

APPENDIX B
Delaware Department of Correction, Bureau of Correctional Healthcare Services
Mental Health Substance Abuse Vendor Quality Assurance Indicator Matrix

Subject	Indicator	SCI	JTVCC	BWCI	HRYCI	Aggregate Score	Compliance Goal
MENTAL HEALTH							
Human Resources							
Mental Health Staff Training – Orientation	Orientation: all full-time staff complete in-depth orientation within 90 days of employment						95%
Mental Health Staff Suicide Prevention Training- Initial	Suicide Prevention: staff complete initial suicide prevention training within 30 days of start date						95%
Mental Health Staff Suicide Prevention Training- Renewal	Suicide Prevention: staff complete suicide prevention renewal training annually						95%
CPR & First Aid	CPR: staff maintain CPR certification						95%
Staffing Vacancies – Mental Health	Number of filled mental health FTEs (percentage of minimum staffing filled)						95%
On-Call Psychiatric Coverage	On-call psychiatric services are available 24 hours a day/7 days a week; on-call psychiatric staff respond within 15 minutes of notification						95%
Sick Call							
Face-to-Face Encounter Timeliness	Non-emergent requests for sick call are seen in a face-to-face encounter within 72 hours						95%
Referral to Practitioner Timeliness	If patient is referred to practitioner from sick call, visit occurred within 5 business days (unless emergent/urgent)						95%
Segregation							
Mental Health Rounds at Least Weekly for All Offenders on Segregation	Mental health staff provide cell-to-cell rounds no less than weekly for segregated offenders who do not have a mental health condition						95%
Mental Health Rounds Three Times per Week for Segregation Offenders on Mental Health Roster	Mental health staff provide cell-to-cell rounds three times a week for segregated offenders who have mental health conditions						95%
Evaluation to Rule Out MH Decompensation Prior to Segregation	Mental health staff evaluate offenders with serious mental illness who are placed in segregation within 24 hours of notification of such placement						95%

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Care and Treatment							
Mental Health Referral	Inmates with non-emergent positive screening for MH problems are seen by qualified mental health professionals within 72 hours						95%
Psychotropic Medication Bridge Orders	Inmates on verified psychotropic medications will have medication(s) ordered within 24 hours of intake						95%
Psychotropic Medication Reorder	No lapse in psychotropic medication reorders						95%
Suicide Observations Assessment	Inmates on suicide observation are seen daily for assessment by a qualified mental health professional						95%
Suicide Observations Discharge Follow-up	Inmates released from suicide watch are seen by mental health professional within 24 hours after release						95%
Psychotropic Medication Labs	Laboratory testing for patients on psychotropic medications that require monitoring is completed every 90 days (or more frequently if clinically indicated)						95%
Psychotropic Medication History Follow-up	Inmates on psychotropic medications prior to intake are assessed within 10 days of intake						95%
Serious Mental Illness Psychiatric Services	Psychiatric staff conduct face-to-face or tele-psych contact at least every 30 days for offenders with serious mental illness						95%
Routine Psychiatric Services	Psychiatric staff conduct face-to-face or tele-psych contact at least every 90 days for offenders who are prescribed psychotropic medication but do not have a serious mental illness						95%
Medication Management	All medication changes and discontinuations include documented face-to-face evaluations by psychiatry staff						95%
Treatment Plans – General Population	Individualized treatment plans are completed at least every 180 days for general population offenders receiving mental health services; treatment plan includes discharge planning						95%
Treatment Plans – SCU	Individualized treatment plans are completed at least every 90 days for offenders receiving mental health services in SCU; treatment plan includes discharge planning						95%
Routine Mental Health Services	Case Manager/Primary Therapists/Mental Health Clinicians conduct face-to-face contacts with offenders on the mental health caseload at least every 30 days						95%
Suicide Prevention Program – Suicidal Inmates	Continuous observation of offenders on PCO I is documented						95%

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Suicide Prevention Program – Potentially Suicidal Inmates	Potentially suicidal inmates are monitored on an irregular schedule with no more than 15 minutes between checks						95%
Suicide Risk Assessment	Formalized suicide risk assessment by a qualified mental health professional within 24 hours of the initiation of suicide precautions						95%
Discharge Medication	When notified of an offender’s release date to the community, psychiatric staff write an order for a 30 day supply of psychotropic medications or prescription for same, except when such a supply would risk harm to the offender if taken in sufficient amount						95%
Medication Administration							
Tegretol & Valproate Monitoring	Patients with MH score of 3 or above receiving tegretol or valproate who had drug level(s) measured as clinically indicated and in the therapeutic range (4.0-12.0)						95%
Coumadin- INR Monitoring	Patients in Coumadin clinic have INR maintained in the appropriate range, have Coumadin levels checked as clinically indicated, and a Coumadin clinic and lab log are maintained for each patient on Coumadin						95%
SUBSTANCE ABUSE							
COWS							
COWS – Vital Signs Monitoring	A nurse takes and documents the vital signs of every inmate on COWS protocols on every shift (3 times in a 24 hour period).						95%
COWS – Discharge	If COWS protocols are stopped before 72 hours, there is an order from a physician.						95%
COWS Scales	CIWA scales are completed on each shift (3 times in a 24 hour period).						95%
COWS - Referral to Provider	Any flow sheet score higher than 10, is communicated to a physician promptly and addressed appropriately.						95%
Greentree Program							
SA Treatment - Admission	Substance Abuse Staff complete bio-psycho-social assessment within 10 days of offender's admission to Greentree Program						95%
SA - Face-to-Face Encounter	Counselors conduct face-to-face contacts with program participants at minimum every 60 days at Greentree Program						95%
SA - Treatment Plans Completed	Individualized Treatment Plans are completed within 14 days of offenders admission to a Greentree Program						95%
SA – Treatment Plans/Updates	Individualized Treatment Plans are updated at minimum every 180 days in the Greentree Program						95%

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Key Programs							
SA Treatment - Admission	Substance Abuse Assessment is completed within 3 days of offenders admission to a Key Program.						95%
SA - Face-to-Face Encounter	Individual face-to-face encounter with offender minimum every 30 days by assigned Counselor.						95%
SA - Treatment Groups	Offenders attend self-discovery caseload groups at minimum once per week. Key Program						95%
SA - Treatment Plans Completed	Substance Abuse Treatment Plans are completed within 7 days of offenders admission to a Key Program.						95%
SA – Treatment Plans/Updates	Substance Abuse Treatment Plans/Updates are reviewed and signed by a Clinical Supervisor within 72 hours of offender signing the Treatment Plan.						95%
SA - Treatment Plans Updated	Substance Abuse Treatment Plans will be updated every 30 days in the Key Program.						95%
SA – Mental Health Referrals	Mental Health referral sent within 7 days when offender reports current or recent mental health treatment upon intake into substance abuse program.						95%
SA – Mental Health Documentation	All Mental Health diagnosis and psychotropic medications prescribed are documented in substance abuse chart for offenders receiving mental health treatment.						95%
SA – Co-occurring Disorder Treatment	Offenders enrolled in Substance Abuse Programming that also receive Mental Health treatment have documented Mental Health goals and objectives incorporated into their treatment plan.						95%
SA – Discharge Planning	Discharge Planning completed with offender and placed in chart prior to offender’s scheduled completion. (Including: Relapse Prevention/Recovery Plan and Re-entry Plan).						95%
Crest Programs							
SA Treatment - Admission	Substance Abuse Assessment is completed within 3 days of offenders admission to a Crest Program.						95%
SA - Face-to-Face Encounter	Individual face-to-face encounter with offender minimum every 30 days by assigned Counselor.						95%
SA - Treatment Groups	Offenders attend self-discovery caseload groups at minimum once per week.						95%
SA - Treatment Plans Completed	Substance Abuse Treatment Plans are completed within 7 days of offenders admission to a Crest Program.						95%
SA – Treatment Plans/Updates	Substance Abuse Treatment Plans/Updates are reviewed and signed by a Clinical Supervisor within 72 hours of offender signing the Treatment Plan.						95%
SA - Treatment Plans Updated	Substance Abuse Treatment Plans will be updated every 30 days in the Crest Programs.						95%

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SA – Mental Health Referrals	Mental Health referral sent within 7 days when offender reports current or recent mental health treatment upon intake into substance abuse program.						95%
SA – Mental Health Documentation	All Mental Health diagnosis and psychotropic medications prescribed are documented in substance abuse chart for offenders receiving mental health treatment.						95%
SA – Co-occurring Disorder Treatment	Offenders enrolled in Substance Abuse Programming that also receive Mental Health treatment have documented MH goals and objectives incorporated into their treatment plan.						95%
SA – Discharge Planning	Discharge Planning completed with offender and placed in chart prior to offender’s scheduled completion. (Including: Relapse Prevention/Recovery Plan and Re-entry Plan).						95%
Aftercare Programs							
SA - Face-to-Face Encounter	Individual face-to-face encounter with offender minimum every 30 days by assigned Counselor.						95%
SA - Treatment Groups	Offenders attend self-discovery caseload groups at minimum once per week.						95%
SA - Treatment Plans Completed	Substance Abuse Treatment Plans are completed within 7 days of offenders admission to an Aftercare Program.						95%
SA – Treatment Plans/Updates	Substance Abuse Treatment Plans/Updates are reviewed and signed by a Clinical Supervisor within 72 hours of offender signing the Treatment Plan.						95%
SA - Treatment Plans Updated	Substance Abuse Treatment Plans will be updated every 90 days in the Aftercare Programs.						95%
SA – Co-occurring Disorder Treatment	Offenders enrolled in Substance Abuse Programming that also receive Mental Health treatment have documented MH goals and objectives incorporated into their treatment plan.						95%
SA – Discharge Planning	Discharge Planning completed with offender and placed in chart prior to offender’s scheduled completion. (Including: Relapse Prevention/Recovery Plan and Re-entry Plan).						95%