

## COLUMBIA C.I. SUPPLEMENTAL REPORT

For CMA Survey Conducted February 25-28, 2003

### PHYSICAL AND MENTAL HEALTH SURVEY FINDINGS REQUIRING OHS INTERVENTION

In addition to the survey findings of Columbia C.I. referenced in the main body of the survey report (which fall within the scope of the institutional staff to correct), there were two further areas of concern related to mental health. These findings are based on standards adopted by the CMA, but not addressed in OHS policy, procedure, or directive, or on other issues beyond institutional control. Therefore, corrective actions at the institutional level can be initiated only by or with the authority or intervention of the OHS.

The items listed below identify the finding, the name of the audit instrument used by the CMA surveyors and the specific screen number, if applicable, and what criteria were used to determine the standard was not met.

#### MENTAL HEALTH

1. **Staffing was inadequate to consistently deliver required mental health services in a timely and thorough manner.** Refer to the *CMA Mental Health Systems Review* instrument, Outpatient Mental Health Services (question 9).

This was also the primary finding of the CMA survey conducted in February 2000 with findings of cursory mental status evaluations, lack of timely orientation to mental health services, lack of case manager services, limited individual therapy, and lack of treatment groups. Many of these issues continue as findings today (refer to the body of the report). The mission of the institution remains complex with over 460 S3, 120 S2, and 270 close management inmates. Additionally, there have been considerable changes in the requirements of the close management program. The close management inmates will eventually be transferred out of Columbia and this should reduce the mental health workload a certain extent. Nevertheless, the majority of the outpatient inmates will remain at the institution.

The mental health staff pattern has not changed since February 2000 and consists of two psychiatrists, one senior psychologist, one senior LPN, one RN specialist, one data entry position, and eight psychological specialists. One psychological specialist position was vacant at the time of the survey. The senior psychologist has made significant changes in workload distribution to achieve more equitable and stable caseloads for the psychological specialists under his supervision. However, psychological specialist caseloads remain between 70 and 80. The psychiatrists have caseloads in excess of 225 each.

2. **Hour of Sleep (hs) psychotropic medications were given too early in the day.** Refer to the *CMA Mental Health Systems Review* instrument, Psychotropic Medication Practices Systems Review (question 2).

On the occasions that his medications are prescribed, it is in the best interests of the patient to administer the medications at the appropriate time of evening.

**PHYSICAL HEALTH**

There were no OHS findings specifically related to physical health.