

**CORRECTIONAL MEDICAL AUTHORITY (CMA)
MINUTES FROM BOARD MEETING
June 24, 2014
TALLAHASSEE, FLORIDA**

AGENDA ITEM - DISCUSSION

LOCATION: The Correctional Medical Authority met on June 24, 2014, in Tallahassee, Florida. Notice of the meeting was published and emailed to CMA members.

MEMBERS PRESENT: Dr. Peter C. Debelius-Enemark

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

MEMBERS ABSENT: None

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

CMA STAFF PRESENT: Jane Holmes-Cain, Teri Palmer, Matthew Byrge, Kathy McLaughlin, Lynne Babchuck, Rachel Brock

CMA LEGAL REPRESENTATION PRESENT: Breck, Brannen

EOG/OPB/PSU REPRESENTATIVES PRESENT BY PHONE: Kristen Manalo

CORIZON REPRESENTATIVES PRESENT: Elaine Carpino-Pettegrow (by phone), Kelly Durm, John Dallas

WEXFORD REPRESENTATIVE PRESENT: Marty Kovacs and Don Hulick (by phone)

CORRECTIONAL HEALTHCARE REPRESENTATIVE PRESENT: Dan Ronay (by phone)

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

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

Chair - Dr. Peter C. Debelius-Enemark – With a quorum present, board member Lee Chaykin moved that the minutes be approved and Leigh Ann Cuddy seconded the motion. There were no objections and the motion passed.

❖ **BOARD MEETING SCHEDULE:**

Chair – Dr. Peter C. Debelius-Enemark asked the Executive Director, Jane Holmes-Cain to outline her request to have the board meeting schedule changed to a monthly rather than quarterly format. This would allow the board to focus more on the survey reports and corrective action assessments and if the board members wanted input from DOC or the private contractors they could be included and only annually meet face to face with all parties. Areas of concern needing immediate improvements could be handled in a timelier manner if addressed on a monthly basis.

Ryan Beaty moved to have the board go to a monthly meeting format for the 2014-15 Fiscal Year and Lee Chaykin seconded the motion. With no objections, the motion passed.

❖ **DIRECTOR’S REPORT:**

Jane Holmes-Cain - Executive Director

A refresher on how the survey process works; following a survey the CMA staff produces a report to which the institution has 30 days to complete a corrective action plan (CAP) which must be approved by OHS and the CMA prior to the end of the 30 day time period. Once the CAP is accepted by the CMA, the institutions must complete three to four months of CAP

monitoring. The CMA staff is starting to request a copy of the institutions monitoring document after the first month to identify any issues with appropriate monitoring to address these problems immediately as opposed to discovering facilities have been inaccurately monitoring or neglecting to monitor all CAP items at the end of the monitoring period. This has been done a couple of times and the areas of concern have been addressed. Each finding typically has 10 records reviewed bi-weekly on a document listing the record reviewed, the applicable finding, and if the record was in compliance or not. After the three to four month monitoring period, the CMA requests all of the documents to determine if an on-site or off-site review should be completed. If these documents show that the monitoring is incomplete or inaccurate, the staff will not assess those findings and the institution will have to continue their monitoring efforts for an additional three to four months. If monitoring is appropriate, we will assess those findings for possible closure which will be published in the CAP reports. It is understood that monitoring is time consuming for prison staff but they are encouraged to be diligent in an effort to correct these deficiencies as quickly as possible in order for the CMA to close out these CAPs which ensure that the findings have been corrected. It is also costly for the CMA to repeatedly have to travel to the institutions for ongoing CAP assessments.

Florida State Prison survey completed in April included a Main and West Unit. Physical health findings were mostly related to documentation rather than quality of care; there were 16 findings in the Main Unit and 26 findings in the West Unit consisting of such items as baseline and historical data or missing vaccinations. Mental health findings included 8 at the main unit with one of the concerns being inmates not consistently being taken out of their cells in this close management institution for group therapies therefore it takes two security personnel to accomplish this but the Warden and Psychological Services Director took immediate action to correct this issue. There were only three findings on the West Unit.

Gadsden Correctional Facility was surveyed in May. There were 38 physical health findings indicating significant concerns about quality of care that could lead to errors in patient care and 19 mental health findings including Use of Force incidents not being reported to mental health which the staff addressed immediately and inmates in confinement were only seen at the cell front which could violate confidentiality. This issue was immediately corrected as well.

Suwannee Correctional Institution's on-site CAP assessment included the main and annex unit. All physical health findings on the main unit were closed with 12/19 mental health findings remaining open. The annex had 11 of 25 physical health findings remain open and 14 of 19 open for mental health. We will attempt to return in September for another on-site review.

Santa Rosa Correctional Institution on-site CAP assessment included a main and annex unit. All physical health findings from the main unit were closed and 4 of 9 mental health findings remain open. The annex had 6 of 38 physical health and 9/19 mental health findings remain open.

Union Correctional Institution's second on-site CAP assessment of their open findings allowed us to close 1 of 3 physical health and 9 of 10 mental health findings. We will most likely not need to return to Union and will be able to close the few remaining corrective action items with a brief off-site assessment.

Cross City's second CAP assessment was completed off-site with 1 remaining physical and mental health findings remaining open and we will follow up on these two issues in a month or so.

Zephyrhills' second CAP assessment was completed off-site with 3 remaining mental health findings that were not monitored. Board member, Ryan Beaty questioned that the facility apparently made no attempt to address the remaining items to which Corizon Representative, John Dallas assured the board was being corrected and would not happen again.

Both Martin and Homestead were scheduled for their CAP assessments in June, however, the monitoring documents they provided to the CMA showed that they had not been completing the monitoring for their corrective action plan. For Martin, 41 of 42 physical health findings and all 13 of the mental health findings remain open. All of Homestead's findings remain open. We have had to reschedule these on-site assessments for September after discovering that their findings had not been being monitored.

Board member, Leigh Ann Cuddy questioned who was holding these facilities accountable for not following through with their CAPs. The CMA, as a reporting agency will work with DOC to address these issues if they continue not being monitored as required. Board member, Lee Chaykin confirmed the three to four month monitoring time frame as adequate for the corrections and inquired if the institutions indicated at some point during the monitoring period that they were having trouble. The CMA staff had been requesting all monitoring materials approximately three weeks prior to an assessment at which time it was discovered that the monitoring was not being done leading to discussions with their leadership. Martin and Homestead leadership assured staff that this would be addressed immediately and would be completed prior to the CMA's return in another three to four months. Mr. Chaykin was concerned if the institutions realized the gravity of this board's responsibility under their statutory obligations to see that these corrections are made. Director Holmes-Cain felt assured that these issues would be addressed and Tom Reimer with DOC concurs with this opinion.

Board member, Annette Phelps asked if these reports were published indicating the level of care and outcomes of these reports and the Director advised that the CMA reports would be online as of July 1, 2014; both the Survey Reports and the CAP Assessments which are public records that anyone can request. Additionally, we produce an annual report in December analyzing the trends from the previous year. Mr. Beaty re-stated that the DOC, as the agency contracting with these companies and would therefore be responsible for holding them accountable and the board's fiduciary duty is to provide them with the information in our reports. He is concerned that the CMA board and staff members are meeting their statutory obligations considering there were 42 findings at Martin Correctional Institution that while some may be documentation type errors, some of the findings could clearly be patient threatening that are simply not being addressed. Leigh Ann Cuddy echoes the concern that the board ensure that these facilities be held accountable for these very serious issues.

Tom Reimer, DOC assured the board that their monitoring process uses our information as a resource to ensure their standards of care are being met and Director Holmes-Cain indicated that the new procedure for requesting a sampling of monitoring documents 30 days after the CAP approval should avoid this type of situation from being ongoing. The CMA staff has contacts with both Corizon and Wexford leadership to address any of the board's concerns in a timely manner.

Mr. Beaty stated his support of Director Holmes-Cain following up on these CAPs earlier. Lee Chaykin indicated that the board members take their duties seriously and support the CMA team in their work that the level of oversight we have should be taken seriously. While the institutions should have ample time to correct their findings, this board's charter to ensure an appropriate level of care is provided is taken seriously by the board and they fully support the Executive Director to take whatever steps necessary to ensure appropriate protection. The director appreciates the board's support and feels that with the new process, hopefully this will be the only time this occurs and believes leadership will ensure this does not happen again.

Annette Phelps questioned how often these reviews take place now that the CMA is back after being down a while and there is not funding or staff to continually repeat these assessments. Statutes mandate that the CMA complete a survey at each prison every three years which is followed by the CAP process and we have to go back every three to four months until all of the issues are corrected. Once the CAP is closed, we will have no contact with the institution until their next survey. We don't have funding to survey more than every three years. Ms. Phelps also shared her concern that the level of care is not where it should be and that the board does what it needs to do to support the CMA staff to accomplish their goals however they need to do so. Director Holmes-Cain mentioned that historically with the previous CMA, if a facility necessitated further review, they would return prior to the three year survey date and that could be done if necessary but another institution would have to be rescheduled due to funding. On-site CAP assessments do provide more contact with the institutions.

Ryan Beaty, in agreement with the other board members' concerns, inquired if it would be helpful if the board stated in some form of a resolution that they supported Director Holmes-Cain returning to prisons and doubling up on the reviews if it is found that the institution is in need of further review. Breck Brannen, CMA General Counsel indicated that it seemed clear that the CMA staff had the board's support and would draft language for a resolution to circulate with the board members for their input. Mr. Beaty asked that a resolution be produced for consideration at next month's meeting and shared his agreement that moving the meetings to a monthly format which is likely in response to the issues being discussed is a good thing.

❖ **CMA QUALITY MANAGEMENT COMMITTEE MEETING:**

Teri Palmer – Program Analyst

The CMA's first, quarterly Quality Management Committee meeting was held on May 29, 2014 with Chair, Dr. Barkley and committee members Dr. Vicki Lund, Patty Convertino, and Board Representative, Annette Phelps. The purpose of the QMC is to review the reviews of deaths that occur within the prisons. Nancy Replinger, RNC – Mortality Review Coordinator and Dr. Do from DOC/OHS attended as well as Corizon Representatives; Dr. Shubert and Kelly Durm. Presentations of their mortality review processes were discussed and some action items agreed upon for improvements to this process. Additionally, the committee will be meeting with DOC to clarify the contractual relationships with the private companies regarding prison death reviews. We reviewed four Corizon records and were in overall agreement with the department's and the company's assessments. A report on the committee meeting will be provided to OHS and our next meeting will occur in September with Wexford.

❖ **DOC/OHS – CONTRACT MONITORING PRESENTATION:**

All members present from the Department of Corrections' Office of Health Services gave a presentation outlining their contract monitoring process with accompanying materials which are available for review.

Following DOC's review of their contract monitoring, Dr. O requested that the company representatives take a moment to address the board's previous concerns about the many healthcare findings and the failed corrective action plans. Dan Hulick, Wexford's Director of Operations, who took over this role in December indicated that he has spoken with Jane about their facilities' failure to monitor and accepted responsibility for not having the proper oversight in place for this process and reports that while they have been overwhelmed with multiple oversight agencies including the department and federal agencies that he

would not be making excuses. Mr. Hulick has spoken with the director and DOC about the procedures that have been put in place including internal teams doing monthly reviews of CAPs and mandatory weekly reporting of the monitoring. He assures the board that this will not happen again and understands the importance or correcting this issue.

John Dallas, Vice President of Operations for Corizon guaranteed the board that this was on the top shelf and takes responsibility for criteria not being met. He reports additional concern with Zephyrhills monitoring not being completed and advised the board that changes in leadership at that facility have taken place to address this issue. Unsatisfactory audits will have Corizon's regional team visit the institutions and meet with their leadership. They also are doing internal monitoring of the CAPs. John Dallas also reports that Corizon has a compliance line they are running to address the individual grievances.

❖ **CMA GENERAL COUNSELS REPORT:**

There are no active cases involving the CMA at this time and no further legal issues to be discussed.

❖ **NEW BUSINESS/MISCELLANEOUS:**

Director Holmes-Cain indicated that she would be in touch with the board to establish a monthly time to begin board meetings under the new format and Breck will be following up with Jane on the resolution language for review by the board at the next meeting.

❖ **ADJOURNMENT:**

The meeting was adjourned at 3:18 p.m.

Respectfully submitted,

Teri Palmer, BSW