



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## BREVARD CORRECTIONAL INSTITUTION

in

Cocoa, Florida

on

March 13 – 15, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on March 2, 2001				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Youthful Offender	Close	Male	1129	1023

**CMA Physical Health Team Leader:**

Diana Picolo, R.N., R.M.

**CMA Mental Health Team Leader:**

Deborah McNamara, L.C.S.W.

**Physical Health Team Members:**

Eugene Crouch, M.D.  
Robert Weston, D.D.S.  
Barbara Murphree, P.A.  
Lori Monaghan, R.N.

**Mental Health Team Members:**

Sherry Roth, Ph.D.  
Deborah Hart, L.C.S.W.  
Frances Jacobs, A.R.N.P.



## OVERVIEW

On March 15, 2001 the Correctional Medical Authority concluded a physical and mental health survey of Brevard Correctional Institution (BRECI), located in Cocoa, Florida. At the time of the survey, the BRECI health care unit served a male youthful offender population of approximately 1417 with medical grades one through four and psychological grades one through three. Additionally, there was a satellite unit, Brevard Work Camp with a maximum capacity for 263 youthful offenders. Youthful offenders requiring complex medical/dental care or inpatient mental health services were not housed at this institution.

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
	<b>748</b>	<b>267</b>	<b>22</b>	<b>1</b>	<b>3</b>	
<i>Psychological Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
	<b>959</b>	<b>29</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>0</b>
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	<b>75</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 CMA and with prevailing professional practice standards. For a detailed description of the survey goals and processes refer to the "Survey Process" section of this report.

During the course of the three-day evaluation, the physical health survey team examined the institution's health care services, toured inmate housing and treatment areas, and conducted staff and inmate interviews. Additionally, the survey team reviewed 89 medical records related to the services provided by the institution.

The majority of the physical health services reviewed demonstrated compliance with the Department of Corrections' standards or with standards generally accepted in the community at large. However, there were concerns noted with some of the services reviewed under the following headings:

- administrative,
- chronic illness clinics such as, asthma, diabetes and TB/INH,

- episodic care involving sick call and emergency care,
- intrasystem transfer,
- medication administration route (MARs) forms,
- mortality and,
- pill call.

For specific information regarding the areas listed above, refer to the body of the report.

When the CMA last surveyed BRECI in 1998, the mental health department was determined to be providing appropriate care with innovative approaches, displaying only strengths to the surveyors. The department continues to display many strengths, including high regard expressed for the mental health department by many inmates and staff. The working relationship between institutional departments is positive and cooperative, thereby reinforcing access to mental health treatment. All staff interviewed expressed concern for the welfare of the population they serve and eagerness to explore options to improve the care they provide, such as utilizing interns and practicum students from universities and offering groups tailored to the needs of the youthful offender population. Group interest and attendance was high at this institution, notably so in the area of sex offender treatment.

Since 1998, there have been changes in the composition of the mental health department. Brevard C.I. was not classified as an institution capable of treating inmates with disorders requiring psychotropic medication due to a lack of psychiatric staff, however, at the time of the survey there were 35 inmates on psychotropic medication at BRECI. Off-site psychiatrists employed at Central Florida Reception Center (CFRC) provided psychiatric care. In addition, the sole senior psychologist at BRECI was assigned to CFRC two days per week.

A review of mental health systems and record reviews revealed several deficiencies in the documentation and organization of the mental health department. Record reviews, Service Planning Interviews, Biopsychosocial Assessments, Treatment Plan Updates, Psychiatric Evaluations, and Sex Offender Screenings did not occur within required time frames in many records reviewed. The Treatment Team did not meet on a regularly scheduled basis, which contributed to missing, incomplete, or late Individualized Service Plans. Several records reviewed indicated that follow-up care was scheduled, but no evidence of contact was present in the record. Initiation of aftercare planning was not present in the record for those inmates reviewed who were within six months of release.

In the administrative practices of the mental health department, there were findings as well. Two required logs were not being maintained, "S-III Treatment Refusers and "Admissions to Infirmary Isolation Rooms". In addition, there was no formalized tracking system for psychological emergencies to document the required response time of one hour. Finally, seven months prior to the survey, the

mental health building was closed due to health and safety concerns. As a result, staff members were relocated to several different buildings throughout the institution, none being in close proximity to any other.

At the conclusion of the survey, an exit conference was held on site with department 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 an analysis of the information collected during the survey. Where recommended corrective actions are provided, these recommendations should not be construed as the only action required to demonstrate correction, but should be viewed as guidance for development of a corrective action plan.