

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

in  
**Bonifay, Florida**

April 18 – 20, 2000

<b>INSTITUTIONAL STATISTICS PROVIDED CMA ON April 3, 2000</b>				
<b>Population</b>	<b>Custody</b>	<b>Type</b>	<b>Maximum Capacity</b>	<b>Current Occupied Beds</b>
<b>Adult</b>	<b>Close</b>	<b>Male</b>	<b>1247</b>	<b>1096</b>

<b>MEDICAL GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>762</b>	<b>355</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>"S" GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>1412</b>	<b>44</b>	<b>1</b>	<b>0</b>	<b>0</b>

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# 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.

Holmes Correctional Institution (HOLCI) was established in 1987. The institution provides minimum, medium and close custody levels for a maximum capacity of 1247 adult male offenders. Additionally, there were two satellite units; Holmes Work Camp with a maximum capacity for 287 offenders, and Caryville Work Camp with a maximum capacity for 133 offenders. According to the pre-survey questionnaire (PSQ) prepared by the institution on April 3, 2000, the health care unit at this institution was serving a total of 1428 offenders with medical/psychological grades one through two.

The Correctional Medical Authority (CMA) previously surveyed this institution on March 26 – 28, 1997. The survey findings for physical health listed two Level I citations, three Level II citations, and one additional issue. The survey findings for mental health listed one Level I citation, one Level II, and three additional issues. On December 4, 1997, CMA staff returned to assess corrective actions taken on identified issues. The closure files reviewed for physical health contained documentation verifying correction on four citations and one additional issue selected for review. The closure files reviewed for mental health contained documentation verifying correction of all citations and issues identified in the report.

## **Physical Health**

In the previous physical health survey the citations were categorized under access and clinical management. Under access, there was an average waiting period of eight months for routine/non-emergency dental services due to the elimination of a staff dentist position. Under clinical management there was evidence that 86% of infirmary, 14% of sick call, 100% of emergency care, 33% of seizure, and 27% of asthma records reviewed either contained cursory evaluations of symptoms, inappropriate diagnosis, and limited or delayed treatments. Additionally, the records contained incomplete or missing documentation. The

physical health section of this report contains one Level I citation and one Level II citation with some similar to the 1997 survey findings.

### **Mental Health**

The prior survey of mental health documented a lack of thorough assessment of depressive symptoms in the suicide observation cases reviewed. In the current mental health survey, this area was improved as suggested by review of suicide observation and “alternative housing” cases. However, current survey findings suggest that safe and appropriate observation practices did not consistently accompany the housing of self-injurious/suicidal inmates in “alternative housing”. The other major concern noted in the current survey was the practice of posting mental health call-outs in dormitory common areas. This practice violates the privacy of the offender receiving mental health services, possibly resulting in stigmatization and its consequences in the prison environment. The findings also detected numerous strengths of the mental health program at HOLCI as well as staff concerns about recent personnel reductions and the future impact of the loss of a psychological specialist position on their ability to meet the mental health needs of HOLCI offenders. The mental health section of this report contains two citations, and one additional issue.

# Physical Health

## Strengths

1. Documentation prepared by the institution for the survey team to review was presented in an organized and detailed fashion.
2. All sick call, diabetes, and seizure records selected for review indicated that assessment, treatment and follow-up care was appropriate. Additionally, all records selected for comprehensive record review indicated that assessment, treatment and follow-up care was appropriate.

## Citations - Level I

### Access

1. Nine (60%) of 15 dental records reviewed indicated a delay in treatment/follow-up care.

## **Citations - Level II**

### **Clinical Management**

2. Five (50%) of ten hypertension, and three (60%) of five TB/INH prophylaxis records lacked required assessments

## **Additional Issues Noted**

There were no additional issues noted.

# Mental Health

## Strengths

1. The mental health logs were organized, up-to-date and well maintained by the mental health clerk.
2. There was documentation of timely orientation to mental health services in all of the records reviewed.
3. The majority of offenders interviewed indicated satisfaction with the quality and availability of mental health services.
4. Documentation suggested offender requests for mental health services were answered in a timely and appropriate manner.
5. Documentation of record screening and psychological assessment was thorough and timely in all records reviewed.
6. Records of offenders receiving mental health services reflected timely case manager assignments and biopsychosocial assessments in all cases reviewed.
7. Individualized service plans (ISPs) were appropriately completed, timely, behaviorally written and relevant to offender needs in all cases reviewed.
8. The clinical rationale for placing the offenders in alternative housing was clearly documented and assessment of depressive symptoms was thorough.

## **Citations - Level I**

There were no Level I citations noted during this survey.

## **Citations - Level II**

### **Access**

1. Call-out lists identifying offenders having mental health appointments were routinely posted in the dormitory common areas where other inmates could read them.

### **Clinical Management**

2. The housing of self-injurious/suicidal inmates in “alternative housing” (a non-retrofitted confinement cell) was not consistently accompanied by safe and appropriate practices in the four cases reviewed:
  - a) In four of four cases reviewed there was no follow-up by mental health staff within seven days of discharge from alternative housing as required.
  - b) In two cases the orders for alternative housing did not specify the observation intervals to be used to ensure offender safety.
  - c) In one case no observations were recorded on the observation checklist (DC4-650) for a portion of the time the offender was in alternative housing.

- d) Documentation, staff and offender interviews suggested that continuous observation per a Region I policy memorandum did not occur with any of the four cases reviewed.

## **Additional Issues Noted**

3. A concern existed about continuity of care for offenders when the “roving psychological specialist” was called away to work at other institutions