

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
December 5, 2006**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Elmo Cavin, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Ben G. Raimer, M.D., Larry Revill, Ed Owens, Desmar Walkes, M.D.

Partner Agency Staff Present: Denise DeShields, M.D., Texas Tech University Health Sciences Center; Troy Sybert, M.D., The University of Texas Medical Branch; Nathaniel Quarterman, Dee Wilson, George Crippen, RN, Celeste Byrne, Texas Department of Criminal Justice; Allen Hightower, Allen Sapp, Colleen Shelton, Tati Buentello, CMHCC Staff.

Others Present: Karen Latta, Sunset Advisory Commission; Marthann Dafft, representing herself.

Location: Dallas Love Field Main Terminal Conference Room A, 8008 Cedar Springs Road, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin called the CMHCC meeting to order at 9:05 a.m. He noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code.</p>		
<p>II. Recognitions / Introductions</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin thanked everyone for being in attendance then welcomed and recognized Ms. Karen Latta, Sunset Advisory Commission and Mr. Nathaniel Quarterman, Texas Department of Criminal Justice.</p>		
<p>III. Approval of Excused Absence</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin then noted that Dr. Ben Raimer, Dr. Desmar Walkes, Mr. Elmo Cavin and Mr. Larry Revill were absent from the August 29, 2006 meeting due to scheduling conflicts and stated that he would entertain a motion.</p>		<p>Mr. Ed Owens moved that Dr. Ben Raimer, Dr. Desmar Walkes, Mr. Elmo Cavin and Mr. Larry Revill's absence from the August 29, 2006 CMHCC meeting be approved. Ms. Jeannie Frazier seconded the motion. The motion passed by unanimous vote.</p>

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<p>IV. Approval of Minutes, 08/29/2006</p> <ul style="list-style-type: none"> - James D. Griffin, M.D. 	<p>Dr. Griffin next asked for review of the August 29, 2006 minutes provided at Tab A of the agenda packet and asked if there were any discussions, corrections or changes to the minutes?</p>	<p>.</p>	<p>Dr. Ben Raimer moved that the minutes of the August 29, 2006 CMHCC meeting be approved as presented at Attachment A. Dr. Cynthia Jumper seconded the motion. The motion passed by unanimous vote.</p>
<p>V. Executive Director's Report</p> <ul style="list-style-type: none"> - Allen R. Hightower <ul style="list-style-type: none"> • Sunset Review Process • State Audit Review of University Cost Allocations • State Auditor Follow-up Review 	<p>Dr. Griffin then called on Mr. Hightower to present the Executive Director's Report.</p> <p>Mr. Hightower reported that the Sunset staff completed and published their written report in mid-October. The report recommends continuation of the Committee with some adjustments to its statutory authority and an increased emphasis on making more information about the program readily available to the public and to the offenders.</p> <p>Mr. Hightower next reported that the State Auditor's Office (SAO) completed its audit of UTMB and TTUHSC's cost allocations for the correctional health care program in late October after completing several weeks of field work onsite at both universities. The report noted overall methodologies used by the universities to allocate costs related to this program were reasonable. In addition, the report contains benchmarking on the costs of the Texas correctional health care program against a number of other state jurisdiction and related data. Those benchmarks confirm that the costs of the Texas correctional health care program continue to be among the lowest in the nation.</p> <p>Mr. Hightower then reported that in early November, the SAO initiated another audit of the correctional health care program to follow-up on a number of items to include the examination of the deficit for the FY 2006-07 biennium as reported and projected by CMHCC and a follow-up on the status of any recommendations made in the November 2004 SAO</p>	<p>The Executive Director's Report is included at Tab B of the agenda packet.</p>	<p>No action required.</p> <p>No action required.</p>

Agenda / Topic Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li data-bbox="142 386 478 443">• Legislative Appropriations Request Process <li data-bbox="142 688 443 716">• 80th Legislative Session 	<p data-bbox="562 261 1255 318">Report that were not followed up on in the SAO's October 2006 report.</p> <p data-bbox="562 386 1255 654">Mr. Hightower next reported that CMHC staff continues to work with the partner agencies and the appropriate legislative offices on supporting the FY 2008-09 Legislative Appropriations Request (LAR). A joint public hearing on the budget submission was held by the staff of the Legislative Budget Board and the Governor's Budget Office on September 22nd. He further noted that the Senate Finance Committee met for an overview of the LAR on October 3rd which was the first formal opportunity to present the LAR needs to the Senate.</p> <p data-bbox="562 688 1255 927">Mr. Hightower then noted that the 80th Legislature convenes in mid-January but pre-filing of legislation started on November 13, 2006. As in the past, Mr. Hightower stated that the CMHCC staff will be tracking bills with potential impact on the correctional health care program. He further noted that on occasion it will likely be necessary to provide resource witness testimony about bills that may affect particular aspects of the health care delivery system.</p> <p data-bbox="562 963 1255 1052">Mr. Hightower concluded by stating that the CMHCC staff will be coordinating those efforts with the respective partner agencies.</p> <p data-bbox="562 1086 1255 1143">Dr. Griffin thanked Mr. Hightower and asked if there were any questions.</p>	<p data-bbox="1276 1086 1755 1175">Mr. Cavin asked if there were any updates on the supplemental appropriation for the current biennium.</p> <p data-bbox="1276 1209 1755 1297">Mr. Sapp responded that he will be presenting the update on the supplemental appropriations in his report.</p>	<p data-bbox="1778 386 1990 410">No action required.</p> <p data-bbox="1778 659 1990 683">No action required.</p>

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<p>VI. University Provider Financial Status Report</p> <p>- Allen Sapp</p>	<p>Dr. Griffin then called on Mr. Sapp for the update of the University Provider Financial Status Report.</p> <p>Mr. Sapp reviewed the financial data along with some of the key demographics and key performance issues being tracked. He reported that the service population has reached the anticipated rate of 150,000 as shown in the graph on page 1 of his presentation. The offender population over 55 is growing at an excess of 10% a year and has continued that trend throughout this fiscal year with a high degree of certainty that this is going to continue to rise based on that trend line.</p> <p>He then noted the psychiatric in-patient census and the outpatient census has been consistent. Mr. Sapp reported that the budgeted level for the outpatient census is around 18,000 but ended the fiscal year with about 21,000 outpatient psychiatric offenders in the program.</p> <p>Mr. Sapp next reported on the access to care indicators that measure whether or not offenders are accessing care in a timely manner as outlined in policy.</p> <p>The three dental indicators being tracked consistently stayed above the 97% range after the first quarter. He noted that this trend is influenced by staff vacancies but both universities have been relatively successful in keeping those vacancies filled.</p> <p>Mr. Sapp next reported that the mental health care indicators being tracked remained close to 98% compliance rate.</p> <p>For the medical access to care, indicators 7 and 8 which Mr. Sapp stated has to do with the initial triage and the initial seeing of the patients have been fairly consistent at the 96% range. Indicator 9 which is for the timely referral to a physician fluctuated to a low of 92%.</p>	<p>University Provider Financial Status Report is provided at Tab C of the agenda packet.</p>	<p>No action required.</p>

Agenda / Topic Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> University Providers Financial Status Update (Cont.) 	<p>Mr. Sapp next reported that the slide on page 5 of his presentation for UTMB & TTUHSC staff vacancies reflect the FY 2005 - 2006 trend broken out by quarter for each fiscal year. The vacancy rate for RN & psychiatrist at UTMB is over the 10% - 13% range. TTUHSC also experienced the RN vacancy rates reaching 20% and LVN vacancy rates above the 10% range. Mr. Sapp again stated that when the rates go above the 10% range, it begins to raise some concerns.</p> <p>Mr. Sapp recalled that Ms. Wilson reported at the last meeting that changes were made in terms of the referral process for the tracking of the MRIS summaries. As a result of those changes, the percent of timely MRIS summaries are closer to the targeted 95% level.</p> <p>For the financial status of the monthly revenue versus expenses, Mr. Sapp reported that TTUHSC continued to struggle throughout the year to bring the expenses down to match the available revenue. At the end of FY 2006, TTUHSC was \$2M in the red which cumulatively was on track with the projections made by the TTUHSC financial staff.</p> <p>UTMB experienced more of a swing between their revenue and expenses. UTMB was able to reduce that loss down to \$800,000 at the end of the current fiscal year.</p> <p>Mr. Sapp next reported that the universities collectively ended FY 2006 with a shortfall of \$2.8M which was an improvement from the estimate made in March of a shortfall of \$8M. Because of this change, the CMHCC staff worked with both university financial officers to update the supplemental appropriations needs for the current biennium and provided that data to the Legislative Budget Board (LBB) staff.</p>		

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<ul style="list-style-type: none"> University Providers Financial Status Update (Cont.) 	<p>Mr. Sapp concluded by responding to Mr. Cavin's earlier question, that the requested supplemental appropriations amount was decreased approximately a third but is still anticipated to be a \$21M dollar supplemental appropriations request.</p>	<p>Ms. Frazier asked what is the likelihood of the supplemental appropriations being approved?</p> <p>Mr. Hightower responded that the legislators in the past have worked with the committee and felt confident in the methods by which the staff was tracking and monitoring those costs.</p> <p>Mr. Sapp added that the committee as well as the university staff has made these needs known to the legislative leadership in advance and the fact that the amount has decreased will show there has been a good faith effort to manage those costs.</p> <p>Ms. Frazier then asked if the \$21M include the extra funds needed to recruit and pay up to scale salaries?</p> <p>Mr. Sapp responded that it did not.</p> <p>Dr. Raimer added that this was factored in to the UTMB projections.</p> <p>Ms. Frazier then asked if the revised budget was already provided to the legislators.</p> <p>Mr. Sapp responded that the legislators were informed that amount of \$21M was being requested as supplemental appropriations.</p> <p>Mr. Revill pointed out that the supplemental appropriations being requested is based on the costs being managed now but it is always difficult to forecast what that cost trend will be from one quarter to the next quarter.</p>	

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<ul style="list-style-type: none"> • University Providers Financial Status Update (Cont.) <p>VIII. Medical Director's Report TDCJ</p> <p>Lannette Linthicum, M.D.</p> <p>- Operational Review Audit</p>	<p>Dr. Griffin thanked Mr. Sapp then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p> <p>For the fourth quarter of FY 2006, ten facilities were audited and special audits were also conducted on two facilities. The facilities that were audited and the compliance rate for each operational categories are listed at Attachment 1 of the TDCJ Medical Director's Report.</p> <p>Dr. Linthicum noted that the indicators relating to therapeutic diets were below the 80% compliance rate. She further explained that the budgetary cuts in 2003 – 2004 eliminated all the dieticians in the UTMB sector except one. She commented that having only one dietician serving the 120,000 offender population is problematic and that most physicians and nurses are not trained in nutrition. Dr. Linthicum further noted that this may be something that needs to go through the SLC as an indicator for future tracking.</p> <p>Dr. Linthicum stated that because of the shortages of staff on the units, some of the compliance rates for administrative and documentation requirements are also slipping.</p>	<p>Mr. Cavin stated that the previous State Auditor's report just released on the overhead cost and the benchmarking on the comparison of the health care costs in Texas with other states is a good source to have to support the numbers that are being provided to the legislative leadership.</p> <p>Dr. Griffin agreed that third party resource is always good.</p> <p>TDCJ Medical Director's Report is the separate booklet provided with the agenda packet.</p> <p>Dr. Griffin asked if there were other ways to get nutritional information out or whether there were any other innovative programs that are being considered?</p> <p>Dr. Raimer responded that his staff prioritizes diets and are looking at steps that include watching a diabetic education program internally for the most fragile diabetic patients; focused efforts on dietary counseling; cross-training of staff on dietary or nutritional programs and having a nurse clinician to implement the program. He further stated that he would work with Dr. Linthicum to achieve the established compliance level.</p>	<p>No action required.</p>

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<ul style="list-style-type: none"> Operational Review Audit (Cont.) 	<p>Dr. Linthicum next reported on a special audit conducted at the Dawson State Jail. This was based on correspondence from the unit warden expressing serious concerns in the areas of medications, sharps and employee training. Corrective action plans were requested and received back from the facility and most of the deficiencies have been corrected.</p> <p>Dr. Linthicum then reported on a special audit conducted at the Eastham Facility. This was again based on correspondence from the unit warden expressing serious concerns in the areas of medication and health care delivery. Corrective action plans were requested and received but another follow-up audit will be conducted as there are still outstanding corrective actions related to personnel actions.</p>	<p>Dr. DeShields added that dietary counseling is performed onsite at the chronic care facilities by nurses and not by a licensed dietician.</p>	<p>No action required.</p>
<ul style="list-style-type: none"> Office of Professional Standards Update 	<p>During the fourth quarter of FY 2006, Dr. Linthicum reported that the Patient Liaison Program received 1,647 correspondences and the Step II Grievance received 1,749 correspondences. Of the total number of 3,396 correspondences received, 216 or 6.63% action requests were generated for the Patient Liaison Program and the Step II Grievance Program.</p>		<p>No action required.</p>
<ul style="list-style-type: none"> Quality Improvement Program 	<p>During this quarter, the Clinical Services staff performed 42 access to care audits. The facilities and the indicator scores are summarized in a table found on page 4 of the TDJC Medical Director's Report. Those facilities scoring below the established threshold were placed on weekly access to care monitoring. Dr. Linthicum noted that education and training was also being provided by the TDCJ Clinical Services staff.</p>		<p>No action required.</p>

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<ul style="list-style-type: none"> Preventive Medicine Program 	<p>Attachment 4 in the TDCJ Medical Director's Report shows the data reported by the facilities on the incidence of eleven infectious diseases that are being monitored.</p> <p>Dr. Linthicum noted there were 163 reports of suspected syphilis this quarter compared with 223 in the previous quarter. These figures represent a slight overestimation of actual number of cases as some of the suspected cases will later turn out to be serofast meaning there were no changes in blood level rather than new cases. The corrected number of confirmed cases are reconciled in the year to date column.</p> <p>Dr. Linthicum next reported there were 18,740 routine HIV screens conducted which represent the continuation of routine testing TDCJ has been doing for the past several years. An additional 9,020 pre-release HIV tests were reported in compliance with HB 43 which requires mandatory testing of all offenders before release for a total of 27,760 HIV tests. She further noted that 45 offenders have been found HIV positive in the pre-release testing through August 31, 2006 for a yield of 0.16%. Based on the intake seroprevalence study completed in 1999, about 2.4% of offenders were thought to be HIV positive at the time of entry into TDCJ. Routine testing identifies 1.7% of offenders as positive and the difference of 0.7% would be the expected yield on pre-release testing. Dr. Linthicum again stated that while pre-release testing is mandatory, the legislative intent was for the tests not to be obtained by use of force. Offenders who refuse pre-release testing are given disciplinary cases but very few releases would actually be affected by a disciplinary case given just prior to release.</p> <p>Dr. Linthicum next reported there were 964 Methillin-Resistant Staph Aureaus (MRSA) cases identified compared to 826 during the same quarter of FY 2005. The increase in MRSA most likely represents an increase in obtaining cultures as a result of emphasis being placed by the SLC as there were similar percentage increase in Methicillin-Sensitive Staph Aureus (MSSA) cases reported.</p>	<p>Dr. Griffin asked how far in advance from the offender's release dates are the offenders being required to do the pre-release HIV testing and what level of information are being provided?</p> <p>Dr. Linthicum responded that offenders are tested 60 days prior to the offender's release and they are provided both pre-counseling and post-testing counseling.</p> <p>Dr. Griffin then asked if the intent was for generalized public safety how does the information of the test results get to those concerned?</p> <p>Mr. Sapp responded that the Department of State Health Services is notified of the positive test results and it is their responsibility to notify the partners as required by law in the same manner they would any other cases.</p>	<p>No action required.</p>

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<ul style="list-style-type: none"> Peer Education 	<p>The Peer education statistics are provided at Attachment 4. There are now 74 units with peer education programs with 454 peer educators.</p>	<p>Ms. Frazier asked how many units did TDCJ have?</p>	<p>No action required.</p>
<ul style="list-style-type: none"> Utilization Review 	<p>During this quarter, 10% of combined TTUHSC and UTMB hospital discharges and infirmary discharges were audited. Dr. Linthicum noted there was a slight slippage from prior reports, with 11% of the patients lacking the appropriate discharge documentation from the free-world hospitals and Hospital Galveston and 10% lacking proper discharge documentation from infirmaries.</p>	<p>Dr. Linthicum responded 106 units and that she is working with Mr. Quarterman on getting 100% participation.</p>	<p>No action required.</p>
<ul style="list-style-type: none"> Capital Assets 	<p>Capital Assets Contract Monitoring Office audited 10 units and these audits are conducted to determine compliance with the Health services Policy and State Property Policy. The compliance range is provided at Attachment 6 of the TDCJ Medical Director's Report.</p>		<p>No action required.</p>
<ul style="list-style-type: none"> American Correctional Association Accreditation 	<p>During this quarter, the American Correctional Association accreditation were received for three facilities with health care provided by UTMB facilities and TTUHSC provided health care for one facility. This brings the total accredited TDCJ facilities to 47.</p>		<p>No action required.</p>
<ul style="list-style-type: none"> Morbidity & Mortality Committee 	<p>The Mortality & Morbidity Committee during this quarter reviewed 91 deaths and of those, 10 were referred to peer review committees. Dr. Linthicum noted that a referral to peer review committee does not necessarily indicate substandard care was provided. It is a request for the CMHC provider to review the case through their respective quality assurance process. Referrals may also be made to address systemic issues to improve the delivery of health care.</p>		<p>No action required.</p>
<ul style="list-style-type: none"> Biomedical Research Projects 	<p>The external research projects as well as those pending approvals are provided at Attachment 8 of the TDCJ Medical Director's Report.</p>		<p>No action required.</p>

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<ul style="list-style-type: none"> <li data-bbox="94 326 533 380">• Administrative Segregation Mental Health Audit <li data-bbox="94 451 411 472">• Access to Care Concerns 	<p data-bbox="562 326 1157 410">Dr. Linthicum then reported that Administrative Segregation Mental Health Audits were conducted on 12 facilities during this quarter.</p> <p data-bbox="562 448 1157 776">Dr. Linthicum stated in relation to the special audits conducted at the Eastham and Dawson units, she wanted to note that the Office of Professional Standards have also been receiving complaints from advocacy groups relating to access to care. After looking at the list of complaints it was found that most of them primarily centered around the 2250 prototype units, such as the Allred, Robertson and Connally. The Office of the Professional Standards will be conducting a pilot study of these units and report back to the committee with the findings.</p> <p data-bbox="562 813 1157 1203">Dr. Linthicum further stated that the Joint Medical Director's Committee and the various leadership council have agreed to audit access to care at TDCJ facilities for an entire fiscal year. The Patient Liaison investigators will go to every TDCJ unit on a quarterly basis and the units will be required to record all sick call requests to be sure that these requests have been forwarded to EMR and that a clinical visit or nursing visits were made that correlates to that particular sick call request. Once the unit successfully meet the established 80% compliance threshold , these sick call requests will be forwarded to the Huntsville Medical Archives for proper disposal.</p> <p data-bbox="562 1240 1157 1294">Dr. Linthicum clarified that the audit team consists of both her staff and university team members.</p>	<p data-bbox="1182 326 1751 380">The results of the audits are provided at Attachment 9 of the TDCJ Medical Director's Report.</p> <p data-bbox="1182 448 1751 561">Dr. DeShields added that staffing vacancies particularly nursing vacancies contribute to this problem as these staff serve as the conduit to access to care.</p> <p data-bbox="1182 813 1751 1081">Mr. Sapp also added that one of the later agenda items is a discussion of some of the sick call changes that resulted from the process that Dr. Linthicum just outlined. He further noted that this is a good example of how the interaction between the security and administrative staff on the unit noticing a problem, and using the appropriate mechanism in place to work with the university providers in resolving the problem.</p>	<p data-bbox="1780 326 2007 347">No action required.</p> <p data-bbox="1780 448 2007 469">No action required.</p>

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<p>VIII. Medical Director's Report</p> <p>TTUHSC, D. DeShields, M.D.</p>	<p>Dr. Linthicum further stated that the patient liaison investigators interview 10% of the offenders from all custody levels to be sure that the entire population is represented.</p> <p>Dr. Linthicum also noted that Step 1 Grievances are responded to by the unit medical staff who fall under the Administrative Review and Investigative Management Office but she is provided with a quarterly report of the breakdown of the type of grievances at that level.</p> <p>Dr. Griffin asked if there were any other comments, hearing none thanked Dr. Linthicum for her report, then called on Dr. DeShields to provide the TTUHSC Medical Director's Report.</p>	<p>Dr. Walkes asked which personnel would be interviewed on these audits at the unit?</p> <p>Dr. Linthicum responded that the senior warden, the major, usually the lieutenant and the chief classification officer. On the medical side, the unit medical director, the director of nurses, the responsible dentist and psychologist, CID nurses and anyone else who may be involved.</p> <p>Dr. Walkes then asked if there were any concerns as to whether the offender felt comfortable enough to respond openly with security staff present during the interview?</p> <p>Dr. Linthicum responded that she did not see a problem as the offenders are brought in one at a time and are interviewed in a private area.</p> <p>Mr. Quarterman agreed by stating that the offender usually bring a problem to the attention of the security staff who in turn relays the information on to the unit warden.</p> <p>Dr. Griffin stated that is would be helpful to have the data from the Step I Grievances for the committee members.</p> <p>Dr. Linthicum responded that she would have this included in the agenda for the next meeting.</p> <p>TTUHSC Medical Director's Report is provided at Tab D of the agenda packet.</p>	

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<ul style="list-style-type: none"> • Statistical Summary 	<p>Dr. DeShields reported that the average population and encounters for the fourth quarter of FY 2006 remained stable. She did note that the medical inpatient facilities did see the average daily census and the number of admission steadily increase over the course of the quarter, however there was a slight decrease from the last quarter for the average length of stay. Dr. DeShields then reported that towards the latter part of August, two patients had over 55 admission days which will show a dramatic increase for the next quarter.</p>		No action required.
<ul style="list-style-type: none"> • Staffing 	<p>There was a slight improvement in the dental vacancy rate but for the most part Dr. DeShields reported that all the disciplines noted increased vacancy rates over the quarter. She further reported that these vacancies are being covered by local temporary staff but they are not as affective since they are not familiar with the policy and procedures.</p>		No action required.
<ul style="list-style-type: none"> • Montford RMF 	<p>Dr. DeShields then reported that the long term care facility at the Montford RMF has been in operation now for almost two months. The ten beds at the RMF were all filled up to two days ago, but only nine are filled as of this date. She further reported that approximately 35-40% of the needed staff to fully operate the facility has been hired.</p>		No action required.
<ul style="list-style-type: none"> • Highland Hospital Initiative 	<p>Dr. DeShields next noted that TTUHSC established a contractual agreement with the Highland Hospital which is a 123-bed facility in Lubbock primarily for specialty evaluation procedures and admissions. This contract was effective on September 15, 2006 and the initiatives provide additional outpatient, ambulatory and some in-patient hospitalization resources for the Lubbock area. This is particularly important as TTUHSC was only able to send patients to UMC who have a threat of loss of life or limb, or are emergent patients.</p> <p>Dr. Griffin hearing no further comments thanked Dr. DeShields for the report and called on Dr. Sybert, UTMB Hospitalist, who will be presenting the UTMB Medical Director's Report on behalf of Dr. Murray.</p>		No action required.

Agenda / Topic Presenter	Presentation	Discussion	Action
<p>VII. Medical Director's Report</p> <p>UTMB, Troy Sybert M.D.</p>	<p>Dr. Sybert stated that he would be reporting on the UTMB Medical Director's Report which is provided at Tab E of the agenda packet on behalf of Dr. Murray who was unable to attend the meeting due to scheduling conflicts.</p> <p>Dr. Sybert reported that the quarterly average population has slightly risen from 119,700 in the previous month to 120,093 for this quarter. The average physician medical encounter was 28,474 and the average nursing medical encounter was 187,206 for this quarter. He further reported that the average medical inpatient census was 126 with a monthly average number of admissions at 501. In addition the average clinical visits during this quarter was 1,906.</p> <p>Dr. Sybert at this point stated that he would like to briefly go over the changes taking place at Hospital Galveston. He clarified that a hospitalist is defined as a doctor who stays in the hospital, is committed to the care of the patients in that hospital as well as the quality of care delivered within the hospital. There are currently three hospitalist at Hospital Galveston committed to CMC and the prison population. An additional hospitalist will come on board in January. Dr. Sybert further noted that the hospitalists are committed to improving the communications process between the hospital and the units.</p> <p>Dr. Sybert next reported on the implementation of an internal infirmary or skilled nursing facility where the patient goes after they get out of the hospital as they still need physical therapy or some other ancillary services. The tentative plan is to have this set up in January for an 18 bed capacity within the hospital. Dr. Sybert added that this would improve the efficiency for hospital bed usage.</p>	<p>Dr. Walkes asked what type of training a hospitalist has.</p> <p>Dr. Sybert responded that hospitalists typically are internal medicine trained and approximately 25% are family practice trained.</p> <p>Ms. Frazier asked if these were new beds or re-categorizing existing beds.</p> <p>Dr. Sybert responded that they are partially taking a wing in the hospital to free up 6 rooms with a capacity of 3 patients beds each for a total of 18 beds.</p>	<p>No action required.</p>

Agenda / Topic Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - UTMB Medical Director's Report (Cont.) 	<p>Hearing no further comments, Dr. Griffin thanked Dr. Sybert for the UTMB Medical Director's Report and the briefing on the hospitalist program. Dr. Griffin then stated that he would like to invite Dr. Sybert back in a year to update the committee on the progress of the hospitalist program.</p> <p>Dr. Griffin then called on Dr. DeShield to provide the SLC Update.</p>	<p>Dr. Raimer added that the hospitalist program was created after putting together a physician advisory council made up of university and unit based doctors to improve communication methods and reorganize outpatient services.</p> <p>Dr. Linthicum agreed and noted that now that an infirmary is located within Hospital Galveston the offender patient does not have to get on a chain bus and travel to the appropriate unit which may take a week or two and felt that this was a win-win situation for all involved.</p> <p>Mr. Owens also added that he was involved with the design of the infirmary and agreed that this would help with the way the system operated.</p>	
<p>VIII. System Leadership Council</p> <ul style="list-style-type: none"> - Denise DeShields, M.D. 	<p>Dr, DeShields noted that at the last meeting, Chairman Griffen requested that she provide a report for the record on the SLC activities. Historically, the SLC's function is to monitor access to care indicators, quality of care indicators as well as any other operational issues identified by the CMHCC. The SLC committee is comprised of representatives from UTMB & TTUHSC medical, mental health, dental and nursing directors as well as the TDCJ Health Services Director, QI nursing staff and the CMHCC Assistant Director. The committee met last on November 9, 2006.</p>	<p>System Leadership Council Report is provided at Tab F of the agenda packet.</p>	<p>No action required.</p>

Agenda / Topic Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> • SLC Report (Cont.) 	<p>Dr. DeShields then reported that the access to care monitoring indicators are listed in the table on page 1 of her report. The SLC reviewed with those facilities with less than the established 80% compliance rates; corrective actions were put forth and will continue to monitor those below the 80% compliance rate. Units at less than required compliance were related to provider shortages and lockdowns.</p> <p>Dr. DeShields further reported on the four other SLC indicators that are being monitored. The first indicator is for no show due to security and 95% of the units were compliant with this indicator. The second indicator monitors MRSA for all patients with draining wound will have culture obtained and 97% of the units were in compliance. The third indicator is for patients with medication orders will receive meds from pharmacy within 72 hours. Dr. DeShields noted that only 76% of the units were in compliance but this was due to some confusion regarding the indicator parameters and methodology so this indicator has been suspended pending a review and updating of the indicator by the Joint Nursing Group. The last indicator is for the mental health assessment and 97% of the units were in compliance.</p> <p>Dr. DeShields concluded her report by noting that other business discussed at the meeting included a review of sick call request policies; scanning and copying of all sick call request to assure access to care; corrective actions from prior monitoring efforts; an update on the status of the safe prisons initiatives; and monthly grievance exception reports for the quarter.</p> <p>Dr. Griffin asked if there were any questions or comments and hearing none, thanked Dr. DeShields for the report.</p>		

Agenda / Topic Presenter	Presentation	Discussion	Action
<p>IX. Joint Work Group Summaries</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin noted that SLC is only one of several joint work groups established under the correctional managed health care contracts and policies. As part of the Sunset Report it was recommended that the CMHCC make it more easily accessible for the public to get information about the committee as to how it operates and what we do. The other method of getting the information out would be to set up a webpage with links to get more specific data. Dr. Griffin suggested that each of the joint work group committee provide a brief summary as part of the future CMHC agenda items and asked for any comments or discussions from the committee members.</p>	<p>Dr. Linthicum suggested that the joint work groups provide copies of the agenda or minutes to the CMHCC committee staff for review and put it into a specific format for inclusion in the CMHCC agenda packet.</p> <p>Ms. Frazier agreed that agendas from the joint work groups would inform the public as to what is being discussed at these meetings.</p> <p>Dr. Walkes added that information like the hospitalist program would also be a good resource item to show some of what is being done. Dr. Walkes then asked if it was necessary to get legal advise on what is or what is not posted on the website?</p> <p>Dr. Linthicum responded that most of this information can be obtained through the Open Records Request. She clarified that she was not referring to information on peer reviews or mortality reviews.</p> <p>After some discussion, Mr. Sapp suggested collectively taking in the comments and input being made and have the committee staff work with the Medical Directors to decide on the format and the type of data that will be made available then bring it back to the CMHCC with some recommendations for consideration.</p>	<p>No action required.</p>
<p>X. TCOOMMI Update</p> <p>- Dee Wilson</p>	<p>Dr. Griffin then called on Ms. Wilson to provide the TCOOMI Update.</p> <p>Ms Wilson noted that the Medically Recommended Intensive Supervision (MRIS) program provides for the early parole review and release of certain categories of offenders such as those who are mentally ill or retarded, elderly, terminally ill, long term care or physically handicapped.</p>		<p>No action required.</p>

Agenda / Topic Presenter	Presentation	Discussion	Action
<p>- TCOOMMI Update (Cont.)</p>	<p>The purpose of MRIS is to release offenders from incarceration who pose minimal public safety risk in to a more cost effective alternative setting. She reported that she has been working with Dr. Linthicum and the Medical Director's Committee to see if there was anything that could have been done for those offenders who died in the system prior to or shortly before they were released on MRIS.</p> <p>Ms. Wilson further reported that she is working with both UTMB and TTUHSC on the Article V Rider relating to TCOOMMI and TDCJ to develop an automated report to assist in identifying offenders eligible for MRIS by developing a uniform diagnosis codes to flag offenders eligible for early release.</p> <p>Ms. Wilson concluded her report by stating that she will be updating the committee in the future on the continuity of care issues as she has done in the past.</p> <p>Hearing no further discussion, Dr. Griffin thanked Ms. Wilson for the update.</p>	<p>Dr. Griffin asked how many of those MRIS offenders are presented to the Board of Pardons and Paroles (BPP) that are actually approved for early release under MRIS?</p> <p>Ms. Wilson responded of the 401 presented 161 offenders were approved by the BPP. She further noted that on page 5 of her report provided at Tab G shows the number by diagnosis presented and page 4 shows how many were approved by diagnosis from FY 2001 – FY 2006.</p> <p>Dr. Griffin then asked for clarification on when an offender is released are they placed in another controlled facility?</p> <p>Ms. Wilson responded that these offenders are placed with Medicaid to a more cost effective alternative facility.</p> <p>Mr. Sapp added that those offenders are still under parole supervision.</p>	

Agenda / Topic Presenter	Presentation	Discussion	Action
<p>XI. Improvements to Sick Call Processing Procedures</p> <p>- Allen Sapp</p>	<p>Dr. Griffin next called Mr. Sapp to provide the report on the Improvements to Sick Call Processing Procedures.</p> <p>Mr. Sapp stated that this topic was touched on earlier by Dr. Linthicum during her report on the special audits which raised concerns relating to the adequacy of internal controls at the facility level to insure that the required access to care standards were met.</p> <p>Mr. Sapp then stated that sick call request (SCR) collection practices were revised to require segregation of duties for counting and loggings of these requests; policies clarified to specify only licensed personnel triage SCR's; facility level processes reviewed to ensure timely scanning of SCR's into the EMR; a process established for storage and retention of SCR's at the facility level pending return to central records; all SCR's and other documentations with PHI requiring destructions be returned to TDCJ Health Services Archives to maintain confidentiality required by HIPAA standards; and adopted a standard schedule for shipping records to archives. Follow-up monitoring will be conducted to ensure changes are implemented.</p> <p>Hearing no questions or further discussions, Mr. Sapp stated that he would next provide an update on the Sunset Advisory Commission.</p>		<p>No action required.</p>
<p>XII. Update: Sunset Advisory Commission</p> <p>- Allen Sapp</p>	<p>Mr. Sapp reported on the Sunset report issued on October 13th. There were two issue discussions related to CMHCC. The key findings in Issue 9 were to remove the separate Sunset date, to continue the CMHCC and that the Committee's statutory responsibilities need updating to better reflect its actual purpose. Mr. Sapp further stated that the recommendations would remove limitations on TDCJ's ability to monitor</p>		<p>No action required.</p>

Agenda / Topic Presenter	Presentation	Discussion	Action
<p>XIII. State Auditor's Office Report</p> <p>- Allen Sapp</p>	<p>the quality of health care provided to offenders and require that the Chair of the Committee be a public physician member.</p> <p>Mr. Sapp further reported that Issue 10 had to do with increasing the amount of information available about the correctional health care program to promote a better understanding of the system and its operations. This recommendation was a 3 fold requirement. The first having to do with the committee's information being readily accessible to the public and Mr. Sapp reported that the CMHC staff is currently working on a website; second, TDCJ is to make information about health services more readily available to offenders and Dr. Linthicum is working on improving the information being accessible through the law libraries; and three, the health services and university providers should provide more useful information in response to offender grievances.</p> <p>Mr. Sapp concluded by noting that the full text of the report is provided at Tab H of the agenda packet.</p> <p>Dr. Griffin thanked Mr. Sapp for the update on the Sunset Advisory Commission Report and hearing no further discussions asked Mr. Sapp to next to summarize the State Auditor's Report.</p> <p>Mr. Sapp stated that Tab I of the agenda packet includes a copy of the audit report on the cost of the state's correctional managed health care program published in late October 2006 which audited the methodology used to account for and report the costs of providing health care to state offenders. The overall conclusions were that the financial reports that that two universities submitted to the Committee are supported by the institutions accounting system; that the methodology used to allocate those costs are reasonable; and that both universities had reasonable</p>		<p>No action required.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> • SAO Report (Cont.) 	<p>support for the supplemental appropriations requested and received from the legislatures during the last legislative session.</p> <p>Mr. Sapp then noted that both providers compute their indirect cost allocation rates as a percent of revenue instead of as a percent of expenses and then apply these rates to the revenue they received from the CMHCC. While the report notes that this is not the standard methodology for allocating indirect costs, cost accounting guidance indicates that any reasonable methods may be used.</p> <p>Mr. Sapp further noted that UTMB had some errors on the methodology that resulted in minor inaccuracy in reporting costs, but these were identified and corrective actions submitted.</p> <p>The SAO report also noted that the Committee in partnership with UTMB, TTUHSC and TDCJ had made changes to address many of the recommendations from the November 2004 SAO report including improving the financial reporting process; adding the listing of allowable expenditures; obtaining commitments from the university internal audit offices; and hiring a financial officer to monitor those expenditures.</p> <p>Mr. Sapp further reported on the benchmarking chapter added to the report, due to in large part, to Mr. Cavin's specific request to the auditors that some background information on inmate health care that compares Texas' costs to other states be included in the audit. Although costs are not entirely comparable across states, the analysis indicates that the cost of offender health care in Texas is generally lower than costs in other states.</p>		

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	<p>Older offenders were utilizing health care resources at a rate almost five times higher than the younger offenders. While comprising only about 5.9% of the overall service population, older offenders account for 27.7% of the hospitalization costs received to date. Dialysis costs continue to be significant averaging about \$19.9K per patient per year. Providing dialysis treatment for an average of 180 patients through the 4th quarter of FY 2006 cost \$3.6M.</p>		
<ul style="list-style-type: none"> • Drug Costs 	<p>Total drug costs through the 4th quarter were \$29.4M as shown at Table 9. Of this, \$14.1M or just under \$1.2M per month was for HIV medication costs which was about 48% of the total drug costs. Psychiatric drug costs were approximately \$1.9M or about 6.4% of overall drugs and Hepatitis C drug costs was \$1.7M and represented about 5.9% of the total drug costs.</p>		<p>No action required.</p>
<ul style="list-style-type: none"> • Reporting of Reserves 	<p>Ms. Shelton stated that it is a legislative requirement that both UTMB and TTUHSC report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total shortfall of \$793,767 through the fiscal year end. TTUHSC reports that they hold no such reserves and report a total shortfall of \$2,043,981 through fiscal year end.</p>		<p>No action required.</p>
<ul style="list-style-type: none"> • CMHC Account Balances 	<p>A summary analysis of the ending balances, revenue and payments through August for all CMHC accounts is included at Table 10. The summary indicated that the net balance on all CMHC accounts on August 31, 2006 was \$1,340,637.58. Pursuant to procedures outlined in Rider 69, a formal request was sent to the Legislative Budget Board asking for authorization to allocate and transfer the ending fund balance of approximately \$1.3M to the university providers to partially offset their shortfalls for the recently completed fiscal year. Notification was received in late November that the request was not approved. The total amount of the fund balance as of fiscal year end is being lapsed back to the Sate General Revenue Fund as required by Rider 69.</p>		<p>No action required.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> Financial Monitoring 	<p>Ms. Shelton then reported that detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. Due to a delay in receiving the fiscal year end financial statements from UTMB, the financial monitoring for August is not yet complete. She noted that she will be reporting on the results of the testing to date and will follow-up with the complete August monitoring results in the September financial package.</p> <p>The preliminary results of the testing performed on UTMB's financial information for August revealed employee relocation expenses not allowed under the CMHC-UTMB contract of \$4,094.95. This item will be corrected on the November financials. The testing of detailed transactions performed on Tech's financial information for this same time period revealed that split funded employees being paid based on budgeted hours for each agency instead of actual hours worked at each agency. This situation is currently being discussed with Tech to determine a corrective course of action to be taken.</p>		<p>No action required.</p> <p>No action required.</p>
<ul style="list-style-type: none"> End of Year Summary 	<p>At Tab K is an end of year summary report which provides a brief comparison of the revenue and the major expense categories for UTMB, Tech and both universities combined broken out between medical and mental health for FY 2005 and 2006.</p> <p>The most significant increase for UTMB occurred in the medical onsite expenses. This is primarily due to the increase in the aging population and their corresponding high levels of encounters and costs, the Hepatitis C Program, the inclusion of more private prison units and general inflation in the area of healthcare. Additionally, UTMB has implemented a regional urgent care concept that has moved more of its ER-type care from offsite providers to onsite.</p>		<p>No action required.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- End of Year Summary (Cont.)</p>	<p>For Texas Tech this fiscal year, pharmacy expenses increased significantly. This is primarily due to the fact that TTUHSC cannot participate in 340B pricing and as such is much more vulnerable to price increases. The offsite increase for Texas is a result of higher acuity patients with a more expensive corresponding DRG rates and much higher OP and ER costs.</p> <p>Ms. Shelton concluded her report by stating that the combined expenses for the universities increased 2.6% for medical and 0.2% for mental health for an overall increase of 2.3%. This compares very favorably with the Consumer Price Index increase of 4.0% for medical care for the period of time from November 2005 through October 2006.</p> <p>Dr. Griffin thanked Ms. Shelton for the financial report and asked if there were any questions.</p>	<p>Dr. Walkes asked why the committee is not allowed to use the ending fund balance to partially offset the universities shortfalls?</p> <p>Mr. Sapp responded that under the prior November State Audit Report, one of the concerns the auditor's expressed was that transfer of the end of the year balances was over and above what the original contract rates were. As a result of that, the legislature attached a Rider through the Appropriations Bill that calls for any unexpended balances over the payment amounts to lapse after each year unless the Governor's Office and LBB approves it.</p> <p>Dr. Walkes then asked if the committee is able to request back that amount again?</p> <p>Mr. Sapp responded that they would as a part of the supplemental request. He further clarified that the reason the auditor's were concerned about that payment at the end of the year is that under normal state agency operations, any of those unexpended balances lapse while the universities have the ability to carry funding from one year to the next.</p>	

Agenda Topic / Presenter	Discussion	Conclusion	Action
<p>XV. Public Comments James Griffin, M.D. - Marthann Dafft</p>	<p>Hearing no further comments, Dr. Griffin stated that the next item on the agenda is public comments then called on Ms. Marthann Dafft.</p> <p>Ms. Dafft stated that she had come to the last meeting seeking help on behalf of her son who was not being treated for depression and not getting medication for his personality disorders. She further stated that Dr. Murray got with her after the meeting and that same day her son was transferred to the Skyview Unit, was admitted into a 30 day treatment program and was finally given medication. Ms. Dafft then said that the reason she was here at this meeting today was to thank Dr. Murray and was disappointed that she was not able to do so in person,. She also wanted to thank the Committee for the work that they do and hoped that other family members will take the opportunity and time to come sit in on a meeting to see what is being done. Ms. Dafft concluded by saying if there was anything she can do to assist the committee, to not hesitate to contact her.</p> <p>Dr. Griffin thanked Ms. Dafft for the comments. He also expressed his appreciation to the Committee members and their support staff, the CMHCC staff for their hard work and dedication.</p>		<p>No action required.</p>
<p>XVI: Date / Location of Next Meeting - James D. Griffin, M.D.</p>	<p>Dr. Griffin then noted that the next CMHC meeting is scheduled for 9:00 a.m. on March 8, 2007 to be held at the Dallas Love Field Main Terminal Conference Room A. He also stated that this date and location of the meeting may need to be rescheduled if it conflicts with the legislative session.</p>		<p>No action required.</p>

Agenda Topic / Presenter	Discussion	Conclusion	Action
<p>XVII Adjournment</p> <p>James D. Griffin, M.D.</p>	<p>Hearing no further discussions, Dr. Griffin thanked everyone for being in attendance and adjourned the meeting.</p>		

James D. Griffin, M.D., Chairman
 Correctional Managed Health Care Committee

Date: