

**CORRECTIONAL MEDICAL AUTHORITY (CMA)
MINUTES FROM BOARD MEETING
OCTOBER 30, 2013
TALLAHASSEE, FLORIDA**

AGENDA ITEM - DISCUSSION

LOCATION: The Correctional Medical Authority met on October 30, 2013, in Tallahassee, Florida. Notice of the meeting was published and mailed to CMA members.

MEMBERS PRESENT: Dr. Peter C. Debelius-Enemark

MEMBERS ABSENT: Dr. Katherine Langston, Annette Phelps

MEMBERS PRESENT BY PHONE: Lee Chaykin, Ryan Beaty and Dr. Harvey Novack, Leigh-Ann Cuddy

DC REPRESENTATIVES: Dr. Olugbenga Ogunsanwo, Assistant Secretary of Health Services, Tom Reimers, Director of Health, Administration and Programs, Dr. Dean Aufderheide, Mental Health Services Director, Steve Whitfield, Pharmaceutical Service Director and Dr. Tom Shields, Dental Services Director

WEXFORD REPRESENTATIVE: Jim Reinhart

CMA STAFF PRESENT: Jane Holmes-Cain, Priscilla Wood, Holli McLanahan, Matthew Byrge, Kathy McLaughlin and Lynne Babchuck

CMA STAFF ABSENT: Rachel Brock

CMA LEGAL REPRESENTATIVE: Breck Brannen

CALL TO ORDER: Chair, Dr. Peter C. Debelius-Enemark officially called the meeting to order at 1:10p.m. once a quorum had been met.

❖ **APPROVAL OF THE APRIL 2013 CMA MINUTES:**

Chair, Dr. Peter C. Debelius-Enemark – The board motioned to approve the July 2013 CMA minutes.

❖ **INTRODUCTION OF CMA NEW BOARD MEMBER:**

Dr. Debelius welcomed Leigh-Ann Cuddy who fills the mental health seat. Ms Cuddy has 10 years experience in the mental health and criminal justice fields. She is currently employed as a Criminal Justice Planning Analyst for Osceola County. She serves as the Crisis Intervention Team Coordinator and co-chairs the Mental Health and Substance Abuse Committee for Osceola County

❖ **DIRECTOR'S REPORT:**

Jane Holmes-Cain, Executive Director

Four surveys have been completed since the last meeting and reports have been published. We are also on track with the expenditures for FY 2013-2014. We feel that our cost saving measures are working.

We have also begun the Correction Action Plan process (CAP). Institutions have 30 days after release of the report to submit a corrective action plan that addresses each of the findings in the report. Typically the plan involves staff training and weekly monitoring of each finding or submitting work orders or invoices if it's an equipment or physical plant issue. The CAP is sent to OHS for approval then to us for final approval. Institutional staff monitor for three to four months then we do either an on-site or off-site review. For an on-site review, we review their monitoring tools and training rosters and will often pull records to look at each specific issue to ensure it has been corrected. If it is a physical plant issue, we will make sure the issue is addressed. For off-site reviews we ask institutional staff to mail copies of work orders or invoices for physical plant or equipment issues and the training rosters and monitoring tools for clinical issues and back-up documentation based on our CAP assessment we write a report and address each finding individually and indicate if the finding is closed or will remain open. If the issue remains open we will provide justification for leaving the finding open. If the finding is closed, the

institution will no longer be required to monitor. However if the finding is still open, we will conduct another CAP assessment in another 3 or 4 months. This process will continue until all findings are closed. We'd like to be able to go back to each institution but it is not economically feasible. We feel it is best to be able to talk with staff and randomly pull records to determine if the issues have been corrected. We base our decision on whether to conduct an on or off-site review on the number and severity of the findings. For example, we would do an on-site review if there are several findings that are clinically significant such as inmates not receiving medications as prescribed, not being seen in confinement, not receiving consultations when ordered etc. We may opt to conduct an off-site review if the majority of the findings are documentation issues that do not have a clinical impact such as lack of documentation of patient education or documentation of case manager assignment.

Staff has begun work on the Annual Report and is in the process of finalizing the data. Our next meeting will be a short meeting by phone to approve the report so that we can deliver it to the Governor, Senate and House of Representatives by January 1, 2013

The CMA Staff has been active in numerous work groups and reported on activities.

- **Budget and Policy Workgroup (B&P) – Holli McLanahan**

The B&P Workgroup met on October 24th to discuss the Department's Legislative Budget Review. We forwarded numerous questions to Tom Reimers at the Department and plan to meet again on November 21st.

- **Corrections Infection Workgroup (CIW) – Kathy McLaughlin**

The CIW is a collaborative group comprised of members from Department of Juvenile Justice, Department of Corrections, Department of Children and Families (Substance Abuse and Mental Health offices), Sexually Transmitted Disease Program and Tuberculosis Program and CMA. The CIW is led by a representative of the Department of Health HIV/AIDS and Hepatitis program and meets on quarterly basis. The purpose of the workgroup is information sharing, program development and education, and advocacy on issues related to HIV/AIDS, STD, TB and/or hepatitis in correctional setting and to improve infectious disease screening for inmates across the state of Florida. The CIW publishes a newsletter in the spring and fall, called the Disease Lockdown that deals with infectious disease issues with a targeted audience of inmates & employees in corrections setting. In the past the CIW has hosted the Infectious Disease in Correctional Facilities Summit. This meeting highlighted best practices for inmate health care and disease control within institutions.

❖ **DEPARTMENT OF CORRECTIONS – OFFICE OF HEALTH SERVICES (OHS) REPORT:**

Dr. Olugbenga Ogunsanwo, Assistant Secretary of Health Services
Tom Reimers, Director of Health Services, Administration and Program
Dr. Dean Aufderheide, Mental Health Services Director
Steve Whitfield, Pharmaceutical Services Director
Dr. Tom Shields, Dental Services Director

– **Pharmaceutical Services - Steve Whitfield, Pharmaceutical Services Director**

Pharmaceutical services are a part of a statewide pharmacy bid that is being conducted by DMS. They have realized cost savings by pooling pharmaceutical services. We are currently in phase one of a two phase process.

– **Privatization Update – Tom Reimers, Director of Health Services Administration and Program**

- 10 year partnership with a cost saving of at least a 7 percent.
- Wexford executed its contract December 18, 2012 to cover the 9 institutions in South Florida. The contract was executed in two phases (March 10 – 5 institutions and March 24 – 4 institutions). 91 percent of the DOC employees were offered positions with Wexford.
- Corizon executed its contract to cover the remaining institutions on October 15, 2012 but lost 9 months due to legal challenges. Employee transitions were completed October 13, 2013. Some mental health staff were not retained due not being licensed or license-eligible. There is a statutory exemption for mental health staff in correctional institutions that applies to state agencies only. This is the largest privatization of correctional health care in the country

– **Contract Monitoring – Tom Reimers, Director of Health Services Administration and Program**

- In 2007 contract monitoring was primarily administrative and was separated by contract monitoring and contract management roles. The monitoring was based on a risk-based approach to determine if a desk review or on-site review was appropriate. There is no longer have regional structure. The new approach is focused on clinical monitoring and performance measures and is monitored under the supervision of discipline directors. The DOC monitoring is designed to complement CMA and ACA/NCCHC reviews.
- 17 contract monitors for the three regions in the state. There are two statewide monitors (1 Clinical Pharmacy Monitor and 1 Clinical Dental Monitor) and five regional monitors in each region (2 Clinical Nurse (Medical) Monitors, 1 Clinical Mental Health Monitor, 1 Administrative Monitor/Team Leader and 1 Data Analyst). Dr. Ogunsanwo and Dr. Do will be available to consult when needed. Each institution will be monitored every six months and Central Office will provide oversight of the corrective action plans. Wexford and Corizon reimburse DOC for the cost of the monitors.
- Training was conducted September 24th. The first mock monitoring exercise was conducted the week of October 7-11 at Dade CI, SFRC – reception center measures only and Lowell CI-dialysis and women’s measures only. The exercise was to test the validity of the monitoring instrument and we are currently making revisions to the instruments based on feedback. The second exercise is to be conducted at Charlotte CI the week of November 4-8. We plan to start monitoring institutions run by Wexford in December.
- The monitoring is based on 191 performance measures in Dental, Pharmacy, Medical, Mental Health and Administration. Each director covered the performance measures for his/her discipline.

❖ **CMA GENERAL COUNSEL’S REPORT:**

Mr. Breck Brannen is the CMA new General Counsel. He is the President and CEO of Pennington Law Firm. The firm also represents Tallahassee Memorial Hospital as well as other organizations. Mr. Brannen represented the CMA since 2004.

There are no pending legal issues regarding the CMA.

❖ **NEW BUSINESS/MISCELLANEOUS:**

Ms Holmes will contact members regarding a time for the next meeting to approve the annual report.

The meeting was adjourned at 2:13 p.m.

Respectfully submitted,

Holli McLanahan