

CORRECTIONAL MEDICAL AUTHORITY (CMA)
PHYSICAL & MENTAL HEALTH SURVEY
 OF
MADISON CORRECTIONAL INSTITUTION

in
 Madison, Florida
 June 21 – 23, 2000

INSTITUTIONAL STATISTICS PROVIDED CMA ON June 9, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	1427	1310

MEDICAL GRADES				
I	II	III	IV	Impaired
718	394	2	0	0

"S" GRADES				
I	II	III	IV	Impaired
1325	19	0	0	0

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CMA Mental Health Team Leader:
 Christine Tuveson

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Executive Summary

This was the third CMA survey of Madison Correctional Institution conducted in the last seven years. Madison Correctional Institution was constructed in 1988 by the Department of Corrections and houses adult male offenders in minimum, medium and close custody. Health care is also provided offenders housed in a satellite unit. Approximately 175 offenders were in confinement during the survey.

Physical Health

From a physical health perspective, survey results suggested that the health services provided at the institution were generally within acceptable parameters. Documentation of assessments, treatments, referrals, and continuity of care plans in randomly selected medical and dental records appeared appropriate for the offender's medical and/or dental condition in the majority of the treatment areas reviewed. Further, evaluations of the institution's required inservice training records as well as medical/dental administrative policies and procedures, institutional logs, etc. indicated these processes were accurate and well organized.

There were two specific areas of concern identified during the survey. There were concerns related to incomplete initial assessments and a failure to obtain required laboratory studies in some episodic and chronic disease records reviewed. There was no evidence that daily infirmary rounds were consistently conducted as required. These concerns resulted in the issuance of two Level II clinical management citations.

Mental health

The mental health program was staffed by three professionals and one support position. The following work was completed by the mental health team: orientation, record screening, crisis intervention, group therapy, and confinement rounds and evaluations. Nineteen offenders were on the mental health caseload.

Survey team members identified several clinical and documentation concerns in the records reviewed. Their findings included assessments that did not include thorough histories of mental and medical events; broad based and predominantly used diagnoses of “relational problems” and “phase of life;” interventions limited to group therapy and case management services; and the categorization of S2 offenders as “transient” seemingly to reduce paperwork. The data collected raised significant concerns regarding clinical contacts following a psychological emergency. Documentation suggested that the use of psychotropic medications as a treatment option was discouraged. The survey team identified one Level I citation, six Level II citations and two additional issues. The citations are summarized below.

	Physical Health	Mental Health
Level I	0	1
Level II	2	6
Additional Issues	0	2

All conclusions were based on a random sample review of medical records; interviews with offenders, health care providers and security staff; and a physical inspection of the institution.

Physical Health

Strengths

1. The institution's required inservice training records and medical/dental administrative policies and procedures, institutional logs, etc. were accurate and well organized.
2. The assessments, treatments, and/or continuity of care plans, as documented in the emergency care records, appeared appropriate for the offender's presenting problem.
3. The assessments, treatments, and/or continuity of care plans documented in the asthma, diabetes, and seizure records, and in the records selected for general record review appeared appropriate for the offender's chronic medical condition

Citations - Level I

(For an explanation of the Categories of Citations, see page **Error! Bookmark not defined.**)

There were no Level I citations noted during this survey.

Citations - Level II

Clinical Management

1. Concerns related to incomplete initial assessments and/or a failure to obtain laboratory studies were noted in four of eight (50%) sick call records, in seven of eleven (64%) hypertension records and two of seven (14%) INH prophylaxis records reviewed.
2. There was no evidence that daily infirmary rounds were consistently conducted as required in four of six (67%) infirmary records reviewed.

Additional Issues Noted

There were no additional issues identified during this survey.

Mental Health

Strengths

1. Policies, logs and mental health records were well organized, current and complete.

Citations - Level I

Clinical Management

1. Response to the declaration of a psychological emergency did not include indicated follow-up in eight of nine records reviewed (89%).

Citations - Level II

Clinical Management

2. Psychological assessments, when completed, did not consistently integrate an offender's past medical or mental health history.
3. Biopsychosocial assessments were frequently not completed since the offenders were categorized as "transient S2" and only participated in group therapy.

4. Surveyors found that current diagnoses did not reflect the synthesis of documented history and current symptoms. In several instances, the concerns of offenders who had been treated with psychotropic medications were dismissed, discounted or addressed as manipulative.
5. Service planning, as reflected in ISPs (individualized service plans) was not individualized.
6. The most frequently employed interventions documented in the records were “relaxation techniques” and group therapy. Very minimal individual therapy was documented.

Additional Issues Noted

7. Neither the offender handbook nor the handout provided at orientation addressed the right to consent.