

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

in
Century, Florida

CONDUCTED

March 21 – 23, 2000

INSTITUTIONAL STATISTICS PROVIDED CMA ON MARCH 3, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	1345	1312

MEDICAL GRADES				
I	II	III	IV	Impaired
919	393	0	0	0

"S" GRADES				
I	II	III	IV	Impaired
1299	12	0	0	0

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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.

Century Correctional Institution was last surveyed in 1997. As in 1997, the institution housed minimum to close custody adult male offenders. The maximum capacity of the institution was 1,345 offenders (compared to 1,184 in 1997). As in 1997, medical and mental health services were provided to the Century Work Camp, the Berrydale Forestry Unit, and the Pensacola Work Release program. The maximum capacity of the three satellite units combined remained at 659 offenders.

Under phase three of the legislatively mandated health care consolidation program (HCC3), Century Correctional Institution is a Level 2 facility. This means that the institution houses offenders with chronic medical problems but who are generally stable. The medical profile of the offender population had changed with the addition of 78 medical grade three offenders (no medical grade three offenders were housed at Century in 1997). The mental health profile remained essentially the same as in 1997.

Physical Health Summary

Health care services at Century Correctional Institution were strengthened by the presence of a number of providers with long terms of employment at the institution. That contributed a measure of stability to the health care delivery system. Offenders offered generally positive remarks regarding the health care services.

Deficiencies fell most significantly in two areas of assessment. One area of concern was inadequate assessments that occurred during sick call and emergency care events. In another area of review there were deficiencies in initial assessments for two of five chronic illness clinics. Additional areas of concern were found in documentation requirements for infirmary rounds, and responses to offender requests and grievances. The chief health officer (CHO) was on-call 24-hours per day, seven-days per week, for medical, dental and

mental health emergencies. He was also assigned to another institution one day each week. However, he was not provided a cellular telephone for emergency responses to institutional calls. He was given a telephone credit card, but when away from fixed telephones, that required securing a public telephone in a rural area.

Mental Health

As in 1997, the mental health program served a majority of psychiatric grade one (S1) offenders. There was a small caseload of 13 S2 offenders who required routine mental health services (compared to 23 S2 offenders in 1997). Over 250 sex offenders were housed at the institution. The mental health positions allocated and filled consisted of one senior psychologist, one psychological specialist (there were two psychological specialist positions allocated in 1997), and one mental health clerk. The senior psychologist was not responsible for any other institution in the region. With the exception of there being no active treatment groups, there were no significant mental health survey findings.

Overall, the physical health and mental health survey findings resulted in the issuance of the following citations:

	<u>Physical Health</u>	<u>Mental Health</u>
Level I	1	N/A
Level II	1	1
Additional Issues	3	3

Physical Health Citations

Strengths

1. The wellness program was very active at the institution and included a 14 week program with 32 participants. The wellness coordinator stated that six of ten enrollees in the initial smoking cessation program had successfully graduated from the four-week Phase I class.
2. Reviews of chronic illness clinic records and general record reviews found clinical notes that were typed and well documented.
3. Interviewed offenders offered generally positive remarks regarding health care services.

Citations - Level I

Clinical Management

1. Assessment and clinical management deficiencies were identified in the sick call and emergency care records reviewed. Five of nine (56%) sick call and one of nine (11%) emergency care records lacked adequate clinical management of the presenting conditions. Five records demonstrated a failure to provide comprehensive assessments of the presenting symptoms and one record revealed a four-month delay in a referral for follow-up care.

Citations - Level II

Clinical Management

2. Records reviewed from the hypertension and TB/INH clinics demonstrated deficiencies in initial assessments.

Additional Issues Noted

3. A review of numerous requests and grievances from an offender regarding recommended special needs showed a lack of coordination between involved staff and unresponsive replies to the offender.
4. The chief health officer was on-call 24-hours a day, seven days per week. He also provided physician coverage at another institution one day each week. Although requested, he had not been provided a cellular phone to expedite his response to emergency calls from the institution. He had been given a telephone credit card that required finding an available public telephone in order to respond.
5. Three of five (60%) infirmary records lacked documentation of either infirmary rounds during the week or weekend telephone contact.

Mental Health Citations

Strengths

1. The mental health staff was proactive in identifying offenders who were at risk of developing mental health problems.
2. Offender requests for mental health services were responded to in a timely and appropriate manner.

Citations - Level I

There were no Level I citations identified during this survey.

Citations - Level II

1. Treatment groups were not provided by the mental health department despite the indicated need.

Additional Issues Noted

2. In the rare event that an emergency treatment order (ETO) might be indicated, there was no institutional operating procedure that addressed the issue.
3. The offender handbook was not available in Spanish.