

ITEM	FOCUS AREA	ACTION PLAN	TITLE RESPONSIBLE PARTY	TARGET DATE	STATUS	DATE COMPLETED	COMMENTS
POLICIES/PROGRAMS							
1	Create a policy or process for an outside consultant or evaluator to review the records of any resident who has been in the inpatient living unit for more than one year.	Department of Children and Families (DCF) shall designate a clinical team from another state treatment facility. This team shall not be from a GEO run facility or consist of DCF headquarter staff. At a minimum, the clinical team shall be comprised of a psychiatrist, psychologist, social worker, registered nurse and other disciplines as clinically indicated.	DCF Chief of Mental Health (MH) Treatment Facilities	7/10/2009	Completed	7/10/2009	DCF has designated Northeast Florida State Hospital (NEFSH) as the facility who will designate a clinical team to review resident files.
		FCCC shall identify all residents currently in the Chronic Care Unit (CCU) who have continuously resided in the unit for greater than one year.	FCCC Clinical Director	7/15/2009	Completed	7/14/2009	A list was provided to DCF by GEO that included all residents currently in the CCU. There are a total of fourteen (14) residents that have continuously resided in the unit for greater than one year.
		FCCC shall copy the files of those identified residents and send to the designated clinical team for review.	FCCC Clinical Director	8/1/2009	Completed	7/22/2009	Electronic copies of files have been received and are being sent FED EX to NEFSH for the Clinical Team to Review.
		The clinical team shall review a minimum of five (5) residents monthly until completed.	DCF Chief of MH Treatment Facilities	9/1/2009	In Progress		Resident Files have been sent to NEFSH for the clinical team to review.
		Florida Civil Commitment Center (FCCC) Policy CL-10, "Residential Mental Health Services", shall be revised to reflect that the residents in the CCU shall have an annual review by the DCF designated clinical team. The clinical team shall review the resident's record to determine progress in treatment in the event they have resided on the CCU for greater than a year.	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	Policy Revision: CL-10 "Residential Mental Health Services" – Reflect Annual Review by designated clinical team.
2	Create a policy or process for accreditation or outside oversight of the inpatient unit.	DCF Contract LI702, Attachment I, Section B.6.a.(8) requires FCCC to achieve full CARF accreditation within 18 months of occupying the new facility.	FCCC Clinical Director	10/31/2010	In Progress		
		FCCC Policy CL-10, "Residential Mental Health Services," shall be revised to reflect that the CCU shall achieve and maintain CARF accreditation standards for Inpatient Treatment (Section 3M).	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	GEO submitted to DCF, Policy Revision: CL-10 "Residential Mental Health Services" – Achieve and maintain CARF accreditation.
3	Create a policy or process for identifying and notifying courts of jurisdiction courts about residents who are not restorable for purpose of competency to proceed.	FCCC Policy ADM-13, "Competency Evaluation and Training," shall be revised to reflect that the court of jurisdiction shall be notified when residents are deemed nonrestorable for purposes of competency to proceed. The report shall be submitted to the court within 10 working days of a finding of non-restorability.	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	GEO submitted to DCF, Policy Revision: ADM-13 "Competency Evaluation and Training" – Reflect court notification.
		The clinical director shall meet with the competency restoration team on a monthly basis to review resident status and ensure reports are being submitted timely.	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	GEO submitted Meeting Minutes: Competency Restoration Team discussion re: Policy ADM-13 and timeliness of court reports.

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4	Create a policy or process for identifying and notifying courts of jurisdiction about residents with severe and persistent mental illnesses who are committed and not participating in sex offender treatment programming as a result of their mental illness.	FCCC Policy CL-4 "Integrated Care Planning" shall be revised pertaining to annual reports to the court of jurisdiction. For committed residents who have severe and persistent mental illnesses, the annual report shall include information on the resident's status, length of stay in the Chronic Care Unit (CCU), and current capacity for meaningful participation in the sex offender treatment program.	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	GEO submitted to DCF, Policy Revision: CL-4 "Integrated Care Planning" . This policy was revised to include annual report information.
5	Create a policy for comprehensive discharge planning for Phase IV residents.	FCCC shall develop and implement a separate policy entitled, "Comprehensive Discharge Planning for Phase IV Residents." The policy shall address vocational aptitude, preparation for return to the workforce, and identification of and planning for barriers to successful community reintegration.	FCCC Clinical Director	8/1/2009	Completed	7/20/2009	GEO submitted to DCF New Policy: CL-22 "Comprehensive Discharge Planning for Phase IV Residents" – Address issues presented in plan of action.
6	Create a policy for screening and assessing all residents for referral for therapeutic sex drive reduction medication, including anti-androgens.	During the intake process, all residents shall be provided with a psychoeducational information sheet that includes types of medications prescribed for sex drive reduction, adverse side effects of medications, potential benefits of medications, and myths. All residents who express interest at the time of intake shall be referred to a psychiatrist for further assessment. Psycho educational information sheets shall be distributed to all current residents by a member of the FCCC clinical team. All current residents who express interest shall be referred to the psychiatrist for further assessment. All residents demonstrating problematic sexual thoughts, fantasies, or behaviors shall be referred for evaluation by a psychiatrist. Issues are identified via resident behavior and information gathered during treatment and case management.	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	Psychoeducational Information Sheets – FCCC Approved the use of and provided copies to residents. Signed sheets will be maintained in the client record. 8/1/09: GEO submitted Form Resubmission: Psycho educational Medication form revised to include resident's level of interest. Now Reference HLTH-52B. Policy Revision: PRG-5 "Routine Mental Health Screening and Evaluation" was revised to reflect the referral to psychiatrist if indicated. 8/1/09: GEO submitted Policy Revision: PRG-5 "Routine Clinical Screening and Evaluation" – Revised to reflect that the resident will receive a copy of the psycho educational material as part of the screening. GEO Submitted to DCF a copy of the referral form utilized when resident is referred to Psychiatry.
		FCCC Policy HLTH-52, "Serotonin Reuptake Inhibitors," and FCCC Policy HLTH-53, "Use of Anti-Androgen Medications," regarding therapeutic sex drive reduction shall be revised to reflect screening and assessment for referral for use of medication, including anti-androgens. Individuals who are interested in further exploring the possible use of medication shall be referred to a psychiatrist.	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	GEO submitted Policy Revision: HLTH-52 "Serotonin Reuptake Inhibitor" – Reflect screening and assessment and referral for use of medications. GEO submitted Policy Revision: HLTH-53 "Use of Anti-Androgen Medications" – Reflect screening and assessment and referral for use of medications. GEO submitted Form Revision: HLTH 52A - Screening tool to evaluate risk and need regarding therapeutic sex drive; Used by therapists whenever demonstrating cause.
		A screening tool shall be implemented at the facility to assist clinical staff in evaluating risk and need regarding therapeutic sex drive reduction. The tool shall be used at the time of admission to assess baseline level, and shall be filed in the medical record. If residents verbalize a request for medication, a note shall be entered in the medical record and the appropriate referral made to a psychiatrist.	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	GEO submitted Form Revision: Intake Screening Form revised to evaluate risk and need regarding therapeutic sex drive; Used at the time of admission.

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		Staff shall be trained on the policy and the tool at the weekly clinical staff meeting.	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	GEO submitted Training Minutes and Sign-In Sheets to provide evidencing of staff training on policy and tool. Dates: 7/2/09, 7/9/09 and 7/23/09.
7	Create a policy that limits the treatment group size for the special needs track to no more than 8-10 residents per group with two co-facilitators.	FCCC Policy CL-1, "Program Description: Comprehensive Treatment Programming for Persons Who Have Sexually Offended," shall be revised to reflect the current practice outlined in the FCCC Program Description which limits treatment group size in Phase II and above for the special needs track to no more than eight (8) to ten (10) residents per group with two facilitators.	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	Policy Revision submitted by GEO to DCF. Policy CL-1 "Program Description" was revised to outline the special needs group size
8	Create a policy that provides for the provision of services to persons with hearing impairments that does not isolate them with other special needs residents.	FCCC shall create and implement a new policy entitled, "Program Services to Persons with Special Needs." The policy shall outline services for special needs clients including ADA limitations. The policy shall clearly provide that residents shall receive individualized care based on their level of need, including ensuring dignity and respect are adequately maintained. Specifically, hearing impaired individuals shall not be located with special needs residents unless clinically indicated.	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	New Policy Submitted by GEO to DCF: CL-23 "Program Services to Persons with Special Needs" This policy outlines services for the special needs population. Policy ADM-6 "Translation of Records and Language Assistance for Residents" has been revised by GEO and submitted to DCF. The policy was revised to add language related to the housing and treatment of residents with special needs
		Staff shall be trained on this policy at the weekly staff meeting.	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	GEO submitted Training Minutes and Sign-In Sheet to provide evidence of staff training on policy and tool. Date: 7/23/09
9	Create a policy outlining expected timeframes for progressing through phases of treatment and for completion of the program as a whole.	The Comprehensive Treatment Program is outcome-based, not time-based. Minimum timeframes shall be added to both the FCCC Program Description and FCCC Policy CL-1, "Program Description: Comprehensive Treatment Programming for Persons Who Have Sexually Offended."	FCCC Clinical Director	7/20/2009	Completed	7/20/2009	GEO submitted to DCF a Policy Revision: CL-1 "Program Description", which now includes minimum timeframes. The Program Description was also revised to include the minimum timeframes.

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10	Create a vocational program that provides meaningful work training and opportunities to assist in re-integration into the community upon release.	<p>FCCC has recently enhanced the vocational program as well as retained a vocational instructor who oversees the vocational program.</p> <p>The vocational instructor facilitates vocational development and planning classes for all Phase IV residents. These services assist residents in acquiring and developing needed skills to successfully reintegrate into the community upon release.</p> <p>The program is based on standards outlined in the CARF manual for vocational programming.</p> <p>As described in Policy CL-1, "Program Description: Comprehensive Treatment Programming for Persons Who Have Sexually Offended," all residents in Phase IV of the Comprehensive Treatment Program receive a vocational assessment. Based on the outcome of this assessment, the treatment team shall develop a vocational plan which may include training in computer literacy (basic computer skills, keyboard training, business and software applications), horticulture, commercial janitorial services, food services, educational programming, and painting.</p> <p>In addition, FCCC offers 2700 hours per week for resident employment opportunities, which provide a variety of work training s</p>	FCCC Director of Programs	7/20/2009	Completed	7/20/2009	<p>GEO submitted to DCF Policy Revision: CL-1 "Program Description", which now includes a Vocational Assessment component.</p> <p>The Integrated Care Plan form was revised to include a Vocational Plan Template.</p> <p>A List of Vocation Program Areas with the number of residents currently working in each area was submitted.</p>
11	Create a program that promotes family involvement at appropriate point in treatment.	<p>FCCC shall implement a family program, as described in Contract LI702 and the FCCC Program Description utilizing four unit managers, that includes offering an orientation session to all newly admitted families of residents, psychoeducational classes for family members to understand the program, and family therapy to residents in Phase IV, to assist with reintegration into the community.</p> <p>As clinically appropriate and with proper consent of the resident, families shall be informed of these opportunities. For example, families shall be notified of these services through the family email network disseminated by FCCC or by regular mail. Documentation of family notification shall be entered in the resident record.</p>	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	<p>Family Correspondence: GEO sent email on 7/24/2009.</p> <p>GEO provided Handout: Family Programming Information Handout introducing the new Family Program to Families and Residents.</p> <p>GEO provided Release Form: Release form to contact family and/or support network.</p>

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12	Create a policy or process for notifying courts of jurisdiction of terminally ill residents.	FCCC Policy HLTH-98, "Care of the Terminally Ill," shall be revised to outline the guidelines for notifying the court and public defenders when a resident is identified with a terminal illness.	FCCC Attorney	8/1/2009	Completed	8/1/2009	GEO submitted Revised Policy: HLTH-98 "Care of the Terminally Ill" – Revised to reflect court/PD notification.
13	Create a policy or process for intake screening that identifies individuals who have special needs, in order to facilitate their immediate placement in programs designed to meet those needs.	FCCC Policy PRG-5, "Routine Mental Health Screening and Evaluation," shall be revised to include screening criteria to identify individuals who have special needs in order to facilitate their immediate placement in programs designed for those needs. The Intake Screening Form shall be modified to capture any special needs/mental health concerns.	FCCC Director of Programs	7/20/2009	Completed	7/20/2009	GEO submitted to DCF Policy Revision: PRG-5 "Routine Mental Health Screening and Evaluation" – To include screening criteria for special needs and Form Revision: "Intake Screening Form" – Form to capture special needs data.
		Staff shall be trained on the revised form during the weekly clinical staff meeting.	FCCC Director of Programs	8/1/2009	Completed	8/1/2009	GEO submitted Training Minutes and Sign-In Sheet to provide evidence of staff training on policy and tool. Dates: 7/23/09.
STAFFING							
14	At a minimum, an additional part-time psychiatrist for residents with severe and persistent mental illness	FCCC shall recruit an additional .5 FTE psychiatrist. FCCC shall utilize a locum's physician network in addition to having a recruitment plan consisting of on-line and print advertising with the American Psychiatric Association (APA), the Society for Correctional Physicians (Corr Docs) and the National Commission on Correctional Healthcare (NCCHC).	GEO Chief Medical Officer	8/1/2009	Completed	8/1/2009	Position is currently being advertised. 8/1/09 Update: Recruit Psychiatrist: FCCC has retained two new part time psychiatrists. FCCC psychiatrist schedule attached.
		DCF Contract LI702, Exhibit B, Staffing shall be amended to include the additional .5 FTE psychiatrist, for a total of 1.5 FTE.	DCF Contract Manager	8/1/2009	Completed	7/29/2009	Contract has been amended and is currently in DCF legal for review. Contract amendment was executed on July 29, 2009
15	Psychiatrist attendance and involvement in team meetings for residents prescribed medication for traditional mental illnesses or prescribed to lower sexual arousal.	FCCC shall ensure the involvement of the psychiatrist in the team meetings held every 180 days for residents prescribed medication for traditional mental illnesses or prescribed to lower sexual arousal.	GEO Chief Medical Officer	8/1/2009	Completed	7/20/2009	GEO has submitted a revised position description for the psychiatrist, which includes this task. Policy CL:4 has also been revised to incorporate involvement of the psychiatrist.
		This involvement shall be added to the psychiatrist's job description. The psychiatrist shall promptly notify the resident's treatment team of any changes to medications or the psychiatric treatment plan. It shall be the responsibility of the treatment team to follow-up with the psychiatrist.	GEO Chief Medical Officer	7/20/2009	Completed	7/20/2009	Revised Psychiatrist job description submitted by GEO to DCF.
		FCCC shall amend policy CL-4 "Integrated Care Planning", to mandate involvement of the psychiatrist in the treatment planning of any resident prescribed medication for traditional mental illnesses or for therapeutic sex drive reduction.	GEO Chief Medical Officer	8/1/2009	Completed	7/20/2009	Revised policy submitted by GEO to DCF. Policy CL-4 "Integrated Care Planning" – Mandates involvement of the psychiatrist
16	Full time psychiatric nurse on residential mental health unit.	FCCC shall assign a full time psychiatric nurse, one team leader and two clinical therapists to the residential mental health units (4 FTEs).	FCCC Health Services Administrator	7/20/2009	Completed	7/20/2009	Revised Table of Organization submitted by GEO to DCF. Revised table of Organization outlines new staffing plan to include full time psychiatric nurse, team leader and two therapists. 8/1/2009 GEO submitted Table of Organization Revision: Revised to reflect the TST reporting structure.

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		DCF Contract LI702, Exhibit B, Staffing, shall be amended to reflect that one of the existing nurse positions is filled with a full-time psychiatric nurse.	DCF Contract Manager	8/1/2009	Completed	7/29/2009	Contract has been amended and is currently in DCF legal for review. Contract amendment was executed on July 29, 2009	
TRAINING								
17	Training to improve Individual Service Plans (ISP) to include regular updates, more individualized content and clear objective and measurable goals. This is applicable to ISPs for the residents with severe and persistent mental illness and	FCCC Policy CL-4, "Integrated Care Planning," shall be modified to include four hours of service planning training yearly.	FCCC Facility Administrator	7/20/2009	Completed	7/20/2009	Policy Revision by GEO submitted to DCF: CL-4 "Integrated Care Planning" – Modified to include 4 hours of service planning training yearly.	
		The GEO Corporate Vice President of Clinical Programs shall provide the initial training on properly completing the service plan and writing observable, measurable, and individualized goals. Attendance shall be taken to ensure full participation by applicable staff.	FCCC Facility Administrator	8/1/2009	Completed	8/1/2009	GEO provided Training Agenda and Sign-In Sheet to provided evidencing of staff training on care planning and documentation. Dates: 7/30/09.	
18	Training to improve communication between Clinical Staff and Therapeutic Security Technician (TST) housing staff to provide continuum of care on housing units.	TST staff shall receive a one-time round of enhanced training and yearly in-service training. During training by clinical staff, TSTs and other training participants are instructed on the necessity of teamwork and appropriate communication of risk and need. This shall be incorporated into the existing curricula.	FCCC Clinical Director	9/1/2009	Completed	9/1/2009	GEO submitted training log of all TSTs who have attended the 40-hour enhanced training. At this time, 100% of filled, non-vacant TST positions have completed the training. GEO submitted training slides which outline the role of TST's to include teamwork and communication. This slide is reviewed during the 40-hour training workshop GEO submitted a random staffing schedule to demonstrate that three TSTs are scheduled to work on the mental health unit.	
		In addition to two (2) TST staff assigned to the residential mental health units, there shall be one (1) additional TST assigned to the Residential Mental Health Unit (3.0 FTEs) to facilitate ongoing training and improved communication with clinical staff.						
		On-going supervision by the team leaders and/or unit managers shall occur.	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	Supervision: Each of the four Unit Managers provide group supervision to the TST's once per month on each shift. Schedule and Topic Review submitted by GEO.	
19	Training and supervision of clinical staff and TST housing staff regarding the specific needs of the special needs track population and how to modify treatment and care for this population.	Clinical staff shall receive training in working with special needs residents from Gerry Blasingame, LMFT, or a comparable consultant in the field, by December 2009 and again by December 2010.	FCCC Clinical Director	12/31/2009 and 12/31/2010				
		TST staff shall receive a one-time round of enhanced training and yearly in-service training. During the yearly training, there shall be a section regarding working with residents with special needs. This training shall be provided by the staff who attended training by Gerry Blasingame or a comparable consultant in the field.						
		FCCC shall designate a minimum of two (2) staff to attend the annual Association for the Treatment of Sexual Abusers (ATSA) conference (or a comparable conference), including workshops on treating sexual offenders with special needs. The staff in attendance shall be required to present current updates in special needs treatment to other FCCC clinical staff upon return to the facility.	FCCC Clinical Director	10/31/2009	Completed	10/30/2009	Annual ATSA Conference: Tim Budz and Robin Wilson attended the attended the ATSA Conference and presented current updates regarding special needs treatment during two (2) clinical team meetings. attendance logs submitted.	

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20	Training for psychiatrists and clinical staff regarding screening, assessment and integration of medications, particularly anti-androgens, as a component of treatment.	<p>Brad Johnson, M.D., a member of the FCCC Treatment Advisory Board, provided anti-androgen training to psychiatrists and clinical staff during May 2007.</p> <p>FCCC shall retain Dr. Johnson or a comparable outside consultant annually, to train psychiatrists and clinical staff regarding screening, assessment and integration of medications, particularly anti-androgens, as a component of treatment. Attendance at the training shall be documented.</p> <p>The GEO Chief Medical Officer shall be responsible for training all new hires occurring between annual training sessions.</p>	FCCC Facility Administrator	1/31/2010			
21	Training to improve discharge planning for residents nearing release from the facility.	<p>FCCC staff shall receive annual training in discharge planning for residents nearing release from the facility.</p> <p>A random sample of discharge summaries shall be reviewed by supervisory staff monthly to ensure adequate discharge planning and to observe and recommend opportunities for improvement to staff.</p>	FCCC Clinical Director	8/1/2009	Completed	8/1/2009	GEO submitted Training Minutes and Sign-In Sheet to provide evidence of staff training on discharge planning. Dates: 7/30/2009.
			FCCC Clinical Director	9/15/2009	On-going	9/14/2009	Sample Discharge Summary Review: Evidence of Supervisory Review to ensure adequate discharge planning and to observe and/or recommend opportunities for improvement.