

CORRECTIONAL MEDICAL AUTHORITY (CMA)

PHYSICAL & MENTAL HEALTH SURVEY

OF

UNION CORRECTIONAL INSTITUTION

in

Raiford, Florida

November 30 – December 3, 1999

INSTITUTIONAL STATISTICS PROVIDED CMA ON NOVEMBER 18, 1999				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Minimum-Maximum	Male	1,952	1,670

MEDICAL GRADES				
I	II	III	IV	Impaired
770	648	242	37	0

"S" GRADES				
I	II	III	IV	Impaired
945	153	557	30	12

Physical Health Executive Summary

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

Union Correctional Institution (UNICI) is a close custody institution for minimum/maximum custody adult males. The institution reported a capacity of 1,952 beds. Their offender census at the time of survey was 1,670. At the time of survey occupied beds totaled 1,670, a decrease of 110 offenders from the 1996 survey. The institution also contained a death row unit which consisted of 336 cells. The main portion of UNICI was initially constructed in 1936 and a mental health inpatient unit was added in 1994.

This survey resulted in two Level II citations. One Level II citation concerned assessment and clinical management deficiencies. The remaining Level II citation addressed limitations in the pharmacy program.

Strengths were noted in the pharmacy operations. Given significant physical plant limitations they had absorbed a greatly increased workload since the previous survey, processing approximately 1,500 prescriptions daily. Also, there were no identified deficiencies in the episodic care and a majority of the chronic disease clinic records reviewed. Previously cited deficiencies that had been found corrected during the 1997 corrective action plan (CAP) assessment visit remained corrected during this survey.

Physical Health Strengths

1. Although constrained by serious physical plant deficiencies, pharmacy services managed to handle a dramatic increase in services. Services are currently provided to six institutions and two work camps with 1,500 prescriptions dispensed daily. A larger facility was being renovated for pharmacy use during the survey.
2. There were no identified deficiencies in the episodic care and a majority of chronic disease clinic records reviewed.

Physical Health Citations - Level I

There were no Level I citations noted during this survey.

Physical Health Citations - Level II

Clinical Management/Documentation

1. Six of seven hypertension clinic records reviewed lacked evidence of monitoring for medication side effects.

Administrative

2. Due to the growth in services and the number of institutions served, pharmacy telecommunications equipment was inadequate for the program needs.

Physical Health Additional Issues Noted

There were no additional issues noted during this survey.

Mental Health Executive Summary

This was the third Correctional Medical Authority (CMA) survey of the mental health delivery system at Union Correctional Institution (UNICI).

Union Correctional Institution remains a maximum custody institution for adult males with a maximum capacity of 1,952. The pre-survey questionnaire (PSQ) indicated there were 1,670 occupied beds. As in previous surveys, approximately 35% of the beds were single cells in confinement, close/protective management and death row. According to the PSQ, the total outpatient (S2/S3) population represented 43% of the occupied beds. When including the 18 crisis stabilization unit (CSU) beds and the 34 transitional care unit (TCU) beds, the mental health caseload represented 46% of the occupied beds. The PSQ indicated that mental health patients represented 88% of those housed in disciplinary confinement and 53% of those housed in close management. As in previous surveys, offenders on the mental health caseload appeared to be over-represented in confinement/close management based on their overall percentage of the population.

Of note is the intention of the Office of Health Services to integrate the operations of Union Correctional Institution, Florida State Prison and New River Correctional Institution by January 2000. Health care will be provided to the three offender populations under the management of a single medical executive director.

Overall, the mental health program demonstrated significant improvement. The medical executive director exhibited strong and competent leadership in developing the program. There were no significant systemic findings resulting from the current survey and the citations issued in the 1996 report remained corrected.

However, there was one Level I citation regarding the treatment of a death row offender who completed suicide by hanging.

Mental Health Strengths

1. The medical executive director provided strong and competent leadership in the delivery of medical and mental health care. Her leadership has significantly contributed to the improvements in the mental health program since the 1996 survey.
2. Records reflected that difficult to manage, self-injurious offenders with mental illness and behavioral problems were appropriately managed at Union Correctional Institution.
3. There was an organized effort to assess and treat patients in the transitional care unit whose mental and emotional functioning had been adversely affected by head injuries.
4. The psychology department implemented a weekend schedule that enhanced continuity of care for inpatient and outpatient offenders, and for suicide observation patients.

Mental Health Citations - Level I

Clinical Management/Documentation

1. A death row offender's significant psychotic symptoms including paranoia and complaints of hallucinosis were not addressed pharmacologically as indicated, or in documentation of assessment and treatment planning. Furthermore, the rationale for not using anti-psychotic medication was not documented. The offender completed suicide by hanging.

Mental Health Citations - Level II

There were no Level II citations noted during this survey.

Mental Health Additional Issues Noted

2. Documentation provided for review indicated that while there had been an effort to increase continuing education opportunities, there was little specialized mental health training for mental health and correctional staff.
3. Nursing and offender interview data indicated that security schedules and workloads at times created an impediment to access to mental health services.
4. A written description of the mental health program was not posted on the compound.