall be recorded in the DC-472 of the inmate's medical record.
7. The psychiatrist shall evaluate inmates and record progress notes in the DC 472 using the SOAP format.
8. The psychology staff shall provide counseling and support Monday to Friday and document their results of daily contact in the DC-472.

Inmates in the Special Needs Unit⁴⁷ (SNU)

1. Within 14 days of admission into the SNU, staff shall prepare an Individual Treatment Plan (ITP).
2. Each inmate in the SNU shall receive 35 hours of programming per week including 2 hours of

⁴⁶ Department of Corrections policy 13.8.1, Access to Mental Health Care Procedures Manual, Section 3C-Guidelines for Psychiatric Observation Cells.

⁴⁷ Department of Corrections policy 13.8.1, Access to Mental Health Care Procedures Manual, Section 5-Special Needs Unit – Psychology Staff.

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recreational activity. (There is a suggested menu of programming in the policy.)

3. Psychology staff shall visit the SNU daily and shall provide ongoing monitoring, individualized therapy, and develop ITPs, assessments, and reports.
4. Psychiatrists/ (PCRNP) shall provide routine, urgent, and emergency care as needed.

Inmates on the C and D rosters Psychiatric Services⁴⁸

1. The treating psychiatrist/PCRNP shall see inmates on the D roster every 30 days.
2. The treating psychiatrist/PCRNP shall see inmates on the C roster at a minimum of every 90 days or more frequently; however if the psychiatrist does not see the inmate at 30 day intervals, then the psychologist must see the inmate at least at 30 day intervals.

Scope and methodologies to meet our objective

To satisfy this objective, we performed the following:

We obtained the Department of Corrections' statewide contract for mental health services.

We also reviewed the Department's policies and procedures that were established to ensure that all inmates have access to mental health care services, such as psychiatric evaluations and treatment offered to inmates.⁴⁹ The policies also outline requirements pertaining to mental health contract monitoring and the contractor's participation in a quality improvement program.⁵⁰

⁴⁸ Department of Corrections policy 13.8.1, Access to Mental Health Care Procedures Manual, Section 2-Delivery of Mental Health Services 1.- Mental Health Services- A.-Psychiatric Services.

⁴⁹ Department of Corrections Policy and Procedure Manual Number 13.8.1, *Access to Mental Health Care*, effective June 14, 2004 Policy Number 11.2.1, *Reception and Classification*, effective January 28, 2011.

⁵⁰ Department of Corrections Policy Number 13.2.1, *Access to Health Care*, effective June 28, 2004. Procedures Manual Number 13.1.1, *Management and Administration of Health Care*, effective July 17, 2004. Within the procedures manual, section 3 addresses medical contract monitoring. Section 3 refers to Attachment 3-A: Medical Contract Compliance Manual.

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We interviewed SCI Coal's acting health care administrator, who is responsible for monitoring the mental health contract, the contractor's certified registered nurse practitioner assigned to SCI Coal, and the psychologist (LPM) employed by the Department.

We selected nine monthly invoices received by SCI Coal during our audit period of July 1, 2009 through June 30, 2013, for detailed review of the charges. The months we selected were as follows: April and June 2010, April and June 2011, April and June 2012, and February, April, and June 2013.

Specifically, for each selected month, we obtained copies of the time detail report⁵¹, monthly summary detail report,⁵² biometric report,⁵³ approval e-mail,⁵⁴ and MHM monthly invoices.⁵⁵

We tested the accuracy of the hours listed on the summary time detail report by comparing those hours to the hours recorded on the contracted employee's time detail report and biometrics sheets. We then compared the hours listed on the summary time detail report and the hours approved by the CHCA to the invoice submitted to the Department by the vendor. Additionally, we determined that the hours worked by the contracted employees totaled at least 90 percent of the monthly hours to be worked at SCI Coal as listed in the contract between MHM and the Department.

We verified that management from the mental health services contractor participated in meetings with SCI Coal management as required in both the contract and the Department's procedures.⁵⁶

We obtained and reviewed the complete listing of 628 medical grievances filed by inmates at SCI Coal from July 1, 2011 through August 23, 2013.

⁵¹ Time detail report records the employees' time in and time out through the kronos system which is an automated time tracking system. Upon entrance into the medical department, the contract employee telephones the central office of MHM and the system records the starting time. At the end of the day, the employee once again telephones the office to record the time of exit.

⁵²A listing created through the Kronos system every month which list the name of each contracted employee, the location where the employee worked, the employees title, hours worked, and the hours approved by the Correctional Health Care Administrator.

⁵³ SCI Coal uses a security system that captures evidence of each person's entry and exit at the secured perimeter of the institution using "biometrics," which identifies humans by a characteristic or trait such as a thumb print.

⁵⁴ An email sent to the contractor by the Corrections Health Care Administrator (CHCA) which listed the total number of hours worked by the contractor's employees which were approved by the CHCA.

⁵⁵ Invoices submitted by the contractor to the Department of Corrections for services rendered.

⁵⁶ Department of Corrections, Procedures Manual Number 13.8.1, Department of Corrections, Policy Number 13.8.1, *Access to Mental Health Care*, effective June 14, 2004.

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We reviewed five upheld⁵⁷ grievances in order to identify any significant issues related to the mental health services provided to inmates at the facility or any instances when an inmate claimed he received inadequate or improper care.

We reviewed the May 31, 2013 report issued by the Department of Justice following its investigation of inmates with mental health conditions at another Department of Corrections Institution.⁵⁸

On September 13, 2013, we requested a listing of inmates as of June 2013 who were placed on the Stability C, Stability D,⁵⁹ and Z Rosters.⁶⁰ This information was necessary to determine if services were provided in accordance with policy. However, on September 17, 2013, SCI Coal informed us they would not release the information to us because they considered it protected under the Health Insurance Portability and Accountability Act (HIPAA).

⁵⁷ Upheld grievances are grievances found to be legitimate.

⁵⁸ U.S. Department of Justice, RE- Investigation of State Correctional Institution at SCI Cresson-dated: May 31, 2013.

⁵⁹Inmates diagnosed with insomnia, adjustment difficulty and attention deficit hyperactivity disorder (ADHD) are listed the C Roster. Inmates suffering from serious mental disorders, psychosis, schizophrenia, Bi Polar, Mood disorder and major depression are placed on the D Roster.

⁶⁰ 11.2.1 Reception and Classification, Section 5-Single Celling ("Z" Code), C-Evaluation and Processing Inmates for Single Cell Status,1- any inmate who meets certain criteria shall be carefully reviewed by staff and considered for program code "Z" housing classification. Examples include: dangerous to self and others and unable to care for self.

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Finding 2

SCI Coal monitored the hours of service charged under the mental health contract.

The audit found that SCI Coal effectively monitored the service hours provided under the mental health contract. We found that SCI Coal had procedures in place to ensure that billings from the contractor were accurate.

SCI Coal's corrections health care administrator (administrator) effectively monitored the hours provided by the mental health contractor. The administrator verified the accuracy of the hours of service provided by the contracted employees by matching the hours listed on the daily time detail report as well as biometric time records provided by SCI Coal.

Our audit found that the administrator sent emails to the contractor confirming the hours worked by the contractor's staff every month. The contractor then attached this email to the monthly invoice sent to Department of Corrections for payment.

Furthermore, testing showed that the hours recorded on the summary time detail report of all of the tested contracted employees matched the hours listed on the time detail report and monthly invoices. This time detail report is a report which listed the days and times the contracted employees clocked in and out of SCI Coal's medical department. Additionally, the hours also matched the biometric time records. We also determined that the contractor provided the staffing hours as stipulated in the contract between MHM and the Department of Corrections.

In addition, we found that members of the contractor's staff met with SCI Coal's corrections health care administrator, along with other SCI Coal management, such as the superintendent and registered nurse supervisors, during the monthly quality improvement meetings in order to discuss the operations of the facility's mental health department and any problems and/or issues related to the mental health services provided by the contractor's staff. Our review of the reports during the period July 1, 2011 to March 31, 2013, revealed there were no issues related to the mental health contract.

Our review of inmate grievances and an interview with the inmate grievance coordinator did not disclose any issues regarding mental health services being provided to the inmates at SCI Coal. Our review of five substantiated grievances on file for the period January 1, 2011 to March 31, 2013 did not disclose any mental health services related grievances.

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As a result, we concluded that SCI Coal established controls to ensure that the hours of service billed by the mental health service contractor were accurate and supported by documentation. In addition, controls were in place to ensure that contractor was available to discuss mental health issues and that SCI Coal staff addressed inmate grievances.

However, due to confidentiality concerns over allowing the Auditor General to view inmate mental health treatment and service records, SCI Coal did not provide us with information to support that mental health services were being provided by the contractor to individual inmates in accordance with Department policy requirements. Further, our audit also found that SCI Coal assigned insufficient staff to meet the treatment needs of the inmates as provided in Department policy. We discuss this concern in the following finding.

**Management
Response**

The institution concurs with the facts of this finding.

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Finding 3

SCI Coal's mental health staffing level was not sufficient to provide the inmate care required under policy.

According to Department of Corrections' policy, SCI Coal was required to provide daily and weekly mental health treatment and services to inmates who were stability coded C or D and housed in designated areas throughout the institution. The mental health assessment code C indicates the inmate has a mental health condition, and the assessment code D indicates the inmate has a serious mental health condition.

As of June 30, 2013, there were 476 inmates with mental health conditions. Out of the 476 inmates, 451 inmates were coded C and, according to policy, those inmates were to be seen by the treating psychiatrist or Psychiatric Certified Nurse Practitioner (PCRNP) every 90 days and by the psychiatrist, PCRNP, or psychologist every 30 days.

The remaining 25 inmates were coded D, and according to policy, those inmates were to be seen every 30 days by the treating psychiatrist or PCRNP.

In addition to coding, an inmate's housing within the institution was also a factor that affected the mental health care SCI Coal was required to provide. The 476 inmates were housed in units throughout SCI Coal. SCI Coal utilized the following types of housing:

1. Restricted Housing Units (RHU) or Security Level 5 (SL5) units;
2. Special Needs Units – SNU;
3. Psychiatric Observation Cells – POC; and
4. Other housing.

Out of the 476 inmates, 162 C and D coded inmates were placed in either the Restricted Housing Unit (RHU) or the Special Needs Unit (SNU). Inmates housed in the RHU must be seen 5 times per week by a member of the psychology staff and inmates housed in the SNU must be seen daily by a member of the psychology staff.

The following chart summarizes the individual mental health care requirements established by Department policy. The chart includes the 476 inmates per code, per housing unit. It also includes the minimum frequency SCI Coal is to provide treatment based on the inmate's code and his housing unit and the type of mental health provider who is required to provide the care.

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Inmate Information As of June 30, 2013				Policy Requirements - Provider and Frequency		
Inmate Code	Number of Inmates In RHU by Code	Number of Inmates in SNU by Code	Number of Inmates in Other Housing	Should be seen by Psychiatrist or PCRNP Every 30 or 90 days	Should be seen by Psychiatrist or PCRNP or Psychologist Every 30 days	Psychology Staff visits
C	48			Yes - 90 days	Yes	5 times per week
C		91		Yes - 90 days	Yes	Daily
C			312	Yes - 90 days	Yes	-
D	4			Yes - 30 days	Yes	5 times per week
D		19		Yes - 30 days	Yes	Daily
D			2	Yes - 30 days	Yes	-
Totals	52	110	314			

In addition to the individual treatment schedule detailed in the above chart, the psychology staff must, among other responsibilities, visit the RHU 5 times per week and visit the SNU units daily, provide for group therapy, develop ITPs, and provide required assessments and reports. (The frequency of psychiatric and psychological visits must be noted in the inmate's individual treatment plan.)

To provide these mental health services, SCI Coal employed a psychology staff of seven employees (full complement is eight) and contracted for the services of one PCRNP. SCI Coal maintained the following staff as of June 30, 2013:

Job Classification	Number of Filled positions
Psychological services specialist	5 ⁶¹
Psychological services associate	1
Licensed psychological manager	1

SCI Coal did not have a psychiatrist on staff and did not contract for the services of a psychiatrist during the audit period.

On May 31, 2013, the U.S Department of Justice issued an investigative report on the treatment of inmates with mental health conditions at the Department's SCI Cresson facility. Following the release of the report,

⁶¹ One of the five Psychological services specialists was also assigned the duties of the Mental Health Coordinator.

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SCI Coal and the Department reassessed and re-evaluated the inmates listed on SCI Coal's C and D rosters. The changes due to the reassessment can be seen by comparing the data on the following chart, which presents inmate code assessments as of October 31, 2013 and as of June 30, 2013. As a result of the reassessments, the number of inmates coded D (serious mental health conditions) increased by 103 inmates, a five-fold increase from 25 inmates to 128 inmates. Each of the 128 inmates on the D roster was required to be seen every 30 days by the one contracted PCRNP.

SCI Coal and the Department of Corrections Reassessment of Inmates Summer of 2013			
Code	Code Description	Number of Inmates June 30, 2013	Number of Inmates October 31, 2013
C	Mental Health Conditions	451	371
D	Serious Mental Health Conditions	25	128
	TOTALS	476	499

We interviewed the Licensed Psychologist Manager (LPM) at SCI Coal and asked if SCI Coal had adequate staff to provide mental health care in compliance with DOC policy. The LPM responded that resources are not adequate at SCI Coal to comply with all the policy requirements that the psychology staff must adhere to regarding providing services to inmates on the C and D roster. The LPM stated that he is the only psychologist on staff and he spends most of his time supervising staff. He also stated that there are only six members on the (psychology) staff, and due to that SCI Coal is short on hours for inmates on the D roster.

We asked the LPM to sign a document to verify his statement, but SCI Coal's audit liaison would not permit the LPM to sign the document. Subsequent to the interview, SCI Coal's deputy of centralized services stated he believed that SCI Coal did have adequate staff to provide mental health services in compliance with DOC policy. According to the deputy, the LPM retired in January 2014.

Further, the SCI Coal deputy of centralized services stated that SCI Coal has taken steps to fill the LPM position but, as of October 15, 2014, has not succeeded in hiring a replacement. SCI Coal's deputy of centralized services also stated he believed the low salary is the reason a replacement

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has not been found. SCI Coal has been operating since January 2014 without a licensed psychologist on staff.

Based on our review of the department mental health care policy, SCI Coal's staffing level of psychological and psychiatric professionals, and representations made to us by SCI Coal's licensed psychological manager, we determined that it was not possible for SCI Coal to comply with the department's mental health care policy. Our review and analysis supports the LPM's assertion that SCI Coal did not have sufficient staff to provide mental health care in compliance with policy.

Since the retirement of the LPM in January 2014, the contracted PCRNP was responsible for and required to provide mental health treatment to approximately 499 inmates, many of whom were coded D (serious mental health conditions) and were required to be seen five to seven days a week. To comply with policy, in the absence of a psychiatrist or a psychologist, the PCRNP has to see each of the 499 inmates once every 30 days. Considering that there are 22 work days in a typical 30 day month, the PCRNP would have to provide mental health treatment to approximately 22 inmates each day to comply with DOC policy in addition to having to meet additional responsibilities such as those described in the list on pages 17 through 19 of this report.

We attempted to determine how often the PCRNP and the psychological staff visits required by DOC policy were actually conducted. To do this, we requested that SCI Coal provide us with the ITPs, medical records, and 702 log books for June and October 2013.

SCI Coal responded to our request by providing DC 701 SL 5 unit log forms. The notations and signatures recorded on these forms were insufficient to document mental health visits made by staff to the inmates housed in the restrictive housing unit (SL5) or special needs unit.

Subsequent to our determination that documentation recorded on the 701 forms was insufficient, SCI Coal provided us with DC 702 logs and contractor appointment schedules. However, DC 702 logs did not contain sufficient evidence that SCI Coal provided mental health care in compliance with DOC policy. Without access to ITPs and medical records, we could not adequately determine if SCI Coal ensured inmates with mental health issues received the appropriate care and treatment.

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However, based on our analysis of Department policy requirements,⁶² we concluded SCI Coal did not have sufficient staff to fully comply with Department’s mental health care policy.

Recommendation

1. SCI Coal should ensure staffing levels are adequate to meet all policy requirements of 13.8.1 Access to Mental Health Care. Specifically:

SCI Coal must ensure that all inmates in RHU or SNU who are coded C are treated by a psychiatrist/PCRNP a minimum of every 90 days and as often as every 30 days; however, if the psychiatrist/PCRNP does not see the inmate every 30 days the psychologist must see the inmate every 30 days.

SCI Coal must ensure that all inmates coded D must be treated by a psychiatrist or a PCRNP every 30 days.

SCI Coal should implement procedures to ensure all inmates receive required mental health treatment and services and to immediately identify when treatment or services is not provided so that prompt corrective action can be taken.

**Management
Comments**

The institution does not concur with the facts of this finding.

Finding 3 of the Draft Performance Audit provides, “SCI Coal’s mental health staffing level was not sufficient to provide the inmate care required under policy.” (Page 23).

SCI Coal objects to Finding 3, because the Finding incorrectly implies that SCI Coal was unable to meet the treatment needs of all of the inmates throughout the audit period. And, the auditors’ conclusion that SCI Coal was unable to meet the mental health treatment needs of the inmates is based upon factually incorrect information and a faulty analysis.

The first full paragraph on page 26 of the Draft Performance Audit has a sentence reading, “... we determined that it was not possible for SCI Coal to comply with the department’s mental health care policy.” This blanket statement indicates that SCI Coal was unable to comply with the Department’s mental health care policy for the entire period of the audit. When, in actuality, the auditors appear to base this finding upon

⁶² This included policies relating to inmates placed in specialized housing and taking into consideration the number of inmates listed on the C (mental health conditions) and D (serious mental health conditions) rosters and assertions made by SCI Coal’s Licensed Psychological Manager concerning staff availability to meet all policy requirements.

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information applicable only to a discrete portion of the overall audit period, or for points in time outside the audit period altogether.

The purported scope of the audit is from July 1, 2009 through June 30, 2013 unless indicated otherwise. (Page 3). On May 31, 2013, approximately one month prior to the conclusion of the audit, the U.S. Department of Justice issued an investigative report on the treatment of inmates with mental health conditions at SCI Cresson. (Page 24). Following the issuance of the report, the Department redefined its mental health categories and definitions and Department staff reassessed and re-evaluated the inmates listed on SCI Coal's mental health rosters accordingly. This resulted in a five-fold increase in the number of D coded inmates from 25 to 128. (Page 25). Notably, the increase in the number of D coded inmates occurred five months after the issuance of the DOJ report and four months after the purported conclusion of the audit.

Next, the Draft Performance Audit reads on page 26, "Our review and analysis supports the LPM's assertion that SCI Coal did not have sufficient staff to provide mental health care in compliance with policy." The auditors spoke to the Licensed Psychological Manager ("LPM") and asked the LPM if SCI Coal had adequate staff to provide mental health care in compliance with Department policy. (Page 25) The LPM apparently responded by saying that resources are not adequate at SCI Coal to comply with all the policy requirements that the psychology staff must adhere to regarding providing services to inmates on the C and D rosters. Significantly, however, the Draft Performance Audit is silent as to when the auditors spoke to the LPM and as of what period of time the LPM was opining that SCI Coal had inadequate resources. To make a blanket conclusion regarding the institution's ability to provide services during the entire audit period based upon the LPM's opinion at one point in time, which may have been a point in time outside the audit's scope and during a transitional time for the Department, is unsupported. To the extent that the LPM's comments are based on a point of time immediately after the Department revised its mental health roster classification and without consideration of how the institution adjusted is unfair and the Department requests further clarification regarding the applicable timelines and the opportunity to further address the matter when this information is supplied.

The Draft Performance Audit bases its conclusion on a faulty analysis regarding workload requirements. The second full paragraph on page 26 contains a sentence reading, "To comply with policy, in the absence of a psychiatrist or a psychologist, the PCRNP has to see each of the 499 inmates once every 30 days." The implicit assumption is that since SCI

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Coal did not contract for a psychiatrist and the Licensed Psychological Manager retired, the entire mental health caseload must be managed by the PCRNP. This assumption is not correct and is not what DOC policy requires. The Draft Performance Audit analysis concludes that under policy only one PCRNP was available to meet policy mental health contact requirements. In fact, policy allows psychological contacts to be provided through the institution's psychology staff. Even after the LPM retired, the institutions had a psychology staff the provided mental health services.

As noted by the auditors on page 24, the psychology staff at SCI Coal consisted of seven employees, that is, until the LPM retired in January of 2014. The policy, provided that the PCRNP shall see inmates on the D roster every thirty days. (Department of Corrections Policy, 13.8.1, Section 2 – Delivery of Mental Health Services, B, 1, a, (1)). The policy also provided that the PCRNP shall see the C roster inmates every 90 days. The PCRNP may see a C Roster every 30 days. If the PCRNP did not see a C roster inmate every 30 days, then the psychologist had to see the inmate every 30 days. (Department of Corrections Policy, 13.8.1, Section 2 – Delivery of Mental Health Services, B, 1, a, (2)). Therefore, according to the policy, the PCRNP needed to see the D roster inmates every 30 days, and either the PCRNP or a psychologist needed to see the C roster inmates every 30 days.

The Draft Performance Audit acknowledges that the LPM confirmed that SCI Coal has six (6) other members on the psychology team, yet in explicitly the report finds that upon the LPM's retirement only the PCRNP remained to provide services. (See pages 25-26 of the Draft Performance Audit Report). This is not the case and the resulting analysis led to the erroneous conclusion that "it was not possible for SCI Coal to comply with the department's mental health care policy." (Page 26). The analysis failed to account for the services provided by the Department Regional Licensed Psychological Manager who provided services at SCI Coal after the retirement of SCI Coal's former LPM. In short, no factual basis exists for the report's conclusion that the PCRNP would have to provide mental health treatment to approximately 22 inmates each day to comply with Department policy or that the PCRNP was the only person to provide mental health treatment to 499 inmates.

The mental health treatment staff at SCI Coal was never reduced to a level where one PCRNP was the only mental health provider for all of the C and D roster inmates. Therefore, the Draft Performance Audit's conclusion that SCI Coal's mental health staffing was not sufficient to provide the inmate care required under policy is based on an incorrect

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understanding of staff policy requirements and should be revised accordingly.

**Auditor's
Conclusion**

Our conclusion is based on a strict interpretation of this particular portion of the department's policy which states:

Inmates on the C and D rosters Psychiatric Services

1. The treating psychiatrist/PCRNP shall see inmates on the D roster every 30 days.
2. The treating psychiatrist/PCRNP shall see inmates on the C roster at a minimum of every 90 days or more frequently; however if the psychiatrist does not see the inmate at 30 day intervals, then the psychologist must see the inmate at least at 30 day intervals.

We interpret this policy to mean that a psychiatrist, PCRNP or a psychologist must provide the mental health care to the inmate. It appears from management's response that SCI Coal's position is that psychological staff can also provide this care. We disagree. DOC policy uses the term psychiatrist, PCRNP, psychologist and psychology staff to indicate the type of provider who is to see inmates and for what purpose. Because the above policy does not include psychological staff among the specified providers, it is our opinion the inmate must be seen by a psychiatrist, PCRNP, or a psychologist. SCI Coal did not have a psychiatrist on staff. One PCRNP was contracted by SCI Coal and the one psychologist on staff primarily supervised psychology staff. Therefore, staffing was not adequate to provide care in compliance with the policy. If the policy permitted psychological staff to provide this care, we would have concluded that SCI Coal had sufficient staffing. However, due to the lack of access to mental health care records, we would not have been able to conclude that mental health care was provided in compliance with policy.

SCI Coal's own LPM, who supervised its psychological staff, stated in an interview on September 11, 2013 that resources are not adequate at SCI Coal to comply with all the policy requirements that the psychology staff must adhere to regarding providing services to inmates on the C and D roster. SCI Coal's response indicates that mental health care was not provided in compliance with policy during a transitional time that followed the Department's revision to its mental health roster. The department's policy does not provide that there are exceptions to its requirements; anytime an inmate does not receive required mental health care is a significant problem, especially for inmates needing contact the most. SCI Coal refused to provide us redacted mental health care records

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for inmates; as a result, we could not determine the period(s) of time mental health care was not provided in compliance with policy.

Our audit period was from July 1, 2009 through June 30, 2013, unless indicated otherwise. In this finding we clearly state dates beyond June 30, 2013 to indicate our scope was extended. In the finding we identified the total number of inmates with mental health or serious mental health conditions as of June 30, 2013 (476) and October 31, 2013 (499) as well as the number (7) of mental health providers on staff at SCI Coal on those dates. There was no significant fluctuation in the total number of inmates who were required to receive mental health care during that period, and the mental health care complement at SCI Coal was consistent until the retirement of SCI Coal's licensed psychologist in January 2014.

Based on our interpretation of the DOC's policy, although SCI Coal had seven mental health care providers on staff, the staff did not include a sufficient number of specific mental health care providers, (i.e. psychiatrists, PCRNPs or psychologists) to provide the care in compliance with policy.

**Status of
Prior Audit**

The prior audit report of SCI Coal covered the period July 1, 2006 through July 27, 2009, and contained nine findings. All of the findings were positive and therefore had no recommendations.

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**Audit Report
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