

**CORRECTIONAL MEDICAL AUTHORITY (CMA)
MINUTES FROM BOARD MEETING
August 5, 2014
TALLAHASSEE, FLORIDA**

AGENDA ITEM - DISCUSSION

LOCATION: The Correctional Medical Authority held their monthly board meeting via conference call at 1-888-670-3525; Conference Code: 6468673392#, from Tallahassee, Florida. Notice of the meeting was published and emailed to CMA members.

MEMBERS PRESENT: Dr. Peter C. Debelius-Enemark, Dr. Harvey Novack , Annette Phelps, Leigh-Ann Cuddy, and Ryan Beaty

MEMBERS ABSENT: Dr. Katherine Langston (reason for absence unknown), Mr. Lee Chaykin (due to illness)

DOC REPRESENTATIVES PRESENT: Tom Reimers, Dean Aufderhneide, Dr. Olu Ogunsanwo, Collean D'Acquisto, Dr. Long Do, Stephen Whitfield, Dr. Thomas Shields, David Randall, Dr. Fairbanks, Laura Carter

CMA STAFF PRESENT: Jane Holmes-Cain, Teri Palmer, Kathy McLaughlin, Rachel Brock

EOG/OPB/PSU REPRESENTATIVES PRESENT: Kristen Manalo

CORIZON REPRESENTATIVES PRESENT: Elaine Carpino-Pettegrow, Kelly Durm, John Dallas

WEXFORD REPRESENTATIVE PRESENT: Marty Kovacs

DMS REPRESENTATIVE PRESENT: Mike Weber, Neil Morris

CALL TO ORDER: Chair - Dr. Peter C. Debelius-Enemark officially called the meeting to order at 2:02 p.m. and attendees introduced themselves.

❖ **APPROVAL OF THE JUNE 2014 CMA MINUTES:**

Chair - Dr. Peter C. Debelius-Enemark – Board member Leigh Ann Cuddy did not have the current meeting minutes to be approved therefore, the vote will be postponed for acceptance of the June 2014 minutes until next month.

❖ **BOARD MEETING SCHEDULE:**

Chair – Dr. Peter C. Debelius-Enemark asked the board if the first Tuesday of each month at 2 pm was an acceptable board meeting time. Ryan Beaty moved to have the board go to a monthly meeting format for the 2014-15 Fiscal Year under this time schedule which would be subject to change with notice and Leigh Ann Cuddy seconded the motion. With no objections, the motion passed.

❖ **DIRECTOR’S REPORT:** Jane Holmes-Cain - Executive Director

Survey Reports: South Bay CF survey completed in June with a small number of findings, ten in physical health mostly related to documentation and vaccines not given as required. There were four findings in mental health relating to inmate requests, medications not being continued and aftercare planning.

Sumter CI survey in July also had a small number of findings with 14 in physical health findings similar to South Bay and including some assessment concerns in Infirmary as well as three mental health findings related solely to Self-harm Observation Status requirements.

Marion CI took place in July as well with 31 physical health findings. Many were related to documentation and missing vaccines however some were related to the timeliness and accuracy of clinical services. The five mental health findings were related to SHOS, Inmate Requests and Sex Offender Screenings.

Discussion: Board Member, Ryan Beaty questioned the vaccine issue that is a common finding among the institutions, if it is standard that all inmates get vaccinated and what is the gravity of this common finding. Dr. Ogunsanwo (DOC) reports that inmates in Chronic Illness Clinics should usually be vaccinated for the flu or pneumococcal and that the Department would block out days seasonally to gather all appropriate inmates for needed vaccinations and that he believed Corizon had plans to

do that as well. Additionally, he felt that many inmates were in fact getting the vaccinations but the documentation was not being completed and that the main concern would be for those inmates in respiratory or HIV clinics would be at greater risk for health complications if they were to contract the flu or pneumonia.

Mr. Beaty also asked about the mental health findings related to Self-harm Observation Status having missed observations and Director Holmes-Cain explained that some of the required 15 minute observation checks in SHOS were missing as well as incomplete assessments.

CAP Reports: South Florida Reception Center had an on-site CAP assessment at the Main Unit in June, where 43 out of 47 physical health findings were closed leaving only four open and ten of 24 mental health findings closed with 14 remaining open. Eleven of these findings could not be closed due to insufficient monitoring only. We will return in September for another CAP assessment. There was an off-site assessment of the South Unit as they did not comply with the agreed upon CAP which included 23 physical health findings. There were no mental health findings from the original survey.

Jefferson CI's second CAP assessment took place in June as well and of the remaining open findings, 14 of 18 were closed in physical health, leaving four open and eight of 23 mental health finding closed leaving 15 open. We will complete a third assessment at Jefferson in a couple of months.

Zephyrhills third off-site assessment took place in July for the five remaining mental health findings of which only one was closed. The open findings could not be closed due to insufficient monitoring.

Taylor CI CAP assessment was on-site in July and there was some improvement with some findings closing, however many findings were not adequately or correctly monitored. We are hopeful that if they monitor correctly during this next monitoring period that many of their findings will close. On the Main Unit physical findings had 17 out of 49 physical health findings closed and 22 of 45 closed at the Annex. Four of 27 mental health findings closed in the Main Unit 10 of 22 were corrected in the Annex.

The first CFRC assessment conducted in July was held off-site after it was determined that the facility was non-compliant with the agreed upon CAP. Therefore, all findings will remain open and they will need to monitor for the next three to four months before we complete an on-site assessment.

Discussion: Board Member Annette Phelps expressed her ongoing concern that the CAP plans appear not to be taken seriously and inquired about the next steps to be taken to achieve this. John Dallas of Corizon reported that they had difficulty at CFRC and Zephyrhills where there was a lack of attention and misunderstanding regarding the monitoring, but assures the board this is being taken seriously. He reports that they put significant resources into Taylor to improve that situation and mentioned that they had met with Ms Holmes last week to discuss some action plan items. They will collaborate with CMA to provide a WebEx training regarding the monitoring process and all institutions will utilize a standardized monitoring tool such as the one being used at Taylor. They will communicate with all of their facilities as to the importance of these CAPs. Regional directors will make monthly site visits to ensure compliance with CAP requirements and spot checks of the audits. We will incorporate this into our CQI. Regional Directors will report the results of site visits at biweekly meetings with Corizon leadership. There has been direct one on one discussions with personnel at these facilities regarding expectations. Mr. Dallas assures the board that this is their number one priority.

Board Member Harvey Novack echoed Ms. Phelps' concerns and wanted to know what happens in general if institutions continue to be noncompliant with the Corrective Action Plans. Tom Reimers of DOC reports there are several ways they handle non-compliance beginning with weekly contract meetings to discuss these items, site visits when necessary such as those that have taken place at Taylor CI. They met with Corizon staff and the warden to determine a plan of action. They went back three to four weeks prior to the CAP assessment to review progress and identify priorities. There have been two leadership teams in place. The first team didn't work out but Mr. Reimers reports he feels the new team appears competent to handle the situation at Taylor. Corizon has dedicated a lot of other resources to Taylor as well. Similar actions have taken place at Zephyrhills. DOC has their own contract monitoring going on as well as a follow-up review. The contract managers make site visits as well. These are types of informal mechanisms. Mr. Reimers reports that recent formal communications have been issued to contractor executives regarding compliance issues. A couple have been issued in relation to CAP noncompliance. They have seven days to respond with a plan to address these concerns. The expectation from the Department is that once an issue reaches the level of a formal communication then it will be taken care of by the contractor. John Dallas reports they do make management changes when needed and want to give the institutions the resources they need to take care of these issues and are trying to do so as this is a top priority.

Dr. Novack asked what the worst case scenario would be if things are not followed through; how far this would go, how high up does it go. Tom Reimers indicated that DOC's leadership is briefed on these issues including the Secretary and that there is a process. There are termination clauses under the contract that could be exercised if it came to that however we are not at the point where you would go to that step. There are intermediate steps such as meeting with corporate leadership and things of

that nature. The formal communication to executives is the strongest communication we have and we have exercised this on a couple of occasions.

Mr. Beaty expressed his disappointment that this was the second or third meeting with bad reporting and discussing these CAP issues and he would hope that there would be some improvement seen at the next meeting or the board would not want to continue to pass on these issues without further action. Mr. Reimers agreed with this assessment and shared that he and Jane are in communications and sharing information and Mr. Beaty felt this was a positive action in consideration that the DOC would have to be the entity hold people accountable in the event that improvements are not made. He stated that he felt the WebEx is a positive way to get the get the information to the people that are doing the work. John Dallas also reports being appreciative of the communication with the CMA Director and expressed their commitment to put out a quality product and make improvements.

❖ **CMA QUALITY MANAGEMENT COMMITTEE MEETING:**

Teri Palmer – Program Analyst

The QMC met with representatives from DOC to discuss the vendor arrangements with the private contractors and will be gathering tracking data from the Department to be reviewed for trending issues and possible reformatting. The next quarterly meeting will be held the end of September for case reviews.

❖ **NEW BUSINESS/MISCELLANEOUS:**

None

❖ **ADJOURNMENT:**

The meeting was adjourned at 2:40 p.m.

Respectfully submitted,

Teri Palmer, BSW