# Henley-Young
# Juvenile Justice Center
# Detention Division
# Medical Services Review

## Site Visit: September 20-21, 2016
## Report Date: November 30, 2016
## Submitted: December 12, 2016

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## Background

On March 28, 2012, Hinds County, Mississippi entered into a settlement agreement ordained and adjudged by Judge Daniel P. Jordan III, for the United States District Court Southern District of Mississippi, Jackson Division, regarding conditions of confinement at the Henley-Young Juvenile Justice Center. As part of the settlement agreement, the defendant contracted with National Juvenile Justice Expert Leonard Dixon to serve as a monitor of the agreement. He is responsible for documenting the defendant's compliance with the terms of the agreement and for providing and/or arranging technical assistance and training regarding compliance with the settlement agreement. I was asked to review the medical services provided to the youth at the Henley-Young Juvenile Justice Center. I performed an initial site visit to the Henley-Young Juvenile Center on September 16 and 17, 2015. My most recent, follow up visit took place on September 20 and 21, 2016.

## Introduction

This report is the result of my 2nd site visit to the Henley-Young Juvenile Justice Center—Detention Division on September 20 – 21, 2016. My impressions, comments and recommendations are based on my observations during the site visit; interviews with staff, management, and youth; review of the health records of the detained youth; my medical education, training and knowledge; my experience working in/with juvenile justice facilities; and my understanding of the standards and current best practices with regard to medical services in juvenile justice facilities.

## Staff Interviewed (in person or via phone)

Anetra Burch, Registered Nurse, Head Nurse
Eddie Burnside, Operations Manager
Vernicia Galloway, Officer
Paige Gathings, Licensed Practice Nurse
V. Cissy McCarty, Regional Director of Nursing, QCHC
Anina Naylor, Director of Nursing, HSA-Site Administrator
S. Wilson, Family Nurse Practitioner
Dr. Zein, Physician

## Youth Interviewed (identities intentionally concealed)

17 yo female, 16 yo female, 14 yo male, and 16 yo male

**Healthcare Vendor**

Quality Choice Correctional HealthCare's contract with Henley-Young ended in September 2015. The current vendor, Quality Correctional Health Care, took over the healthcare operations as of October 3, 2015. This vendor has been in the correctional health care arena for 10 years. At the time of the most recent visit, the current vendor had been in place at Henley-Young for 11.5 months.

**Medical Staffing**

Regional Director of Nursing
The Regional DON covers the entire state of Mississippi for Quality Correctional Health Care. Her corporate office is in Birmingham, Alabama and her regional office is in Ridgeland, Mississippi. She is reportedly on site at the Henley-Young Juvenile Center once per month.

Administrator
There is a Health Services Administrator/ Site Administrator for the four sites in Hinds County: Henley-Young Juvenile Center, Jackson Jail, Raymond Jail, & Raymond Penal Farm. The Site Administrator is reportedly on site at the Juvenile Center once weekly.

Nursing
During the weekdays, there is a registered nurse that works the day shift, approximately 8a-4p. There is a 2nd nurse that works from 4p-12a. The 2nd nurse position remains filled by a licensed practice nurse (LPN). There is no nursing coverage overnight, from 12a-8a. On Saturday and Sundays, an RN works a 12 hour shift each day from 8a – 8p.

Midlevel Clinical Provider
A Nurse Practitioner is on site at the facility for approximately 4-6 hours per week, usually on Fridays.

Physician Provider
Dr. Zein is the physician provider and supervising physician for the Midlevel Clinical Provider. Direct clinical care is provided by the physician provider for 4-5 hours weekly, usually on Mondays. The Nurse Practitioner can access the supervising physician by phone, when needed.

Mental Health Worker
A mental health worker provides services at the Juvenile Center four times per week.

Psychologist
Dr. Kumar is the psychologist that provides onsite services once per week, usually on Wednesday afternoons

**Findings**

- The Regional Director of Nursing was at the facility during my most recent site visit. She was well versed in the standard practices of correctional healthcare delivery.
- There is now an overlap of coverage from day to evening nurse allowing for a shift change report between the incoming and outgoing nurse.
- The licensed practice nurse (LPN) continues to work independently during her shift.
- According to Mississippi Nursing Practice Law and stated in 30 Miss. Admin Code Pt. 2380, Chapter I, nursing assessment is outside of the scope of practice of the licensed practice nurse.
- The transition to Quality Correctional Health Care, a vendor with experience delivering healthcare in correctional settings, has provided a stable framework for creating an effective health care delivery system.
- Some major improvements that have been implemented:
  - A more organized pharmacy delivery system with bubble and/or foil packaged medication with computer labeled patient identifiers.
  - The institution of standardized tuberculosis screening
  - The institution of standardized pregnancy screening in females
  - Nursing protocols for standard sick call complaints

**Recommendations**

- The staffing should allow for additional Clinical Provider hours as needed to meet the needs of the facility. **Provision 12.2 Medical Care**
- The LPN is not permitted to independently perform the assessments needed for sick call or the History and Physical/Mental Health assessment. The LPN has to work with an RN to perform these tasks. The vendor should identify the Mississippi Nursing practice law and code that permits the LPN to perform the assessment duties. **Provision 12.1 Medical Care**
- The new vendor has imported a good framework for correctional health care delivery to the Henley- Young Juvenile Justice Center. However, it is very critical that the vendor make necessary changes to the policies, procedure and protocols to be adapted for care of adolescents. Chronic diseases of adults are not the same as those commonly seen in the adolescent population. Protocol forms were directly taken from the vendor's adult facilities. These forms include questions and terms that require amendments to properly serve the patients at Henley Young, whom are all adolescents.

  - All forms refer to "inmates" as is typical in adult corrections. This term is not used in juvenile justice.

- The sick call request form asks for the inmate ID number, the inmate's signature, etc.
- In addition to the term "inmate", the Special Needs Communication Form also has references to "lower bunks" and "isolation cells" which are not applicable to the Henley -Young facility.
- Chronic Care forms include diagnoses that are NOT associated with juvenile populations, i.e. Chronic Obstructive Pulmonary Disease (COPD), Liver disease, Hepatitis C infection and Cardiovascular Disease.
- Likewise, the medical provider for this adolescent population should be a clinician with expertise in pediatrics and/or adolescents. The information that I garnered suggest that the current physician is an adult medicine specialist without certification or formal training in pediatrics or adolescent medicine

**Intake Screening/History and Physical**

**Findings**

- Nursing staff continues to consistently perform an assessment within 24 hours of admission. Nurses complete the History and Physical/Mental Health Assessment. The Nurse Practitioner (midlevel provider) sees patients referred by the nurses and does not perform a physical on all admitted youth.
- Youth admitted when no nurse is on duty are brought to the clinic the following day to be assessed.
- Youth deemed by detention center staff to need medical attention are sent to the Emergency room for evaluation.
- Tuberculosis screening survey is now being consistently performed at admission. Positive screens result in Mantoux skin test.
- Pregnancy tests are now consistently performed for admitted females.
- Urine drug screens are now performed on admitted youth as part of the admission protocol. The screen tests for 10 different substances and gives results in 4-7 minutes. The testing is not used for forensic purposes.
- Per my chart audits, urine drug screens were consistently performed when the test was in stock. However, for positive drug screens, there was no evidence of further action to address the cases of positive results.
- Cursory physical exams are performed on youth which can result in missed diagnoses. I was told my medical staff that complete physicals including genitalia examination would make the youth "too uncomfortable".

**Recommendations (Provision 1.3 Intake, Provision 12.1 Medical Care)**

- As mentioned in my 2015 report, without advanced training, registered nurses are not permitted to perform the history and physical (H and P) for

admitted youth. This can be corrected by having all History and Physicals by the Nurse Practitioner. Alternatively, this can be corrected by having a physician provide a structured training to the registered nurses on performing the History and Physical. After documentation this training, the RN's could continue their practice of performing the History and Physical with annual refresher training classes by the physician.

- Also as mentioned in my 2015 report, there should be medical staff on duty at the facility or within close physical proximity to the facility around the clock. If that is not achievable, there should be documented formalized training for detention staff on the "intake screening procedure in the absence of medical staff". The training should be explicit in establishing criteria for youth that will require medical evaluation overnight (through the emergency department) before the health staff is on site in the morning.
- Complete physical exams should be performed on all youth including limited skin and foot examination, documentation of Tanner Staging (to ensure appropriate pubertal development), etc.
- There should also be a physician available to consult by phone on the youth admitted if/when there is no medical staff on site.
- There should be an established care plan for youth who test positive for substances/drugs. Consider further evaluation to rule out dependence and/or showing substance abuse prevention videos as an education piece.
- Inventory needs to be appropriately managed to ensure that urine drug test kits are available at all times for admission.

**Sexual/Reproductive Health**

**Findings**

- Female youth are now being routinely screened for pregnancy on admission.
- Per the medical staff, one pregnant youth is admitted approximately every month.
- Detained youth's' Urine Nucleic Acid Amplification Testing (NAAT) samples are still picked up on Tuesday and Fridays and taken to the State Lab to test for Gonorrhea and Chlamydia
- After the results are received, if there is a positive result and the youth is still in the facility, transportation is arranged for treatment at Crossroads Clinic. Transportation orders are usually fulfilled within 1 or 2 business days
- If the youth with a positive test has been released, the staff at Crossroads or from the Health Department is to follow up with the youth by phone.
- HIV testing is still not being routinely offered or performed on any youth

- Of the charts reviewed the average number of days to obtain gonorrhea /chlamydia results was at least 9 days. See "Summary of Chart Findings for Intake Procedures."
- No contraception is offered to female youth even in cases where the patient has previously been pregnant.
- Care for pregnant youth was adequate as assessed by a pregnant patient's chart that was reviewed. Patient received prenatal vitamins daily and was seen by Obstetrician every week.

**Recommendations**

- Given the increasing prevalence of STI's in adolescents nationwide and the fact that Mississippi's Chlamydia rates were 30% higher than the overall US average (www.msdh.ms.gov "Chlamydia Rates by year, United States and Mississippi, 2003-2013"), STI testing and treatment should remain a priority for the detained youth.
- Again, I would recommend that protocols be developed and enacted to ensure more timely delivery of the urine samples to the State Lab for testing. The sooner the samples are taken to the lab, the sooner a positive result can be detected and the sooner treatment can be initiated. Consider having an additional day for transport of samples to the State Lab to promote expedited test results and treatment.
- Single dose treatments for gonorrhea and chlamydia should be considered to be kept on site to be administered to youths with positive STI results to avoid treatment delays associated with transport to Crossroads.
- If the youth is released before Urine STI test results return, the staff from Henley-Young should follow up with the youth by phone to ensure notification occurs and document the notification. This should be done for both positive and negative results.
- Henley- Young staff should be able to provide options for where the released youth can go for treatment during the notification call.
- Given the CDC's recommendation for routine HIV testing for all adolescents, a protocol should be developed and enacted to ensure all admitted youth have access to testing and counseling. This could be achieved through partnerships with local community organizations whose focus is HIV testing and education.
- Consider looking to the CDC and/or other organizations to apply for grant money to pay for HIV testing and counseling if there are no local community nonprofits providing these services.
- Consider offering contraceptive counseling and management to all the female patients at the facility. Starting an effective contraceptive method before release from detention can avert an unwanted teen pregnancy.

**Off Site Care - Emergency Department, Hospitalizations**

**Findings**

- Per my chart review, youths are appropriately sent to the ER for services that cannot be provided at the facility.
- There are usually no accompanying hospital documents from the treating hospital/ Emergency Department when the youth return.
- When the health staff call for results, Emergency department representatives often do not release the medical information.
- Youth are sent to both the University Mississippi Medical Center Hospital (UMMC) and Merritt Hospital of Central Mississippi Medical Center (CMMC).

**Recommendations**

- A formalized agreement, e.g. a Memorandum of Agreement, if not currently in place, is needed between the Detention Center and/ or the Health Care vendor and the University Mississippi Medical Center Hospital and Central Mississippi Medical Center.
- The agreement should delineate a standard protocol for sending physician notes, x-ray reports, and lab test results back to the facility with the patient after discharge.

**Medication Cart**

**Findings**

- The medication cart was much more organized with the majority of medications being clearly labeled from the supplying pharmacy.
- The following list is of items on the cart that were expired:
- Diamode (loperamide) Lot # 3458 expiration date: 06/2016
- Cetirizine Lot # 4J E16078 expiration date: 06/2016
- Petrolatum Jelly expiration date 06/2015
- This was a significantly smaller list than from the previous visit suggesting that there is a much improved process for reviewing and removing explored medications.
- Review of the Medication Administration Record (MAR) revealed incomplete or inconsistent medication names, i.e., Ibu for Ibuprofen, Hydrocortisone Cream without the percentage strength, alternating between generic and brand names.

**Recommendations**

- There should be a protocol to identify all medications with pending expiration dates to remove these medications before the month of expiration.

- Audits by the healthcare administrator will be necessary to ensure that this practice is consistently upheld.
- Proper documentation on the MAR is essential to avoid medication errors.

**Organization of the Medical Chart**

**Findings**

- There was a chart for every youth for whom I requested to review the medical chart.
- The paperwork in charts for active patients was in chronological order.
- Charts reviewed of inactive patients were not as well organized.
- Problem lists were present in the charts but were mostly blank.

**Recommendations**

- There should be a labeled problem list in every chart with important diagnoses listed.
- Papers should be filed in the various sections of the chart in chronologic order with most recent documents on top for all charts.

**Psychiatric Services (covered in full detail by Mental Health expert)**

**Findings**

- There is now a Qualified Mental Health Professional staff at the facility.

**Recommendations**

- Training has to be given to the nursing staff that will be performing the mental health assessments.
- This training should be documented.

**Chronic Care** (**Provision 5.3 –Individualized Treatment Plans Treatment Program for Post-Disposition**)

**Findings**

- One chart was reviewed which documented asthma treatment but it had no Peak Flow measurements recorded for the patient.
- Care for pregnant youth was adequate as assessed by a pregnant patient's chart that was reviewed. Patient received prenatal vitamins daily and was seen by the Obstetrician every week.
- One chart was reviewed which documented diabetic treatment but there was no documented Hemoglobin A1c in the chart or order for the lab to be drawn. This patient was ordered to receive daily accuchecks.

- One chart was reviewed that documented HIV treatment. There was no documented viral load count or order for the lab to be drawn. The patient was receiving pharmacologic therapy.

**Recommendations**

- Asthma patients should have peak flows performed and documented.
- Diabetic patients should have documentation of HbA1c and it should be repeated every 3-6 months based on previous level.
- HIV patients should have viral load performed to ensure appropriate response to therapy

**Sick Call (Provision 12.3 – Medical Care, Provision 12.5 – Medical Care**)

**Findings**

- The nursing staff consistently addresses sick calls within 24 hours.
- LPN's address sick calls independently.
- Discrepancy exists among reports obtained from interviewed youth and administration regarding sick call procedure. I am uncertain if the youth put his/her sick call directly in the box or if the sick call goes through the officer.

**Recommendations**

- Youth must be able to confidentially submit their requests to the medical department. (**Provision 12.5 – Medical Care**)
- Sick calls should be addressed by RN level nurses if Mississippi Nursing Practice Act stipulates such. LPN's should not practice out of their scope.
- Problem Lists need not only be in the chart but labeled for the appropriate patient and have important diagnoses listed to assist in effective sick call triage.
    - Example from chart review: Sick call written on post Admission Day (PAD) #2 – "dizzy/feel like throwing up".
        - Addressed by nursing staff on PAD #3.
        - No reference to recent concussion diagnosis from less than 1 week prior (not on problem list) in evaluation of potentially related complaint

**Access to Daily Large Muscle activity**

**Findings**

- The male youth interviewed reported that outdoor recreation occurred consistently. However, the reports from female youth indicate that recreation is less consistent for the females.

**Recommendations**

- One hour of large muscle activity should be offered to all youth daily. If the youth cannot go outdoors, alternative indoor accommodations must be made.
- Recreation needs to be given to male and female residents alike.

**Meals and Nutrition (Provision 9.1—Meals and Nutrition)**

**Findings**

- The youth interviewed reported that they received three meals daily and a snack.
- Three out of the four interviewed youth reported that the food was "okay" to "good".
- Allergies were identified and documented in 3 out of 8 charts reviewed.
- A Special Needs Communication Form was used for identification of food allergies.

**Recommendations**

- Meals must be specially planned and prepared for youth with life-threatening allergies.
- Allergies must be documented for every patient including "NKDA" (no known drug allergies)
- The drinking fountains with non-potable water should be turned off to prevent accidental ingestion.

**Licensing, Certification, and Background Checks**

**Findings**

- Licensing and certification documents are now being maintained for the medical staff.
- Per Administration, eight (8) hours of training is given to medical staff each year.
- Per my interview with an officer, there is an Automated External Defibrillator (AED) in the school and all detention staff are trained on CPR/ BLS, including the use of AED.

**Recommendations**

- Maintain a formal process to ensure medical staff's license, certification, and Continuing Education (CE) hours are maintained and up to date.
- These records should be readily available
- Proof of background checks is also recommended.

**Internal Review/ Quality Review of Services**

**Findings**

- Administration indicated during this visit that annual evaluations of medical staff would be performed in short order.
- There is no essentially no contact between the nurse practitioner and the supervising physician. The physician does not systematically review the clinical work of the Nurse practitioner.
- Pharmacy audits are performed quarterly. A copy of the last report is to be shared with me under separate cover.
- Quality control logs that are now being maintained include refrigerator temperature logs and sharps counts
- No Clinical Laboratory Improvement Amendments (CLIA) licensure or waiver was noted in the area where labs are collected.

**Recommendations**

- The administrator, or a designee, should perform audits of the work performed by the nursing staff.

  Quality Improvement studies for self-evaluation of the health care program should be an ongoing process to identify and address problem areas
- There should be, at a minimum, annual evaluations for each of the medical staff members. There should be chart audits by the physician to review the work of the midlevel provider.
- Clinical Laboratory Improvement Amendments (CLIA) license or a CLIA waiver should be obtained and posted to demonstrate adherence to laboratory regulations and standards.

**Summary of Chart Findings for Intake Procedures**

| | ID CODE | H&P/ MH eval | Day of H&P/ MH eval | Urine STI Coll Date | STI results | UDS done | TB screen | Prob List | ALL |
|---|---|---|---|---|---|---|---|---|---|
| #1 | BR29 | yes | Day 1 | Day 1 | Pending Day 6 | yes | yes | 1 | no |
| #2 | BM15 | yes | Day 1 | Day 1 | Day 11 | no | yes | 0 | yes |
| #3 | LA06 | yes | Day 1 | Day 1 | Pending Day 8 | yes | yes | 1 | yes |
| #4 | SJ19 | yes | Day 1 | Day 1 | Pending Day 11 | no | yes | 1 | no |
| #5 | WC22 | yes | Day 1 | Day 1 | Pending Day 13 | yes | yes | 1 | no |
| #6 | GB29 | yes | Day 1 | Day 1 | Day 4 | yes | yes | 1 | no |
| #7 | BR05 | yes | Day 1 | Day 1 | Day 7 | yes | yes | 1 | no |
| #8 | GK23 | yes | Day 1 | Day 1 | Day 10 | yes | yes | 0 | yes |

Eight charts were reviewed. Half (four charts) were from the list of 21 youths on the September 20, 2016 daily roster. The other four charts were specially solicited to review charts of patients with chronic care issues such as diabetes, pregnancy, HIV infection and special dietary needs. I reviewed the entire chart in each instance, including documents from the current admission and those from previous admissions.

The chart above summarizes the review on compliance with Intake procedures:

**Initial intake (H&P/MH evaluation):** Was it performed and how soon after admission was it performed?

**Urine STI collection Date and STI results:** Was the urine for gonorrhea/chlamydia screening collected? What day? When were the results received?

(Day 1 is the same day that the patient was admitted, Day 2 would be the day after admission, etc. “Pending Day X” indicates that at the time of the review, it had been X days from admission and the results were not yet received.)

**UDS (Urine Drug Screen):** Was it done – yes or no?

**TB Screen (Tuberculosis screening questions):** Was it performed – yes or no?

**Prob List (Problem List):** 0- No problem list sheet in chart; 1- Sheet present but not filled out; 2-Name and Date of Birth filled out but no other information listed; 3- Name and Date of Birth filled and Patient problems identified on sheet

**ALL (Allergies):** Are allergies documented – either a specific allergy or indication that there are No Known Drug Allergies (NKDA)?

**Summary of Interviews with Youth**

**Youth #1**

Second admission to the detention facility
Physical exam upon each admission, vital signs taken, heart and lungs examined, eyes checked, did not get undressed for physical exam, breast, genital exam was not performed, no Snellen eye test,
Has never had dental services at the facility
No contraception offered despite previous history of pregnancy
Food “is not horrible”, “Portions are enough”
Two days of recreation in 1.5 weeks
Frequent new laundry given but “clothes smell sour”, wants “better bras and underwear”
Receives deodorant and soap
To fill out sick call, youth asks officer for form fills out sick call form and puts it in sick call box.
Sick call information is “kept private”
Agrees that Sick calls are responded to in a timely fashion

**Youth #2**

Eight total admissions in the last 3.5 years
Feels that youth get good care
“Dr. Gomez comes now and again but haven’t seen in a long time”
Physical exam upon each admission but genital exam not performed
Has received health education on “hygiene”
Has never had dental services at the facility
No contraception offered despite previous history of pregnancy
Diagnosed with sexually transmitted infection on nearly every admission
Food “is good”, “No complaints”
Gets 30 minutes of rec each day
To fill out sick call, youth asks officer for form, fills out sick call form, and then given back to staff to put in sick call box.
Never told of test results after they are drawn

**Youth #3**

Four totals admission to the detention facility
History of Attention Deficit/Hyperactivity Disorder
Reports receiving medications consistently
Physical exam performed upon each admission, vital signs taken, did not get undressed for physical exam; genital exam was not performed,
The rash on his anterior chest was never seen during the intake history and physical
"Nasty food", "Portions are right"
"Spaghetti tasted like water, black-eyed peas are hard and salty, and corn is undone"
Goes out "mostly everyday" for recreation – basketball, jogging/running,
Is able to shower daily
Soap is available to wash his hands
Clean clothes are provided.
A drinking fountain that has foul tasting water is still in place but "no drinks from it".
To fill out sick call, youth asks officer for form, gets pencil, fills out sick call form and puts it in sick call box.
Sick calls are responded to quickly

**Youth #4**

Has a history of asthma
Not using an Albuterol pump
Physical exam upon each admission, vital signs taken, heart and lungs examined, ears checked, did not get undressed, genital exam was not performed
Feels he receives "good health care"
Coolers available for drinking water
Food "is okay"
Clean clothes are given
Showers daily
Soap available to wash hands
No dental services on site and "dead" toothpaste
To fill out sick call, youth asks officer for form fills out sick call form and puts it in sick call box.
Sick call information is "kept private"
Believes that Sick calls are responded to in a timely fashion