



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

INDIAN RIVER CORRECTIONAL INSTITUTION

in

Vero Beach, Florida

on

June 7, 2010

CMA Physical Health Team Leader:

Priscilla Wood, BS

CMA Mental Health Team Leader:

Jane Holmes-Cain, LCSW

Physical Health Team Members:

Phillip Barkley, MD
Mark Heifferman, DDS
Wendy Suckow, PA
Sue Brown, RN
Pat Meeker, RN

Mental Health Team Members:

Andrew Daire, LMHC, PhD
Joseph Cheries, PsyD

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DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
463	Male	Close	2

Institutional Potential/Actual Workload

Main Unit Capacity	484	Current Main Unit Census	463
Annex Capacity	n/a	Current Annex Census	n/a
Satellite Unit(s) Capacity	n/a	Current Satellite(s) Census	n/a
Total Capacity	484	Total Current Census	463

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	448	26	0	0	0	
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	456	18	0	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	49	13	7	n/a	n/a	n/a

OVERVIEW

Institutional Description

Indian River Correctional Institution (IRCI) is a youthful offender camp that houses male inmates ages 14 to 18 of minimum, medium and close custody levels and is designated as a medical grade 2, psychological grade 2 facility. Primary medical services are rendered for all inmates. Sick call is offered five days per week.

The overall scope of health services provided at IRCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and an infirmary for medical care. Inmates requiring observation for mental health reasons are sent to neighboring institutions with an available bed.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at IRCI June 7, 2010. Record reviews evaluating the provision and documentation of care, a review of administrative processes, and a tour of the physical plant were conducted.

Exit Conference and Final Report

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey.

PHYSICAL HEALTH FINDINGS

The survey team reviewed 85 records and there were no deficiencies that would warrant corrective action. The CMA staff shared the few issues that were revealed through the record review and a copy of the preliminary findings was given to the Health Services Administrator.

Medical records at Indian River CI were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat. Interviews with inmates, nursing staff, and security staff were consistently positive.

The institutional staff provided good clinical management and monitoring of inmates. It was also evident that security staff works very well with medical staff to ensure inmates receive the care they need. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing the required health care to the inmate population.

MENTAL HEALTH FINDINGS

IRCI provides outpatient mental health services only. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at IRCI:

- S1-Inmate requires routine care (sick call or emergency).
- S2-Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

Currently IRCI has a behavioral health specialist who is on-site two days per week. The Sr. Mental Health Clinician is on-site one day per week. At the time of the survey there were 18 inmates with a psychological grade of S2. Staff provides case management services, performs weekly rounds in confinement, answers inmate requests, responds to psychological emergencies and conducts a weekly anger management group. IRCI does not have cells certified for Self-Harm Observation Status, therefore inmates requiring observation for mental health reasons are sent to a neighboring institution.

Surveyors conducted a thorough review of inmate records and no significant findings were noted. A few issues were brought to the attention of staff however they were corrected on-site. For instance, the medical call-out posted in the dorm specified medical and mental health call-outs. To ensure inmate confidentiality, surveyors recommended the call-out only indicate the inmate had an appointment for medical reasons. Staff was able to easily remedy this issue. The mental health program description was not posted in Spanish in the housing areas; however a Spanish version was posted by the end of the day of the survey.

Although a few minor issues were noted, overall documentation provided in the records was adequate and assessments were completed in a timely manner. Inmates voiced satisfaction with the mental health services provided. It is evident from the lack of findings that staff is providing appropriate services to the inmates. It is recommended that if the S2 population increases, there should be a comparable increase in coverage by mental health staff. The mental health department at IRCI is to be commended for the lack of findings in this report.

No corrective action plan is required by the CMA for mental health.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- (1) to determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- (2) to promote ongoing improvement in the correctional system of health services; and,
- (3) to assist the Department of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining if inmates:

- Have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- Receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- ◆ 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, treatment plans, schedules, logs, administrative reports, physician orders, service 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

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office, security or program area staff.