CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

OF

LIBERTY CORRECTIONAL INSTITUTION

in

Bristol, Florida

January 30 - February 1, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA ON 1/22/01				
Population	**Custody**	**Type**	**Maximum Capacity**	**Current Occupied Beds**
Adult	**Close**	**Male**	**2,006**	**1,610**

CMA Physical Health Team Leader:
Paul R. Cornish

Physical Health Team Members:
John Baker, M.D.
Edward Zapert, D.M.D.
Elaine Hatcher, A.R.N.P.
Debbie Kings, R.N.

CMA Mental Health Team Leader:
Deborah McNamara, L.C.S.W.

Mental Health Team Members:
Angela Register, Ph.D.
Jane Wynn, L.C.S.W.
Joan Mack, R.N.
Kaye Harris, R.N.

OVERVIEW

On February 1, 2001, the Correctional Medical Authority completed a physical and mental health survey of Liberty Correctional Institution (LIBCI), located in Bristol, Florida. At the time of the survey, LIBCI served an adult, male population of approximately 1,600 inmates assigned to medical and/or psychological grades 1 and 2. Inmates requiring complex medical/dental care or psychotropic medication/inpatient mental health services were not housed at this institution.

Medical Grade	*1*	*2*	*3*	*4*	*Impaired*
	644	**412**	**0**	**0**	**2**
Psychological Grade (S-Grade)	*1*	*2*	*3*	*4*	*Impaired*
	1,566	**39**	**0**	**0**	**6**

A total of 93 inmates were in special housing (i.e., segregated housing) as follows: 63 in disciplinary confinement and 30 in administrative confinement. There were no close management inmates at the time of the survey.

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the standards of care established by the Department of Corrections and with standards equivalent to those provided to citizens in the community at large.

During the course of the three-day evaluation, the survey team examined the institution's health-related administrative systems, toured inmate housing and health treatment areas, reviewed 150 medical/dental and mental health records, and examined various other pieces of documentation maintained by the institution related to the provision of care. (For a more detailed explanation of the procedures followed by the survey team, refer to the Survey Process Section.)

Surveyors used several methods of evidence collection to support their conclusions:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, service/treatment plans, schedules, logs, administrative reports, physician orders, medication administration reports, meeting minutes, training records, etc)

- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

A thorough review of the physical health-related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of care generally revealed no significant departures from the Department of Corrections' standards or with standards generally accepted in the community at large. The one exception revealed during administrative reviews involved a possible continuity of care issue, whereby a process was not firmly in place to ensure a physician who referred an inmate for consultation outside the institution reviewed the consultation report upon the inmate's return. Otherwise, survey findings suggest the staff of LIBCI is providing an appropriate level of physical health care to the inmate population. In addition, internal monitoring and corrective processes for physical health issues, practiced through the guidance and cooperation of regional staff, appear to be in place.

Findings from a review of the mental health program were less positive, and revealed a significant disparity between the provision of physical and mental health services. A review of the documentation and systems indicated need for improvement in several areas. Chart reviews of those inmates placed in Alternate Designated Housing Cells were of greatest concern, as, consistently, documentation did not reflect a full assessment of suicide risk level and appropriate monitoring.

In the area of Outpatient Mental Health Treatment, four findings were identified. A variety of groups were needed to meet the needs of the inmate population. Participants in the current group did not have Individualized Service Plans that reflected their individual problem descriptions and goals. In 57% of records reviewed, required case management was not provided. No Individualized Service Plan (ISP) log was maintained, and mental health appointments were posted in common areas, thereby breaching confidentiality.

Two problems were identified regarding access to mental health care. Two entries were discovered on the inmate request log that did not have corresponding requests filed in the medical record. Additionally, no system was in place to track response times for psychological emergencies, thereby eliminating the ability to verify the required one-hour response time requirement.

Although surveyors noted deficiencies, both inmates and correctional staff that were interviewed voiced positive comments about the quality of services rendered by the mental health department. Inmates felt comfortable seeking assistance from psychology staff with confidence that appropriate care would be given.

At the conclusion of the survey, an exit conference was held on site with institutional and regional staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following a detailed analysis of the data collected during the survey, and contain suggestions for corrective actions and/or other comments if applicable.