

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

in

Lake City, Florida

October 27 - 29, 1998

<b>INSTITUTIONAL STATISTICS PROVIDED CMA ON OCTOBER 13, 1998</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>Female</b>	<b>1335</b>	<b>1080</b>

<b>MEDICAL GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>408</b>	<b>337</b>	<b>304</b>	<b>49</b>	<b>39</b>

<b>"S" GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>
<b>670</b>	<b>40</b>	<b>387</b>	<b>0</b>	<b>4</b>

**Physical Health Executive Summary**

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

Columbia Correctional Institution (COLCI) was constructed in 1992. The institution provides minimum, medium and close custody levels for a maximum capacity of 1335 adult male offenders. Additionally, there were two satellite units; Cross City Community

Correctional Center, and Columbia Work Camp. Both satellite units combined had a maximum capacity for 392 inmates. According to the pre-survey questionnaire (PSQ) prepared by the institution on October 13, 1998; the health care unit at this institution was serving a total of 1080 inmates.

The Correctional Medical Authority (CMA) previously surveyed the physical health system of this institution on August 23 – 25, 1995. On May 8, 1996, CMA staff returned to assess corrective actions taken on six citations (two Level I citations and four Level II citations) identified in the survey report. The closure files reviewed contained documentation verifying correction on four citations and partial correction on two citations.

In the previous survey the citations involved clinical management/documentation and administrative issues. The citations under clinical management/documentation involved a lack of appropriate assessment and/or treatment of manifested clinical symptoms, and a lack of necessary documentation. The administrative citation involved inappropriate application of the inmate co-payment policy by the institution's health care staff.

This report contains one Level I citation, one Level 2 citation, and one additional issue.

## **Physical Health Strengths**

1. Overall, documentation prepared by the institution for the survey team to review was presented in an organized and detailed fashion.
2. All COPD/Asthma, Diabetes, TB/INH Prophylaxis, and Dental records reviewed indicated that assessment, treatment and follow-up was appropriate and timely.
3. Overall, there were no concerns expressed by inmates regarding the access to health care services.

## **Physical Health Citations - Level I**

### **Clinical Management/Documentation**

1. Two mortality records reviewed lacked critical documentation regarding assessments and treatments. Therefore, the clinical management of the inmates could not be adequately evaluated.

## **Physical Health Citations - Level II**

### **Clinical Management/Documentation**

2. Five episodic records, all infirmary records, four chronic illness records, and one general review record lacked required documentation.

## **Physical Health Additional Issues Noted**

3. The infirmary log was inconsistently maintained.

## **Mental Health Executive Summary**

The survey of Columbia Correctional Institution (COLCI) was conducted on October 27-29, 1998, and the operation of the institution's mental health program was in a transitional phase. Until mid-year, 1998, the institution housed only psychological grade S1 and S2 close management adult male inmates. Based on the results of the last CMA survey conducted in August 1995, the institution conducted a fairly well-organized mental health program. Approximately July 1, 1998, or about three months prior to the latest CMA survey, the institution's mission was amended to include the addition of psychological grade S3 inmates, and comprehensive, psychiatric services. Since this transition occurred, approximately 400 S3 inmates have been transferred to Columbia Correctional Institution.

Survey conclusions, which were based on a random sample of medical records; interviews with inmates, health care providers and security staff; and a physical inspection of the institution, suggested the transition was not as smooth as would be hoped. Overall, it appeared at the time of the CMA's visit, the institution's mental health program was operating in a "crisis mode", rather than in an organized and orchestrated day-to-day manner.

The first and foremost concern identified during the survey dealt with mental health staff vacancies and/or position allocations. Although the allocation of two psychiatrists and one psychologist appeared appropriate for the size of the institution, questions arose as to whether only eight psychological specialists and one clerical support staff positions were sufficient to meet the needs of the close management and S2/3 inmate population. Staffing issues were further complicated due to vacancies in the senior psychologist and one psychological specialist positions.

Although some support and supervision appeared to have been provided through the department's Regional Health Services Office, day-to-day direct supervision and administrative oversight of the psychology program was lacking. This was evidenced by the disarray noted in several mental health program administrative functions reviewed, such as the accuracy of administrative logs, operating procedures, data entry efforts, and

the identification of special needs inmates. And, although it appeared the clinical management of those inmates most in need of immediate mental health services was adequate, the often non-specific nature of documented case management and individualized service plan notes reviewed made this determination difficult to specifically determine. Further complicating a fair evaluation of the mental health services provided was the often poor maintenance of medical records, which either were missing completed forms or contained misfiled documentation.

Survey conclusions resulted in the identification of five Level I Administrative, three Level II Access, three Level II Clinical Management, one Level II Administrative citations and two Additional Issues.

## **Mental Health Strengths**

1. In spite of a recent mental health caseload increase, staff morale appeared to remain high. (Page(s) **Error! Bookmark not defined.**)
2. Inmates interviewed generally expressed overall satisfaction with the mental health care provided. (Page(s) **Error! Bookmark not defined.**)

## **Mental Health Citations - Level I**

### **Administrative**

Concerns were noted regarding critical staff vacancies; e.g., a senior psychologist, and allocations for only eight psychological specialists and one clerical support staff position. (1986 DC Mental Health Services Plan; Minimum Standard)

1. Due to a vacancy in the senior psychologist position, concerns were noted regarding the quality and timeliness of administrative and professional supervision of

psychological specialists and the administrative oversight of the psychology department.

2. Although the staffing pattern appeared consistent with comparable institutions, the survey team regarded the allocation of only eight psychological specialist positions as insufficient, particularly given the relatively high number of close management and newly assigned psychological grade S3 inmates housed at the institution.
3. Concerns were noted that the allocation of only one mental health clerical staff support position was inadequate to effectively maintain current policies and procedures manuals, institutional operating procedures, tracking logs, data entry efforts, etc.

A general sense of disorganization was pervasive within the mental health program. (1986 DC Mental Health Services Plan; DC Health Records Manual; Minimum Standard)

4. Administrative logs, policies and procedures, and data entry efforts were incomplete, inaccurate, and/or reflected overdue reviews and revisions.
5. Information provided about medication errors was incomplete and lacked the detail necessary to evaluate the effectiveness of the tracking program in place.

## **Mental Health Citations - Level II**

### **Access**

6. Required and/or recommended group therapy sessions were not routinely offered.
7. Orientation to mental health services was not documented as required in five of 10 S3 records reviewed.
8. Information garnered from tracking logs and provided by the institution regarding inmates designated as sexual offenders and/or developmentally disabled (IQ less than 70) did not match the information documented in the inmate's respective medical records.

### **Clinical Management**

9. Four of seven S2 and seven of 10 S3 records reviewed contained individualized service plans in which documentation appeared to be only minimally specific; e.g., did not clearly document individualized problems and/or linkage with documented problems and treatment goals.
10. Four of 10 S3 records reviewed contained mental health progress notes that lacked the specificity needed to adequately obtain a sense of the process followed for treatment interventions.

### **Administrative**

11. Several medical records reviewed were in disarray and were missing and/or contained misfiled forms. Progress notes were often illegible and/or not dated, timed or signature stamped. Several records also appeared to be in need of thinning and/or the opening of a subsequent volume.

**Mental Health**  
**Additional Issues Noted**

12. Mental health access information was not routinely posted in inmate dormitories or elsewhere on the compound.
13. No Spanish language orientation materials were available.