

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
March 27, 2007**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Ben G. Raimer, M.D., Desmar Walkes, M.D.

CMHCC Members Participating by Telephone Conference: Elmo Cavin, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Larry Revill

Partner Agency Staff Present: Owen Murray, D. O, The University of Texas Medical Branch, Allen Hightower, Allen Sapp, Colleen Shelton, Tati Buentello, CMHCC Staff.

Partner Agency Staff Participating by Telephone Conference: Denise DeShields, M.D., Gary Tonniges, Texas Tech University Health Sciences Center

Location: 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas / Telephone Conference

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - James D. Griffin, M.D.	<p>Dr. Griffin called the CMHCC meeting to order at 10:00 a.m. and noted that the meeting was being held by teleconference pursuant to authority found in Section 501.139(b) of the Texas Government Code. Public access to the meeting was made available at 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas.</p> <p>Dr. Griffin stated that he would take a roll call to note on record that a quorum was present. All members were in attendance in person or by telephone except Dr. Desmar Walkes. Dr. Griffin then stated that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code.</p>		
II. Recognitions and Introductions - James D. Griffin, M.D.	<p>Dr. Griffin requested that because this meeting is being held by teleconference, that anytime someone wishes to make a comment or ask a question to first identify themselves for the record.</p>		
III. Approval of Excused Absence - James D. Griffin, M.D.	<p>Dr. Griffin then noted that there were no committee member absences to approve from the December 5, 2006 CMHCC Meeting.</p>		

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<p>IV. Consent Items</p> <p>- Allen Sapp</p>	<p>Dr. Griffin next called on Mr. Sapp to explain the new format on the agenda for consent items.</p> <p>Mr. Sapp stated at the December 5, 2006 meeting, there were some discussion on changing the format for receiving the routine reports being presented to have more time to discuss a particular areas of interest for the committee and the medical directors. He noted that the agenda format now includes a consent agenda item. For this meeting, the consent items include four items that were included at Tab B of the March 8, 2007 agenda packet that was mailed out in advance.</p> <p>Mr. Sapp stated the first consent item would be the minutes from the prior meeting. The second set of documents in the consent item consists of the TDCJ Health Services Monitoring Report which includes the operational review summary data; the grievances and patient liaison statistics, access to care statistics, preventive medicine; utilization and review monitoring; capital assets monitoring; accreditation activity summaries; listing of the research projects and the results of the administrative segregation mental health monitoring. The third set of document is the statistical portion of the two university Medical Director's Reports. Mr. Sapp noted that there was a correction made on the portion of the TTUHSC Medical Director's Report on the crisis management intervention where the numbers were inadvertently left blank. Those numbers have been filled and the corrected page has been provided. The last item is a new item that contains the summary of ongoing activities for the CMHCC's joint committees and work groups.</p> <p>Mr. Sapp then stated that he would briefly go over the process of how the consent items will be presented. The Chairman would entertain a motion to accept the consent item unless there was a particular item that a committee member would like to discuss more in depth. In that event, the particular item would be pulled from the consent agenda for further discussion. If none of the items require further discussion, the Chairman would then call for a motion to accept the entire consent agenda.</p>	<p>Mr. Cavin asked when would be the appropriate time for a member to pull an item off the consent agenda and also asked if there was a requirement to make this request in advance?</p> <p>Mr. Sapp responded that the way this process works in most organizations is that when the consent agenda is presented, the member would express to the Chairman that they would like a particular item to be pulled out separately for</p>	

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<p>IV. Consent Items</p> <p>- Allen Sapp</p>	<p>Mr. Sapp continued by stating that the written summary of the TDCJ Health Services Monitoring Report is found at Tab D of the March 8, 2007 agenda packet.</p> <p>Dr. Griffin then asked if Dr. Murray or Dr. DeShields had any further comments on their Medical Reports or if any of the committee members would like to pull any consent items out separately for further discussion?</p> <p>Hearing none, Dr. Griffin stated that he would entertain a motion to accept the items listed under the consent agenda.</p>	<p>further discussion. Then a motion to accept the remaining consent items can be entertained by the Chairman.</p> <p>Dr. Griffin added that he would ask the committee members if there were any items they would like to pull out separately for further discussion prior to calling for a motion for the consent items.</p> <p>Dr. Griffin then asked if Dr. Linthicum would like to highlight any items on the TDCJ Health Services Monitoring Report?</p> <p>Dr. Linthicum responded that she did not have further highlights as she had already briefed the members on the TDCJ Medical Director's Report.</p>	<p>Ms. Frazier moved that the consent items presented by Mr. Sapp that includes the approval of the minutes from the December 5, 2006 CMHCC meeting, TDCJ Health Services Monitoring Reports, the university Medical Directors Reports and the summary of the CMHCC Joint Committee Work Group activities be approved. Dr. Jumper seconded the motion. Dr. Griffin then called on each committee member by name and took a roll call vote. The motion passed by unanimous vote.</p>

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<p data-bbox="94 251 409 308">V. Appropriations Request Status</p> <p data-bbox="136 341 346 373">- Allen Hightower</p>	<p data-bbox="462 251 1134 308">Dr. Griffin next called on Mr. Hightower to present the update on the Appropriations Request Status.</p> <p data-bbox="462 341 1134 462">Mr. Hightower began by stating that he would be referring to the two-page handout that was provided with the agenda titled Legislative Appropriations Request Status Summary (Attachment 1).</p> <p data-bbox="462 495 1134 828">Mr. Hightower first reported that HB 15 by Representative Chisum relating to making supplemental appropriations and reductions in appropriations was passed by House Appropriations Committee and is scheduled for Floor Debate on March 29th. Section 4 of the bill contains \$12,940,619 for Correctional Health Care. He further noted that the breakout of the request is provided in the table on page 1 of the handout. He then noted that SB 1720 by Senator Ogden is the companion bill which passed the Senate Mark-up on the Subcommittee but has not yet been considered by the Senate Finance Committee.</p> <p data-bbox="462 860 1134 1136">Mr. Hightower next reported on the FY 2008-2009 Legislative Appropriations Request by stating that HB 1 by Representative Chisum was passed by House Appropriations Committee and is also scheduled for Floor Debate on March 29th. This bill includes an additional \$58.3M for Correctional Health Care which funds Exception Item 1, an adjustment to base at earlier estimated amount of \$36.6M and Exception Item 2 of \$21.7M which is the market adjustments for retaining staff .</p> <p data-bbox="462 1169 1134 1437">Mr. Hightower then stated that the Senate version of the bill includes an additional \$98.7M for Correctional Health Care which was adopted by the Senate Finance Workgroup with a recommendation being made to the Full Senate for approval. This funded Exception Item 1 which was the adjustment to base at an updated amount of \$23.6M and fully funds all other exception items requested. He further noted that the breakout of the exception item details of both universities can be found on page 2 of the LAR handout.</p>		

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<p>Legislative Activity Update (Cont.)</p>	<p>Mr. Sapp then reported that the staff is tracking a total of 177 bills with potential legislative changes that may impact the correctional health care program or the policies.</p> <p>Mr. Sapp stated that he would briefly go over the categories of bills beginning with the Sunset related bills.</p> <p>Mr. Sapp reported that HB 2053 by Representative Madden is the House version of the Sunset bill. The draft was prepared by the Sunset Commission and the Legislative Council based on the report by the Sunset Commission's findings. This bill was filed on February 27, 2007 and was referred to the House Corrections Committee. This meeting was scheduled for March 26th, but was cancelled and Mr. Sapp anticipated that the hearing will be rescheduled for next Monday, April 2nd. Mr. Sapp further stated that he would notify the staff once this meeting has been reposted and he again requested that representation from all three partner agencies be present at this hearing.</p> <p>Mr. Sapp next noted that SB 909 by Senator Whitmire is the Senate companion of the Sunset bill which was introduced and referred to Senate Government Organization on March 15, 2007.</p> <p>Mr. Sapp hearing no further comments on the Sunset related bills continued by stating that several bills were filed that would expand testing for HIV to require mandatory intake and pre-release testing. He recalled that the HIV testing prior to release was enacted into law last session which is a routine testing unless the offender refuses to consent. These bills now would require mandatory HIV testing without the use of force by basically encouraging it through the use of progressive sanctions within the department. This would be similar to the DNA specimen collection process already in place.</p>	<p>Dr. Walkes asked what is meant by progressive sanctions?</p> <p>Dr. Linthicum responded that it essentially was a disciplinary process for failure to obey an order.</p> <p>Mr. Sapp added that there would be a progressive disciplinary sanctions in that the first penalty might be cell restriction then progress to a more severe penalty as outlined in policy.</p> <p>Dr. Walkes then asked what was the justification for forcing someone to be tested?</p>	

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<ul style="list-style-type: none"> - Legislative Activity Update 		<p>Mr. Sapp responded that the standards by which the correctional health care program abides do not permit medical staff to participate in a forced forensic type testing. In the case of DNA testing, TDCJ contracts with an external phlebotomist to provide those services on those offenders who refuse to consent. He further noted that Senator Rodney Ellis from Houston requested an opinion from the Office of the Attorney General as to whether or not the Board of Criminal Justice could require or adopt a rule making such testing mandatory. The Attorney General's Office essentially ruled that TDCJ could do so under the current law. Mr. Sapp provided Dr. Walkes with a copy of the Attorney General's opinion request.</p> <p>Dr. Linthicum then added that in 1994, the National Institute of Justice published a document titled, "Issues and Practices and Updates on HIV / AIDS / STD's in Correctional Facilities". At that time, close to 17 states including the Federal Bureau of Prisons had a mandatory HIV testing program. She noted that there were concerns by the public that prisons and correctional facilities were breeding grounds for HIV. TDCJ's routine testing policy is patterned after the Department of Health State Services. The offenders are automatically tested at intake and prior to release unless the offender verbally refuse to consent to the testing. She noted about 20% of the offenders refuse to be tested. Dr. Linthicum further stated that if the bill passes, it would clinically provide some data on the sero-incidence on seeing how many cases are actually occurring as a result of incarceration.</p> <p>Dr. Walkes then asked what the committee's role was in voicing how this would impact the system and the offender or the costs associated with mandatory HIV testing?</p> <p>Dr. Linthicum responded that she together with Dr. Kelley have made it known to the agency leadership that the medical program was against any form of use of force in such testing as it not only goes against medical ethics but endangers health care personnel as well as security.</p>	

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<p data-bbox="121 224 357 280">- Legislative Activity Update (Cont.)</p>	<p data-bbox="464 407 1131 493">Hearing no further discussion on HIV related legislation, Mr. Sapp stated that he would go over several bills related to special needs offenders.</p> <p data-bbox="464 529 1131 678">Mr. Sapp then reported that two different bills were filed relating to the residential infant care program for mothers and babies. HB 1770 by Representative Noriega takes the Texas City Sheltered Housing and expands it to allow a mother to keep the child with her for up to a two year period.</p> <p data-bbox="464 712 1131 799">HB 199 by Chairman Madden relates to a residential infant care program for mothers confined in TDCJ which would be similar to a federal program that is in place.</p> <p data-bbox="464 833 1131 889">Mr. Sapp next reported on bills relating to the Medically Recommended Intensive Supervision (MRIS).</p> <p data-bbox="464 924 1131 1073">HB 2100 by Representative Haggerty relates to having a separate facility established external to the prison system. This facility would house offenders released on MRIS with the aim of increasing the number of placement opportunities and thereby increasing those who could be released.</p> <p data-bbox="464 1107 1131 1224">HB 2611 by Chairman Madden would extend the eligibility for the MRIS program to certain sex offenders. This would however only apply to those who are essentially comatose or in a vegetative state as outlined in the bill.</p> <p data-bbox="464 1258 1131 1468">Mr. Sapp concluded by stating that he had one more bill he wanted to mention which was HB 2389 also by Chairman Madden. This bill relates to the rights of a minor in TDCJ custody to consent to medical, mental, psychological and surgical treatment. This would provide under specific criteria those youthful offenders the right to provide consent without having to contact family members.</p>	<p data-bbox="1157 224 1728 371">Mr. Sapp added that the Legislative Budget Board (LBB) was provided with the numbers that indicated costs not only to the testing but the greater cost involved in treating more HIV offenders who have been identified.</p> <p data-bbox="1157 529 1728 586">Dr. Griffin asked what the average number of deliveries were for the last two years?</p> <p data-bbox="1157 620 1608 644">Dr. Raimer responded between 250 – 300.</p> <p data-bbox="1157 678 1728 764">Dr. Linthicum added that she had the actual statistics with her and in 2005 there were 262 births and 254 births in 2005.</p> <p data-bbox="1157 1258 1728 1347">Dr. Linthicum noted that TDCJ now have offenders as young as 14 years old in the Youthful Offender Program.</p>	

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<p>VII. Public Comments</p> <p>James D. Griffin, M.D.</p>	<p>Dr. Griffin hearing no further questions or comments thanked Mr. Sapp for the update.</p> <p>Dr. Griffin then noted that there were no members of the public present at this meeting.</p>		
<p>VIII. Date and Location of Next Meeting</p> <p>James D. Griffin, M.D.</p>	<p>Dr. Griffin stated that the next CMHCC meeting is scheduled for 9:00 a.m. on June 26, 2007 to be held at the Dallas Love Field Conference Room A.</p>		
<p>IX. Adjournment</p> <p>James D. Griffin, M.D.</p>	<p>Dr. Griffin thanked the CMHC staff for coordinating the teleconference meeting. He further thanked the committee members, medical directors and committee staff for allowing time to participate either in person or by phone from separate venues.</p> <p>Dr. Griffin asked if there were any other comments or discussions and hearing none, adjourned the meeting at 11:15 a.m.</p>		

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

Date:

Attachment 1

Legislative Appropriations Request Status Summary Correctional Managed Health Care

Supplemental Appropriations Request

- HB 15** *Passed by House Appropriations Committee/ Scheduled for Floor Debate March 29th
*Section 4 of the bill contains \$12,940,619 for Correctional Health Care (est. by LBB)
*Based on Estimates updated March 12th.

	FY 2006	FY 2007	Total
UTMB	(\$859,381)	\$6,000,000	\$5,140,619
TTUHSC	\$2,000,000	\$5,800,000	\$7,800,000
TOTALS	\$1,140,619	\$11,800,000	\$12,940,619

- SB 1720** *Shell bill filed but not yet considered by Senate Finance Committee.

FY 2008-09 Legislative Appropriations Request

- HB 1** *Passed by House Appropriations Committee/ Scheduled for Floor Debate March 29th
*Bill includes additional \$58.3M for Correctional Health Care
*Funds Exception Items 1-Adjustment to Base at earlier estimated amount \$36.6M and Exception Item 2-Market Adjustments for Retaining Staff at \$21.7M
- SB 1** *Senate Finance Workgroup Recommendations adopted; Committee approval estimated by March 30th.
*Bill includes additional \$98.7M for Correctional Health Care
*Funds Exception Item 1-Adjustment to Base at updated amount of \$23.6M (revised March 12th)
*Fully funds all other exception items requested.

(See Attached Detail Sheet)

**Correctional Managed Health Care
FY 2008-2009 Legislative Appropriations Summary (March 27, 2007)**

Summary by Strategy	Requested			House Version			Senate Version		
	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total
C.1.7. Psychiatric Care	\$43,094,589	\$43,094,589	\$86,189,178	\$43,094,589	\$43,094,589	\$86,189,178	\$43,094,589	\$43,094,589	\$86,189,178
C.1.8 Managed Health Care									
Baseline	\$332,656,232	\$332,656,231	\$665,312,463	\$332,656,232	\$332,656,231	\$665,312,463	\$332,656,232	\$332,656,231	\$665,312,463
Exception Items									
1-Adjustment to Base (See Note)	\$18,300,000	\$18,300,000	\$36,600,000	\$18,300,000	\$18,300,000	\$36,600,000	\$11,800,000	\$11,800,000	\$23,600,000
2-Market Adj to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600
3-Increased Hosp/Spec Care Costs	\$8,220,346	\$15,458,307	\$23,678,653	\$0	\$0	\$0	\$8,220,346	\$15,458,307	\$23,678,653
4-Increased Pharmacy Costs	\$2,329,000	\$4,775,400	\$7,104,400	\$0	\$0	\$0	\$2,329,000	\$4,775,400	\$7,104,400
5-Critical Capital Equip Replacement	\$4,607,825	\$1,764,288	\$6,372,113	\$0	\$0	\$0	\$4,607,825	\$1,764,288	\$6,372,113
6-Other Increased Operating Costs	\$2,341,000	\$3,468,000	\$5,809,000	\$0	\$0	\$0	\$2,341,000	\$3,468,000	\$5,809,000
7-Hospital Galveston Repairs	\$10,400,000	UB	\$10,400,000	\$0	\$0	\$0	\$10,400,000	UB	\$10,400,000
Subtotal Exception Items	\$54,149,171	\$57,548,595	\$111,697,766	\$26,251,000	\$32,082,600	\$58,333,600	\$47,649,171	\$51,048,595	\$98,697,766
C.1.8 Total	\$386,805,403	\$390,204,826	\$777,010,229	\$358,907,232	\$364,738,831	\$723,646,063	\$380,305,403	\$383,704,826	\$764,010,229
GRAND TOTALS	\$429,899,992	\$433,299,415	\$863,199,407	\$402,001,821	\$407,833,420	\$809,835,241	\$423,399,992	\$426,799,415	\$850,199,407

Exception Item Detail by University	Requested			House Version			Senate Version		
	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total
1-Adjustment to Base (See Note)	\$18,300,000	\$18,300,000	\$36,600,000	\$18,300,000	\$18,300,000	\$36,600,000	\$11,800,000	\$11,800,000	\$23,600,000
UTMB	\$12,500,000	\$12,500,000	\$25,000,000	\$12,500,000	\$12,500,000	\$25,000,000	\$6,000,000	\$6,000,000	\$12,000,000
TTUHSC	\$5,800,000	\$5,800,000	\$11,600,000	\$5,800,000	\$5,800,000	\$11,600,000	\$5,800,000	\$5,800,000	\$11,600,000
2-Market Adj to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600
UTMB	\$4,685,000	\$9,508,600	\$14,193,600	\$4,685,000	\$9,508,600	\$14,193,600	\$4,685,000	\$9,508,600	\$14,193,600
TTUHSC	\$3,266,000	\$4,274,000	\$7,540,000	\$3,266,000	\$4,274,000	\$7,540,000	\$3,266,000	\$4,274,000	\$7,540,000
3-Increased Hosp/Spec Care Costs	\$8,220,346	\$15,458,307	\$23,678,653	\$0	\$0	\$0	\$8,220,346	\$15,458,307	\$23,678,653
UTMB	\$4,653,200	\$9,510,200	\$14,163,400	\$0	\$0	\$0	\$4,653,200	\$9,510,200	\$14,163,400
TTUHSC	\$3,567,146	\$5,948,107	\$9,515,253	\$0	\$0	\$0	\$3,567,146	\$5,948,107	\$9,515,253
4-Increased Pharmacy Costs	\$2,329,000	\$4,775,400	\$7,104,400	\$0	\$0	\$0	\$2,329,000	\$4,775,400	\$7,104,400
UTMB	\$1,579,000	\$3,200,400	\$4,779,400	\$0	\$0	\$0	\$1,579,000	\$3,200,400	\$4,779,400
TTUHSC	\$750,000	\$1,575,000	\$2,325,000	\$0	\$0	\$0	\$750,000	\$1,575,000	\$2,325,000
5-Critical Capital Equip Repl.	\$4,607,825	\$1,764,288	\$6,372,113	\$0	\$0	\$0	\$4,607,825	\$1,764,288	\$6,372,113
UTMB	\$4,083,000	\$1,063,000	\$5,146,000	\$0	\$0	\$0	\$4,083,000	\$1,063,000	\$5,146,000
TTUHSC	\$524,825	\$701,288	\$1,226,113	\$0	\$0	\$0	\$524,825	\$701,288	\$1,226,113
6-Other Increased Operating Costs	\$2,341,000	\$3,468,000	\$5,809,000	\$0	\$0	\$0	\$2,341,000	\$3,468,000	\$5,809,000
UTMB	\$1,891,000	\$3,008,000	\$4,899,000	\$0	\$0	\$0	\$1,891,000	\$3,008,000	\$4,899,000
TTUHSC	\$450,000	\$460,000	\$910,000	\$0	\$0	\$0	\$450,000	\$460,000	\$910,000
7-Hospital Galveston Repairs	\$10,400,000	UB	\$10,400,000	\$0	\$0	\$0	\$10,400,000	UB	\$10,400,000
UTMB	\$10,400,000	UB	\$10,400,000	\$0	\$0	\$0	\$10,400,000	UB	\$10,400,000
TTUHSC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS	\$54,149,171	\$57,548,595	\$111,697,766	\$26,251,000	\$32,082,600	\$58,333,600	\$47,649,171	\$51,048,595	\$98,697,766
UTMB	\$39,791,200	\$38,790,200	\$78,581,400	\$17,185,000	\$22,008,600	\$39,193,600	\$33,291,200	\$32,290,200	\$65,581,400
TTUHSC	\$14,357,971	\$18,758,395	\$33,116,366	\$9,066,000	\$10,074,000	\$19,140,000	\$14,357,971	\$18,758,395	\$33,116,366

Note: Exception Item #1-Adjustment to Base was estimated originally using Nov 2006 projections of FY 07 Costs; Updated estimates in March 2007 lowered this number.