**MINUTES**

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**
**June 26, 2007**

**Chairperson:** James D. Griffin, M.D.

**CMHCC Members Present:** Celeste Byrne, Elmo Cavin, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Larry Revill

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

**Partner Agency Staff Present:** Owen Murray, D. O, The University of Texas Medical Branch; Gary Tonniges, Texas Tech University Health Sciences Center; Dee Wilson, Mike Kelley, M.D., Nathaniel Quarterman, George Crippen, R.N., Sherri Koenig, Cathy Martinez, Rebecca Berner, Texas Department of Criminal Justice; Allen Hightower, Allen Sapp, Colleen Shelton, Tati Buentello, CMHCC Staff.

**Others Present:** Martha Ann Dafft, Representing Self

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

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| **I. Call to Order**<br><br>**- James D. Griffin, M.D.** | Dr. Griffin called the CMHCC meeting to order at 9:05 a.m. in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act. He noted that a quorum was present then thanked everyone for attending. | | |
| **II. Recognitions and Introductions**<br><br>**- James D. Griffin, M.D.** | Introduction of new CMHCC Member:<br><br>Dr. Griffin next introduced and welcomed Celeste Byrne, Director of TDCJ's new Private Facility Contract Monitoring and Oversight Division, who was named to serve on an interim basis as TDCJ's non-physician representative on the Committee pending the selection of a replacement for Mr. Ed Owens.<br><br>Dr. Griffin then recognized and congratulated Dr. Linthicum for being selected by the American Correctional Association as one of the "Best in Business". He further stated that this recognition is afforded to professionals who are nominated by their peers for their dedicated service and outstanding professionalism. A copy of the article on Dr. Linthicum in the June 2007 Corrections Today journal is provided at Attachment 1. | | |

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| **III. Approval of Excused Absence**<br><br>- **James D. Griffin, M.D.** | Dr. Griffin noted that there were no committee member absences to approve from the March 27, 2007 CMHCC Meeting. | | |
| **IV. Consent Items**<br><br>- **James D. Griffin, M.D.** | Dr. Griffin next stated that the approval of the consent items include approval of the Minutes from the March 27, 2007 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's report and the Summary of Joint Committee Activities.<br><br>He asked if any of the members had any specific consent item(s) to pull out for separate discussion? | Ms. Frazier noted that under the Health Services Monitoring report, the compliance rate for both East Texas ISF and the South Texas ISF are below the threshold then asked if they were private facilities.<br><br>Dr. Linthicum responded that both of those are private facilities but are using the same standards for the monitoring process within the quarter thereby showing up in the report. She clarified that those private facilities are not part of the CMHCC contract. | |
| | Hearing no further comments or discussions, Dr. Griffin stated that he would entertain a motion to accept the items listed under the consent agenda. | | Mr. Elmo Cavin moved to accept and approve the consent items as found at Tab A of the agenda packet.<br><br>Ms. Frazier seconded the motion. The motion passed by unanimous vote. |
| **V. Executive Director's Report**<br><br>- **Allen Hightower** | Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report.<br><br>Mr. Hightower thanked the Chairman and stated that he would briefly provide an update on how the Legislature's actions have impacted the correctional health care program. | | |

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| - Update on 80th Legislative Session | Mr. Hightower reported that the Committee staff identified and tracked the progress of approximately 192 bills that related to the correctional health care program; to state government; or health care issues that may indirectly impact the program.<br><br>Mr. Hightower thanked the staff from all three partner agencies for their assistance throughout the session for providing information and resource testimony which required frequent schedule changes.<br><br>He then stated that he would just briefly touch on the appropriations as Mr. Sapp will be providing a detailed briefing later on the agenda, but he pointed out that HB 15 includes the $12.9M in additional funding for the current biennium to address projected losses.<br><br>HB 1, the general appropriations act provides an additional $88.7M in operations funding and another $10.4M in general obligation bond funds for repair and renovation of the TDCJ prison hospital.<br><br>SB 909, the Sunset bill for TDCJ, CMHCC and BPP implements the changes in the Committee's enabling statute as recommended in the Sunset Commission Report last December. Mr. Hightower reported no changes to those initial recommendations relating to the Committee were made during the legislative review process. He then noted that a section by section summary of the Sunset bill that relates to the correctional health care program is provided at Tab B of the agenda packet.<br><br>SB 453 requires all TDCJ offenders be tested for HIV at intake as well as prior to release. Mr. Hightower noted that the committee will be asked to approve a corresponding change in the HIV testing policy later on the agenda as this change in law takes immediate effect. | | |

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| - Update on 80th Legislative Session (Cont.) | HB 2389 amends and clarifies current law to expressly provide that a minor convicted and sent to TDCJ may consent to his or her medical treatment.<br><br>HB 429 requires a study of certain elderly offender health care costs and preparation of estimates of potential saving if those offenders were released to the community on parole. This study would be presented to the next Legislature for their consideration.<br><br>HB 2611 establishes a means of state jail offenders to be considered for release on MRIS.<br><br>SB 839 clarifies provisions of the current law allowing the sharing of health care information for continuity of care purposes.<br><br>HB 199 provides authority for TDCJ to establish a mother / infant residential program.<br><br>Mr. Hightower also noted that a number of bills passed that are of interest, or those that have indirect effect on the correctional health care program are listed in the presentation packet provided at Tab B. The Committee staff will continue to review those bills to see if updates in any of the current CMHCC policies will be required.<br><br>Mr. Hightower concluded the legislative activity update by stating that copies of any of the bills can be accessed online at www.capitol.state.tx.us or by requesting them through the CMHCC office. He then stated that he would entertain any questions. | Ms. Frazier asked if this bill relates to the release of older offenders who are sick?<br><br>Mr. Hightower responded that as the elderly population increases due to longer sentences being served and with the rising cost of drug costs, this bill establishes a means for the state jail offender to be considered for MRIS.<br><br>Dr. Griffin asked for clarification between HB 3473 which relate to consent for medical treatment and HB 2389 that Mr. Hightower briefly reported on.<br><br>Mr. Sapp responded that HB 2389 expressly provides that minors convicted and sent to TDCJ may consent to medical treatment whereas HB 3473 covers the same topic but in a more general application. Both of these bills will be reviewed and revisions to the CMHCC policies will be made to insure compliance. | |

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| - Update on 80th Legislative Session (Cont.) | | Dr. Linthicum added that she will be presenting the key contract changes for FY 2008-2009 at the Texas Board of Criminal Justice Meeting on July 12, 2007 to be held in Austin.<br><br>Dr. Griffin again thanked all the staff from all three partner agencies for their hard work in getting the contracts finalized. | |
| - Summary of Key Contract Changes FY 2008- 2009 | Mr. Hightower then reported that a summary of the key changes for the correctional health care contracts for FY 2008-2009 is provided at the last section of Tab B. He further stated that the CMHCC staff and the contract review teams from TDCJ, UTMB and TTUHSC have worked diligently on reviewing and updating the contract since February. In early June, an agreement in principle was reached on the contract language. He concluded by stating that the contracts are now in the process of being finalized for submission through the formalized approval process. | | |
| **VI. Performance and Financial Status Update**<br><br>- Allen Sapp | Hearing no further discussions, Dr. Griffin called on Mr. Sapp to review the Statistical Dashboard.<br><br>Mr. Sapp reported that the offender population has remained stable right around 151,700 to 152,000 and is anticipated to stay at that level pending further capacity changes being reported from TDCJ. In terms of the older population, Mr. Sapp noted that for the first time in history, in the month of May, there were over 10,000 offenders age 55 and older compared to 8,500 reported at the start of FY 2006. He further noted that the older offender population grew from 5,000 to 10,000 in seven years as opposed to the ten year time frame originally projected between eight to ten years ago. | | |

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| - Performance and Financial Status Update (Cont.) | The psychiatric inpatient census remained consistent at the 2,000 bed level which is governed largely to the number of available beds. He next noted that the outpatient census is also consistent averaging at 19,000.<br><br>The dental access to care indicators took a slight dip to 97% in January on the access to care #3 which is for the follow-up by appointment with a dentist but the compliance level trended back up in February.<br><br>Mental health access to care have all consistently been in the 98% - 99% range. In terms of the medical access to care, indicator #9 which is for the follow-up appointment with a physician within the designated time frame fell below 93% but is steadily improving.<br><br>TTUHSC has continued to struggle with a 13% – 15% vacancy rate for nurses which is a reflection on the statewide shortages but even more so in the West Texas areas. He noted that some of the requested funding that was approved by the Legislators will hopefully address the needs of adjusting the salaries to the market level.<br><br>Mr. Sapp again stated that the percent of timely MRIS summaries have improved since changing the process back in February as reported at the last meeting.<br><br>In terms of financial performance, TTUHSC continued to have a sizeable gap between their revenue and expenses. TTUHSC have been in a loss situation for every month of the current fiscal year at a cumulative loss of about $3.8M as of April. UTMB had more of a mixed result with some months being higher in expenses and revenues, but reported 5 of the 8 months at a loss.<br><br>As of April, UTMB will show a $1M shortfall and that loss is expected to increase because of the market adjustments being made during the months of April and May. Mr. Sapp then reported that the statewide shortfall is about $4.7M as of the end of April. | Mr. Revill again noted that the access to care to an extent is reflected by the staff vacancy rates.<br><br>Dr. Linthicum asked if this is what the $12.9M in emergency funding covers?<br><br>Mr. Sapp responded that it was. | |

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| - Performance and Financial Status Update (Cont.) | | Dr. Griffin then asked what the specifics of returning the funds were if it fell below the $12.9M?<br><br>Mr. Sapp responded that he will be asking later for a motion from the committee to require an end of year reconciliation from both universities. He further noted that if it falls below the $12.9M in emergency funding, those funds will be returned.<br><br>Dr. Griffin next asked if the 80% compliance rate for access to care was too low?<br><br>Dr. Kelley clarified that the access to care percentages being under 100% does not mean that those offenders did not have access to care. This only measures whether the care is provided within the time frame that is set forth in the policy. The 80% compliance rate does not reflect that 20% of the offenders were not getting the access to care. It only states that they were not seen for example by a physician within a week of the sick call request.<br><br>Dr. Linthicum agreed that the monitoring is used to verify the compliance as to whether the offender is physically triaged by a nurse within 48 hours. If it is then required to be referred to a physician, that this referral has to take place within 7 days of the sick call submission. She added that the other issue noted during this process was that some of the sick calls were being responded to only in writing and there is nothing in the policy which permits that. This occurs for example when the offender asks in the sick call request when their next appointment date is or if the pharmacy department received their medication. The Policy and Procedures Committee is reviewing and is in the process of drafting a policy to make it permissible to respond to some of the sick call requests in writing. | |

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| **VII. TDCJ Medical Director's Report**<br><br>- Lannette Linthicum, M.D. | Dr. Griffin thanked Mr. Sapp for the update and then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.<br><br>Dr. Linthicum noted that the TDCJ Medical Director's Report is provided at Tab D of the agenda packet.<br><br>During the second quarter of FY 2007, Dr. Linthicum reported that thirteen operational review audits were conducted. The Office of Professional Standards received a total of 2,616 correspondences of which 186 action requests were generated. Patient Liaison Program received 1,387 correspondences and of those 75 action requests were generated. Step II Grievances received 1,229 correspondences and generated 111 action requests.<br><br>Dr. Linthicum further reported that 44 access to care audits were conducted with a total of 396 indicators reviewed. Of those indicators, 18% fell below the 80 percent compliance rate.<br><br>The Capital Assets Contract Monitoring Office audited 11 units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting inventory procedures.<br><br>Dr. Linthicum next reported that the Preventive Medicine Program monitors the incidence of infectious diseases within TDCJ. For the second quarter of FY 2007, there were 156 reports of suspected syphilis; 18,201 HIV screens were conducted; and 7,572 offenders identified for pre-release HIV tests for a total of 25,458 HIV tests performed. She then noted that 159 new cases of HIV and 120 new AIDS cases were identified; and 10 offenders have been found to be HIV positive in pre-release testing. | | |

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| | Dr. Linthicum next reported that 828 MRSA cases were identified during this quarter compared to 953 during the same quarter of FY 2006. There was an average of fifteen TB cases under management versus an average of twenty-two per month during the same period of the previous fiscal year.<br><br>In 2006, 104 of the 106 TDCJ-CID units received in-service training by the Sexual Assault Nurse Examiner (SANE) Coordinator in the performance of medical examination, evidence collection and documentation, and for the use of sexual assault kits. The position audits the documentation and services provided by medical personnel for each sexual assault reported to TDCJ by the Office of the Attorney General. Dr. Linthicum further reported that in 2006, chart audits were conducted on 169 alleged assaults and for the first two months of 2007, 101 chart audits were completed.<br><br>The Mortality and Morbidity Committee reviewed 107 deaths. Of these 13 cases were referred to peer review committees.<br><br>The breakdown of the hospital and infirmary discharges, the accreditation data and the administrative segregation audit information are found at page 3 of the Medical Director's Report provided at Tab D.<br><br>Dr. Linthicum next reported that the Health Services Division had twelve active monthly medical research projects, one medical research project pending approval, and twenty-one CID active monthly medical research project as reported by the Research, Evaluation and Development (RED) Group. She concluded her report by stating that the RED Group Director and Deputy Director have gone over to work at TYC and those two positions are currently vacant and she was not sure how this would impact the external research request. | Dr. Griffin asked what the average length of the research studies being conducted?<br><br>Dr. Linthicum responded that most of the studies are of clinical trials where UTMB in particular has been given funding through the National Institute of Health for either Hepatitis C or HIV and can go on for a couple of years. There are also shorter studies performed by Master and Ph.D level students as well.<br><br>Mr. Sapp added that by looking at the list of RED projects provided in the portion of the consent items, shows an average length of studies being between one to two years as being standard. | |

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| **VII. Medical Director's Report (UTMB)**<br><br>- **Owen Murray, D. O**. | Dr. Griffin hearing no further discussions, thanked Dr. Linthicum for the report. He then called on Dr. Owen Murray to present the UTMB Medical Director's Report.<br><br>Dr. Murray reported as noted by Mr. Sapp in his earlier presentation, UTMB continues to see vacancies in the areas of RN's and LVN's primarily due to market adjustments but hoped to have a proposal in place by next fiscal year that will help resolve this issue. He further reported that the market has changed dramatically as well for psychiatrists and are experiencing difficulties hiring and retaining those people due to not being competitive enough in terms of salaries and are working on strategies financially to be able to compete in this market.<br><br>Dr. Murray next reported that together with Dr. Raimer, Dr. Linthicum, Dr. DeShields, Dr. Kelley, Mr. Quarterman and the Warden at Hospital Galveston are working on making changes dealing with infirmary issues for the ever growing number of offenders 55 and older; and security issues primarily for the ad seg and death row offenders getting medical care. Dr. Murray noted that these changes are taking place under the direction of the Warden to create some bed space to help provide care for those high security offenders and to reduce transportation needs in the interest of public safety. | Dr. Griffin then asked if the IRB's have a consistent policy as it relates to the interim review process?<br><br>Dr. Linthicum responded that the RED Group monitors this process and they have federal statutes that governs the research involving prisoners as their subject which the staff makes sure is followed for the interim report. The IRB also have on staff a representative from the offender advocacy group to monitor the paperwork side of the process. | |

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| | Dr. Murray concluded by stating that he will have a presentation for the committee at the next CMHCC meeting on the status of these changes being made at Hospital Galveston.<br><br>Dr. Griffin asked if there were any questions or further discussion. Hearing none, thanked Dr. Murray for the report then called on Dr. Jumper to present the TTUHSC Medical Director's Report on behalf of Dr. DeShields. | | |
| **VII. Medical Director's Report (TTUHSC)**<br><br>**- Cynthia Jumper, M.D.** | Dr. Jumper reported that 24 of the 44 beds are now open and occupied at the Montford Regional Medical Facility. She further noted that the remaining 20 beds will be open by September 1, 2007.<br><br>In terms of staffing vacancies, Dr. Jumper stated that TTUHSC also have shortages for RN's, and are experiencing difficulties hiring psychiatrists for the PAMIO program, but can report fewer physicians vacancy rates.<br><br>Dr. Jumper concluded by stating that TTUHSC increased the salary for psychiatrist and currently have one applicant who is being interviewed and hope to make salary adjustments for the other positions to be more competitive with the market.<br><br>Dr. Griffin hearing no other discussions, thanked Dr. Jumper for providing the report. | Dr.Linthicum added that there is a clinical director vacancy at both PAMIO and at Skyview Unit which are two of the inpatient psychiatric facilities that have at least 16,000 outpatient case loads and 1,000 inpatient care. She also noted that the UTMB sector is now going on three years without a mental health director.<br><br>Dr. Griffin asked if there was an interim mental health director at UTMB.<br><br>Dr. Linthicum responded that Dr. Owen Murray was the interim mental health director at this time.<br><br>Dr. Griffin added that it would be helpful for the medical directors to include the actual number of critical staff vacancies by position in to their reports to elevate the staffing issue.<br><br>Dr. Linthicum added that she is also working with Dr. Raimer and Dr. DeShields to standardize the salaries so that they will not be recruiting each others potential applicant or staff that are currently in place. | |

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| **VIII. TCOOMMI Update**<br><br>- **Dee Wilson** | Dr. Griffin next called on Dee Wilson to provide the TCOOMMI update.<br><br>Ms. Wilson noted that the two summaries included at Tab E of the agenda packet are the monthly summaries for continuity of care and the MRIS program. She stated that in the future she will be reporting quarterly summaries for both of these programs.<br><br>Ms. Wilson reported that her office does the pre-release for all special needs offenders coming out of TDCJ-CID six months in advance. She noted on the continuity of care statistical report, #II which lists the releases by release type / diagnosis show that there were only 30 medical referrals compared to 308 referrals for mental health. She is currently working with Health Services and IT office about getting better numbers for these as there should be more medical referrals then for psychiatric referrals.<br><br>Ms. Wilson then stated that her office is spending a lot of time on setting up discharge appointments for state jails which is required by law but 90% do not show up for these appointment. She is working with the medical staff to improve on these as well.<br><br>Ms. Wilson next noted that she is again working with the medical staff to improve the numbers for MRIS referrals as they are receiving higher external referrals than from the internal source which is from unit medical. | Dr. Linthicum asked if there currently was a statute that allows some of the sex offenders to be eligible for MRIS to offset high medical costs?<br><br>Ms. Wilson stated that if the sex offender met certain criteria they would be eligible.<br><br>Dr. Griffin then asked if the criteria would be like the patient being on a ventilator?<br><br>Ms. Wilson responded that it would have to be more like being in a persistent vegetative state. She further noted that Dr. Linthicum helped come up with the language in order for a limited number of terminally ill offenders to qualify for this.<br><br>Dr. Linthicum recalled that approximately two or three years ago, UTMB had terminally ill offenders in their care as those offenders were not eligible for release under MRIS due to the nature of being convicted of a sexual offense.<br><br>Mr. Cavin asked if UTMB still had such cases?<br><br>Dr. Murray responded that they currently have one patient who has occupied one of the ICU bed for at least a year. UTMB is working on expanding the ventilator services so that he can be released from ICU. | |

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| **IX. Joint Infection Control Committee Overview**<br><br>**- Mike Kelley, M.D.** | Dr. Griffin thanked Ms. Wilson for the update then called on Dr. Kelley to provide the Joint Infection Control Committee Overview.<br><br>Dr. Kelley stated that the Joint Infection Control Committee's primary functions are to monitor incidence of infections; review, evaluate and make recommendations regarding factors within TDCJ that may have a bearing on infection control; recommend control measures; and develop infection control policies.<br><br>He further noted that this committee is chaired by the TDCJ Director of Preventive Medicine and it's membership includes the preventive medicine staff; university medical, dental and nursing directors; the Director of Pharmacy, and representatives from TDCJ's Laundry and Food Service, Transportation and Risk Management offices.<br><br>The Infection Control Manual is a system-wide resource manual and the policies are reviewed annually. It contains sections on employee health; management and control of specific diseases; disease reporting and infection control practices; offender occupational and housing issues; and food-borne outbreak procedures.<br><br>Most of the policies are developed through the standard method of reviewing other literature, using national and state guidelines such as those from the Centers for Disease Control (CDC), Department of State Health Services (DSHS), National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA).<br><br>Dr. Kelley reported that there are two reserved policies that come to this committee for approval which are the HIV and Hepatitis policies which vary some as it includes medical specialist representation.<br><br>In addition to the policy review, Dr. Kelley concluded by stating that the committee looks at different special interest items such as HIV sero-conversions, pandemic flu preparedness, employee TB testing, use of safety needles, drug utilization for occupational post exposure prophylaxis and staph aureus susceptibility patterns.<br><br>Hearing no further discussion, Dr.Griffin thanked Dr. Kelley then asked him to present the next two items on the agenda. | | |

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| **X. Purchase of Pandemic Flu Medication**<br><br>**- Mike Kelley, M.D.** | Dr. Kelley recalled that at a prior meeting, he had reported on the potential impact of pandemic flu on the system by using the CDC model. Based on that model, during a six week period about 38,000 – 39,000 offender cases are expected with an excess of 84 deaths or three times the normal rate. The hospital demands would peak at 64% of the current capacity but Dr. Kelley noted that is on top of what is currently needed which means 164% of the current capacity. ICU bed requirements from the flu alone would be 125% of the current capacity, and ventilator demands would be 251% of the current capacity. To slow the spread of flu and an alternative way to reduce that peak prolonging the pandemic wave is by treating with oseltamivir.<br><br>Dr. Kelley continued by stating there are no data regarding reduction in mortality or hospitalization for high risk adults, but it has been shown to reduce hospitalization in children by 50% and healthy adults by 60%. He added that this drug can be a way to preserve resources before the pandemic flu strikes.<br><br>Dr. Kelley then noted that the table presented at Tab G of the agenda packet shows three scenarios for purchasing enough drugs to treat 25% of the offender population and enough drugs for UTMB and TTUHSC health care workers. He further explained that the three different scenarios contain different pricing that are available from the subsidized price, the contract price which is available until November, and the wholesaler price. | Mr. Revill asked what the definition of oseltamivir was?<br><br>Dr. Linthicum responded that oseltamivir is the scientific name for Tamiflu.<br><br>Mr. Revill then asked if the treatment starts after they contract the flu or before?<br><br>Dr. Kelley responded the treatment start ideally within 24 – 48 hours of the onset of the symptoms.<br><br>Mr. Revill acknowledged that the recommended amount of drugs to purchase was 25% as reported by Dr. Kelley, but then asked what would be the optimum purchase point if there were more funds available?<br><br>Dr. Kelley responded that it was hard to predict but the previous pandemic attack rate was between 13% - 35% and used the average of the two to get 25%.<br><br>Dr. Griffin then questioned the likelihood of the pandemic flu within the next five years.<br><br>Dr. Linthicum added that it was best to take the pro-active stance before the pandemic flu hits. She further noted that the Commissioner of Health provided a written letter to every state agency in Texas stating that CDC is providing the opportunity to purchase the drugs to stockpile using the discounted pricing available. | |

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| - Purchase of Pandemic Flu Medication (Cont.) | Dr. Kelley added in reference to the five year shelf life for the drugs, CDC is in discussion with the manufacturer about the possibility of rotating stock or recertify it to extend that shelf life. As to when the pandemic flu may hit is a guess but the conditions are right and all three prior cases with the Spanish Flu, the Asian Flu and Hong Kong Flu were caused by strains that were either a mutation or recombination of the human strain with the avian flu which is out there today. | If the drugs are not purchased and the flu epidemic hits, Dr. Linthicum stated not only will this be an issue with state leadership, it will be more costly to buy the drugs at that point with the possibility of not having the drugs available to purchase.<br><br>Dr. Linthicum further noted that TDCJ is like a city having 153,000 offenders in custody, so advance planning to include drug purchases, having personal protective equipment available; having plans on how to quarantine these patients is crucial. Numerous meetings have taken place with various departmental staff to work out a contingency plan in the event the pandemic flu epidemic hits the system.<br><br>Ms. Frazier recognizes the fact there are over 150,000 offenders incarcerated, but she pointed out that the offender populations are spread out all over the State of Texas. She then stated that while some cities get hit with the flu, others do not.<br><br>Mr. Revill noted that the shelf life of the drug is 5 years. He understood what was being proposed is a $600,000 expenditure for something that would be like an insurance policy that will be in effect for 5 years which averages out to an annual cost of a little over $100,000.<br><br>Mr. Sapp clarified that the motion prepared for the committee's consideration does not fully fund this amount at this time as this will be funded with the end of year balance which is closer to $200,000.<br><br>Mr. Revill then asked when the discounted price expires to purchase these drugs?<br><br>Dr. Linthicum responded that it will be in effect until the drugs run out. | |

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| - Purchase of Pandemic Flu Medication (Cont.) | Dr. Griffin asked if there were any further questions or discussions before he entertained a motion. | Dr. Griffin asked again how many deaths did the CDC model project?<br><br>Dr. Kelley responded that CDC used the model based on the severity of the Spanish Flu pandemic of 1918 to project 84 deaths within a six week period.<br><br>Dr. Griffin then asked if this population consisted mainly of healthy adults in comparison to the types of individuals that are incarcerated?<br><br>Dr. Kelley answered that the model was based on healthy young adults.<br><br>Dr. Jumper then asked what percent of the offender population will be receiving the flu vaccines?<br><br>Dr. Kelley responded that CDC is recommending 20,000 a year.<br><br>Dr. Griffin further asked if that included health care providers and security staff?<br><br>Dr. Kelley responded that health care staff will be provided for but not the security staff.<br><br>Dr. Linthicum added that TDCJ is planning to buy the same medications for the security staff.<br><br>Dr. Jumper asked if the motion is for purchasing the drugs up to the available funding amount?<br><br>Dr. Griffin stated that it was. | Ms. Frazier moved that the committee purchase Tamiflu as presented by Dr. Kelley up to the extent possible with the available funds.<br><br>Mr. Revill seconded the motion. The motion passed by unanimous vote. |

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| **X. Changes to HIV Testing Policy (SB 453)**<br><br>**- Mike Kelley, M.D.** | Dr. Kelley next presented a brief overview of the changes to the HIV testing policy for the committee's approval. This policy change due to the passage of SB 453 which requires that all TDCJ offenders be tested for HIV at intake as well as prior to release. The new language is provided on page 3 of the HIV policy included at Tab H under Section B Mandatory Testing. He further clarified that every offender who is not already known to be HIV positive must be tested for HIV infection during the intake evaluation as required by Section 501.054 of the Texas Government Code. Although the test is mandatory under law, consent for testing still must be obtained. If the offender refuses even after being informed that the test is required by law, the unit Practice Manager or of equivalent position will refer the offender to the unit disciplinary officer for action according to the disciplinary process in place.<br><br>Dr. Kelley further stated that the HIV Subcommittee also recommended some changes to bring the committee up to date with the Department of Health and State Human Services by adding "intake units must report the number of tests done, the number of refusals and the number of diagnostic evaluation done to the Office of Preventive Medicine on a weekly basis" to the end of the new paragraph under Procedure I.B. The other change would be to add that those reports may be emailed or faxed to the office of Preventive Medicine by Tuesday of each week for the proceeding week. | Dr. Griffin asked for clarification when using the term disciplinary sanctions.<br><br>Mr. Nathaniel Quarterman responded that it is considered a major infraction for refusing to consent and a progressive disciplinary sanctions are in place with the harshest being loss of good time or solitary confinement.<br><br>Dr. Linthicum added that it was the legislative intent to not use force to obtain the HIV test. She further noted at this time, approximately 80% of offenders are tested at intake and are looking at only a small percentage who may refuse because they do not want to lose good time. | |

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| - Changes to HIV Testing Policy (Cont.) | | Dr. Linthicum noted that these additions will allow reporting of the implementation of the new law to the Legislature as needed and allow the identification of units that are not complying with the law which takes affect immediately. | |
| | Dr. Griffin hearing no further discussion or questions stated that he would entertain a motion. | | Dr. Linthicum moved that the committee adopt the revisions to the CMHCC Policy 14.11 on HIV Infection as outlined by Dr. Kelley.<br><br>Dr. Jumper seconded the motion. The motion passed by unanimous vote. |
| **XII. Funding Update and Approval** | Dr. Griffin thanked Dr. Kelley then called on Mr. Sapp to provide the Appropriations Summary. | | |
| - **Allen Sapp** | Mr. Sapp stated that he would first report on the supplemental appropriations request for the FY 2006 - 2007 biennium. | | |
| - Supplemental Appropriations | HB 15 Section 4 provides the $12.9M in supplemental appropriations for the university providers for their projected financial losses for the biennium. Table 1 on page 2 of the presentation provided at Tab I of the agenda packet reflect the breakout of those numbers and the totals. He noted as in the case with the last biennium, the distribution of these funds is to be made as soon as funds from HB 15 are made available, contingent upon the execution of contract amendments with the university providers that require the Chief of Financial Officer for the university to certify the losses projected for the biennium. He concluded this portion of his presentation by requesting a motion to approve the process.<br><br>Dr. Griffin hearing no further discussion stated that he would entertain a motion. | | Ms. Frazier moved that the committee allocate and authorize its staff to distribute the supplemental funding and further moved that the staff be authorized to make final adjustment and reconciliation of such allocations against final FY 2007 financial reports as presented by Mr. Sapp.<br><br>Dr. Linthicum seconded the motion. Motion passed by unanimous vote. |

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| - FY 2008 – 2009 Appropriations | Mr. Sapp stated the next item is the appropriations for the upcoming biennium and referred to the table on page 3 of his presentation provided at Tab I. The distribution of funds in the FY 2008-2009 budget allocates all funding provided in the base appropriations for correctional health care contained in strategies C.1.7 and C.1.8 of the TDCJ appropriation in HB 1. The funding for the expansion of mental health inpatient capacity at the Marlin VA Hospital is contingent upon transfer of the facility from the federal government to TDCJ.<br><br>Mr. Sapp then noted that in addition to the adjustment to the base level of funding for services to reflect current costs, it also increased funding for market adjustments to recruit and retain staff for a total of $21.7M; funding for increased costs of hospital and specialty care for $23.6M. He further reported that a request was made for pharmacy, capital equipment and other operating costs but are not currently funded for those items. The renovation and repair of the TDCJ Hospital in Galveston was funded through the General Obligation Bond rather than the general revenues.<br><br>Mr. Sapp then stated that the allocation being considered today is the total operating amount of $838.2M for the biennium does not include the $10.4M in the general obligation bond (GOB).<br><br>Mr. Sapp next reported on the appropriations riders by stating that the riders relating to employee medical care, reporting of financial data, operations shortfalls and limitation of expenditures have been continued with no changes. A rider for FY 2009 funding the operation of an inpatient mental health facility at the Marlin VA Hospital | Dr. Linthicum asked if this brings the committee back up to the base amount and if that negated the need to request supplemental funding?<br><br>Mr. Sapp responded that the start point for this year was $322M but already had a shortfall of $12.9M so that adjustment from the supplemental funding makes up that loss level and brings the adjustment basically back up to where we are spending today.<br><br>Dr. Linthicum asked if this covered funding for Hepatitis B.<br><br>Mr. Sapp responded that was correct and in addition to what he just reported, the Legislators asked for the resumption of the offender Hepatitis B Program for a budget of $12.8M. | |

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| - Funding Update and Approval (Cont.) | was added contingent upon the federal government transferring that facility and the state accepting it as he reported earlier. He then stated that there is also a rider that requires TDCJ to submit a detailed healthcare staffing analysis on each facility.<br><br>Mr. Sapp further stated that the budget allocations are calculated using a projected average daily population, plus or minus two percent for each university provider. Payments for medical and mental health services will be made on a sum-certain basis as long as the overall sector population remains within the population limits established.<br><br>As in the past, Mr. Sapp reported that the budget anticipates that the costs associated with psychiatric medications and the sharing of functions between medical and mental health services are paid from mental health funding. These allocations transfer funds from mental health to medical services for that purpose.<br><br>Mr. Sapp noted that these allocations are intended to fund the level of services outlined in the contracts for FY 2008-2009. He concluded by stating that the last three slides in his presentation provided at Tab I show the comparison on the allocation and expenses of the four prior years. He further reported in terms of the impact on the total cost per offender per day is being estimated at $6.93 by the end of this year. | Mr. Revill asked if the distribution of funding as listed on the LAR sheet had been reviewed by all parties prior to being finalized.<br><br>Mr. Sapp responded that it went to both universities in draft format for their review and input. He further stated that it is based on the LAR input and the staff looked at the House and Senate version, and in the conference committee report so both universities knew exactly where they stood.<br><br>Mr. Cavin added that the benchmarking point was the discussion with the State Auditor's Office about the comparison on per offender cost per day of the most ten populous states. Seeing some of the other states figures showing $11.00 - $16.00 and that information is from two to three years ago. | |

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| - Funding Update and Approval (Cont.) | Hearing no further discussions, Dr. Griffin thanked Mr. Sapp for the update then stated that he would entertain a motion.<br><br>Dr. Griffin next called on Ms. Shelton to provide the financial report.<br><br>Ms. Shelton began by stating that the financial report is provided at Tab J of the agenda packet. She then noted that progress is being made with the cooperation of the university providers in improving the timeliness of the financial reporting to the Committee and appropriate state agencies. For this reason, the financial summary will cover data from three monthly reports to include February through April 2007.<br><br>Ms. Shelton reported that Table 6 of the Second Quarterly Report for FY 2007 shows encounter data through the second quarter that indicates older offenders had a documented encounter with medical staff about three times as often as younger offenders. Table 7 indicates that offsite costs received to date this fiscal year for older offenders averaged approximately $1,476 per offender vs. $255 for younger offenders. As shown in Chart 15, the older offenders were utilizing health care resources at a rate of more than four times higher than | | Ms. Frazier moved that the Committee approve the FY 2008-2009 budget allocation and accompanying budget assumption as presented by Mr. Sapp; that the Committee authorize staff to make any final adjustments to the projected populations used in developing these allocation that may be necessary and to adjust the projected allocations accordingly; and that the Committee authorize staff to finalize the contractual arrangements for the next biennium in accordance with these budget allocations.<br><br>Dr. Linthicum seconded the motion. The motion passed by unanimous vote. |

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| **XIII. Financial Report**<br><br>- **Colleen Shelton** | than the younger offenders. While comprising only about 6.3% of the overall service population, older offenders account for 28.1% of the hospitalization costs received to date. She added that older offenders are represented four times more often in the dialysis population than younger offenders and the dialysis costs continue to be significant, averaging about $18.9K per patient per year. Providing dialysis treatment for an average of 187 patients through the second quarter of FY 2007 cost $1.8M.<br><br>Table 9 shows that the total drug costs through the second quarter totaled $15.0M. Of this, Ms. Shelton reported that $7.4M or just over $1.2M per month was for HIV medication costs, which was about 49% of the total drug cost; psychiatric drug costs were approximately $0.7M or about 5% of overall drug costs; and Hepatitis C drug costs were $0.6M and represented about 4% of the total drug cost.<br><br>Ms. Shelton stated that the overall health care costs through April of FY 2007 totaled $282.7M. On a combined basis, this amount exceeded overall revenues earned by the university providers by approximately $4.7M. UTMB's total revenue through April was $224.1M; expenditures totaled $224.9M, resulting in a shortfall of $0.8M. Texas Tech's total revenue through April was $53.9M, expenditures totaled $57.8M, resulting gin a shortfall of $3.9M.<br><br>Of the $282.7M in expenses reported, onsite services comprised $135.2M or about 47.8% of expenses; pharmacy services totaled $27.7M or about 9.8%; offsite services accounted for $84.4M or 29.8% of total costs; mental Health services totaled #25.8M or 9.1% and indirect support expenses accounted for $9.6M or about 3.4% of the total costs.<br><br>Ms. Shelton further reported that Table 4 shows that the total cost per offender per day for all health care services statewide through April, 2007, was $7.70, compared to $7.61 through the end of the FY 2006. The average cost per offender per day for the last four fiscal years was $7.53.<br><br>She again noted that the reporting of reserves is a legislative requirement that both UTMB and Texas Tech are required to 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 $826.111 through the end of April Texas Tech reports that they hold no such reserves and report a total shortfall of $3,865,382 through April. | Dr. Griffin recalled the high cost for treating dialysis patients and asked if those individuals would qualify to the appropriate referrals?<br><br>Dr. Linthicum noted that some of those crimes were committed while the individual was on dialysis treatment. | |

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| - Financial Report (Cont.) | A summary analysis of the ending balances, revenues and payments through April FY 2007 for all CMHCC accounts is included in this report at Table 5. The summary indicates that the net unencumbered balance on all CMHCC accounts on April 20, 2007 was $983,922.48.<br><br>Ms. Shelton next reported on financial monitoring by stating that the detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies, procedures and contractual requirements. The testing of detail transaction performed on TTUHSC's financial information is in process and will be reported in the next financial report. The testing of detail transactions performed on UTMB's financial information for February resulted in the reclassification of applicable waste disposal services expenses to non-TDCJ accounts. The testing of the March and April information is currently in process and will be reported in the May financial reports.<br><br>Ms. Shelton concluded by stating that she would be happy to answer any questions. | | |
| **XIV. Public Comment(s)**<br><br>**Marthann Dafft** | Dr. Griffin thanked Ms. Shelton for the financial report. He then noted that at each regular meeting of the CMHCC will include an opportunity for the Committee to receive public comments. He then noted that he had one registered speaker and called on Ms. Marthann Dafft.<br><br>Ms. Dafft thanked the committee for their hard work and for the opportunity to address the issues concerning her son's mental health care. She stated that the foremost concern was her son not getting the right medication for his problems with anxiety and depression. She further noted that there is no consistency with his care and her son has been on one medication to another and at times will have withdrawals and side affects stemming from this change.<br><br>Ms. Dafft noted again how much she appreciates what the Committee does and that she has learned so much from attending the meetings. | Dr. Jumper asked that Ms. Dafft talk with Gary Tonniges after the meeting and he will look into her concerns. | |

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| | Dr. Griffin thanked Ms. Dafft for attending the meeting and for sharing her concerns with the Committee. | | |
| **XV. Date and Location of Next Meeting**<br><br>**- James Griffin, M.D.** | Dr. Griffin then stated that the next meeting is scheduled for 9:00 a.m. on September 25, 2007 to be held at the Dallas Love Field Main Terminal Conference Room A. | | |
| **XVI. Adjournment**<br><br>**- James Griffin, M.D.** | Dr. Griffin thanked everyone for attending, the committee staff for their hard work, and Ms. Shelton for bringing the Committee current on the financial reporting.<br><br>Hearing no further discussions, Dr. Griffin adjourned the meeting. | | |

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

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Date:

# ATTACHMENT 1