

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
September 25, 2007**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Elmo Cavin, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Ben G. Raimer, M.D.

CMHCC Members Absent: Bryan Collier, Jeannie Frazier, Larry Revill, Desmar Walkes, M.D.

Partner Agency Staff Present: Owen Murray, D. O, John Allen, Steve Alderman, The University of Texas Medical Branch; Gary Tonniges, Nancy Spain (Retired) Texas Tech University Health Sciences Center; Dee Wilson, Nathaniel Quarterman, Jerry McGinty, George Crippen, R.N., Cathy Martinez, Rebecca Berner, Texas Department of Criminal Justice; Allen Hightower, Allen Sapp, Tati Buentello, CMHCC Staff, Lynn Webb future CMHCC Staff.

Others Present: Martha Ann Dafft, Representing Self

Location: 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>II. Recognitions and Introductions</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin called the CMHCC meeting to order at 9:00 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.</p> <p>Announcement of new CMHCC Member:</p> <p>Dr. Griffin announced that Mr. Brad Livingston, Executive Director, appointed Mr. Bryan Collier to be the non-physician member representing TDCJ. Mr. Collier is filling in the position vacated by Mr. Ed Owens. Dr. Griffin further noted that Mr. Collier was unable to attend this meeting due to prior commitments but will be officially introduced and welcomed at the next meeting.</p> <p>Dr. Griffin next introduced Mr. Lynn Webb who has been selected to serve as the CMHCC Finance Manager who will be joining the staff formally in October. Dr. Griffin stated that Mr. Webb has more than 28 years of hospital finance experience and most recently served as controller and chief financial officer at Healthsouth Rehabilitation Hospital in Beaumont. He further noted</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (Cont.)</p>	<p>that Mr. Webb also has experience as both a Medicare auditor and an auditor for Blue Cross. Dr. Griffin on behalf of the committee then welcomed Mr. Webb to the staff.</p> <p>Dr. Griffin next introduced Mr. Jerry McGinty who was recently named as the Deputy Chief Financial Officer for TDCJ and welcomed him to the meeting.</p> <p>Dr. Griffin then called on Mr. Sapp, Dr. Linthicum and Dr. DeShields to present the certificate of appreciation to Ms. Nancy Hurt-Spain for her dedicated and key leadership role with TTUHSC and the correctional healthcare program.</p> <p>Dr. Griffin stated that he would entertain a motion to adopt the Resolution as provided by Mr. Sapp.</p>	<p>Mr. Sapp noted that Ms. Spain quietly retired several months ago from her position as the Administrator, Office of Standards / Compliance and as Institutional Deputy Compliance Officer for TTUHSC, but all the partner agencies wanted to properly recognize her for her outstanding service to the Texas correctional health care program. He then read and asked that the committee adopt the Resolution of Appreciation being presented to Ms. Spain. (copy provided at Attachment 1).</p> <p>Dr. Linthicum next acknowledged Ms. Spain for her tireless service, for steering the nursing policies for the correctional health care program and for always exhibiting her West Texas can-do attitude.</p> <p>Dr. DeShields also noted that Ms. Spain was a staunch nursing and patient advocate which are two of the most admirable attributes in this profession and applauded all of her accomplishments.</p>	<p>Mr. Elmo Cavin moved that the committee adopt the Resolution of Appreciation to Ms. Spain as presented by Mr. Sapp.</p> <p>Dr. Ben Raimer seconded the motion, which prevailed by a unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Excused Absence</p> <ul style="list-style-type: none"> - James D. Griffin, M.D. <p>IV. Consent Items</p> <ul style="list-style-type: none"> - James D. Griffin, M.D. <p>V. Executive Director's Report</p> <ul style="list-style-type: none"> - Allen Sapp 	<p>Dr. Griffin next noted that Dr. Ben Raimer and Dr. Desmar Walkes were absent from the June 26, 2007 CMHCC meeting due to scheduling conflicts then stated that he would entertain a motion to excuse their absence.</p> <p>Dr. Griffin then stated next on the agenda was the approval of the consent items to include approval of the Minutes from the June 26, 2007 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's report and the Summary of Joint Committee Activities.</p> <p>He asked if any of the members had any specific consent item(s) to pull out for separate discussion? Hearing none, stated that he would entertain a motion.</p> <p>Dr. Griffin next called on Mr. Sapp to present the Executive Director's Report on behalf of Mr. Hightower who was recovering from a recent medical procedure.</p> <p>Mr. Sapp thanked the Chairman and noted that the Executive Director's Report is provided on page 73 of the agenda packet. He then stated that he would briefly summarize the significant activities relating to the correctional health care program since the last meeting.</p>	<p>Ms. Spain thanked the committee for the recognition but stated that whatever achievement she had could not have been accomplished alone and credited her magnificent support team and nursing staff, then thanked her mentors who taught her to treat each patient's health care needs without taking away their dignity.</p>	<p>Mr. Cavin moved that Dr. Raimer and Dr. Walkes absence from the June 26, 2007 CMHCC meeting be excused.</p> <p>Dr. Jumper seconded the motion. Motion passed by unanimous vote.</p> <p>Dr. Jumper moved to approve the consent items as presented in the agenda packet.</p> <p>Dr. Linthicum seconded the motion. Motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - FY 06-07 Supplemental Appropriations 	<p>Mr. Sapp reported that the contract amendments authorized as a result of the FY 2006-2007 supplemental appropriations to UTMB and TTUHSC were executed following the approval by the committee at the last meeting. Those payments were completed in August and as required by the committee's motion, each invoice was accompanied by a certification from the university Chief Financial Officer that outlined the projected losses.</p>		
<ul style="list-style-type: none"> - Contract Amendment Pandemic Flu Medication 	<p>Mr. Sapp also recalled that at the last meeting, the committee authorized a contract amendment be executed for the purchase of pandemic flu medication made available at a subsidized rate by the Texas Department of State Health Services. A total of \$230,000 was identified as available for the purpose of providing a contingency stock of the pandemic flu medication. In the event of a pandemic flu outbreak, he noted that UTMB would distribute this medication statewide as directed by the Joint Infection Control Committee.</p>		
<ul style="list-style-type: none"> - FY 08-09 Contract 	<p>Mr. Sapp again noted that at the last CMHCC meeting, the Committee approved the budget allocations and were provided a summary of key changes to the proposed new contracts for the upcoming budget cycle. Since that meeting, all three master contracts for the FY 2008-2009 biennium were completed and fully executed in a timely manner. He then expressed his appreciation to all those involved for their cooperation and assistance throughout the contract renewal cycle.</p>		
<ul style="list-style-type: none"> - CMHCC Finance Manager Position 	<p>Mr. Sapp next reported that Ms. Colleen Shelton submitted her resignation effective July 27th from her position as the CMHCC Finance Manager in order to accept a regional financial management position with a private hospital corporation. He then stated that while Ms. Shelton will be missed as a member of the CMHCC staff team, the committee is looking forward to Mr. Lynn Webb joining the team and picking up those duties as noted earlier by Chairman Griffin.</p> <p>Mr. Sapp concluded by stating on a personal note that after careful consideration and with mixed emotions he had reached the decision to retire from the correctional health care program in November of this year.</p>	<p>Dr. Griffin stated that he would entice Mr. Sapp to attend the next meeting so that he can be formally recognized on the record for his services to the State of Texas.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="107 191 443 250">VI. Performance and Financial Status Update</p> <p data-bbox="163 285 306 311">- Allen Sapp</p>	<p data-bbox="489 191 1083 250">Dr. Griffin next asked that Mr. Sapp provide the performance and financial status update.</p> <p data-bbox="489 285 1083 373">Mr. Sapp reported that over the course of the FY 2006-2007 biennium approached the anticipated average service population of 151,700.</p> <p data-bbox="489 409 1083 584">Mr. Sapp noted that the aging offenders continue to rise at a steady rate. In May 2007, for the first time in TDCJ history, the number of offenders aged 55+ and older topped 10,000 as reported at the last meeting. This number has leveled off in June but will be back above that mark in July.</p> <p data-bbox="489 620 1083 795">The psychiatric inpatient census averaged pretty consistently at 2,000 and the psychiatric outpatient census has remained consistently between 19,000 – 21,000. Again, both the psychiatric inpatient and outpatient census are over the expected budgeted levels.</p> <p data-bbox="489 831 1083 1071">The access to care indicators which shows the percent of compliance through the biennium overall are averaging in the 98 percentile. The medical indicator number nine which is the follow-up review appointment was averaging at 96%. Mr. Sapp noted that the ups and downs leveling off in the last six month period is probably indicative of the vacancy situation being addressed.</p> <p data-bbox="489 1107 1083 1256">Mr. Sapp then reported that mental health access to care is consistently between the 98% - 99% range; and the dental access to care has improved in the area of follow-up care as noted in the chart provided at page 82 of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Performance and Financial Status Update (Cont.)</p>	<p>The UTMB position vacancy chart on page 83 shows the seven quarters of the fiscal biennium which ranges from 10% - 15% across the provider categories except the dental vacancy rates which are considerably lower.</p> <p>TTUHSC vacancy rates have been historically higher as they are affected by the challenges of recruiting staff in some of their more remote geographic locations in Texas. Their nursing staff vacancy rates are at 15% or higher but Mr. Sapp again cautioned that the psychiatric vacancy numbers can look deceptively higher because of the lower number of the total psychiatric positions.</p> <p>Mr. Sapp further noted that the timeliness of medical summaries for the Medically Recommended Intensive Supervision Program (MRIS) have remained consistent.</p> <p>In terms of financial indicators, TTUHSC's expenses have been exceeding their revenues throughout the fiscal year as had been projected. On a month by month basis, TTUHSC has been at a loss each month and accumulatively at the end of June was approximately \$4.8M in the red. Mr. Sapp then noted that this amount is prior to the consideration of the supplemental appropriation funding.</p> <p>UTMB data shows that the revenues exceeded the expenses in some months and vice-versa. Mr. Sapp stated that those are again dictated to some degree by the bi-weekly payroll schedule and that scheduling of transactions impact this more than anything else. Cumulatively at the end of June, UTMB was \$0.4M in the red.</p> <p>Mr. Sapp concluded by stating that as he noted in the Executive Director's Report earlier, the supplemental appropriations payments were completed in August and both universities provided invoices accompanied by a certification from the university that outlined the projected losses.</p>	<p>Dr. Linthicum asked what the amount of the supplemental appropriations were for both universities?</p> <p>Mr. Sapp responded approximately to \$5.1M for UTMB and \$7.8M for TTUHSC.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. CMHCC Critical Vacancy Updates</p> <p>- Allen Sapp</p>	<p>Dr. Griffin then noted that at the June meeting, he had asked for an update to be provided as a permanent agenda item relating to critical vacancy positions that would potentially impact the healthcare services being provided. He then called on Mr. Sapp to provide the initial update.</p> <p>Mr. Sapp noted that the critical vacancy position listing for all three partner agencies is provided at page 93 of the agenda packet. He further stated that he basically set up a format then asked the three Medical Directors to submit the position vacancies. Mr. Sapp then stated that the definition as to what constitutes a critical vacancy is continuing to be looked at but the information presented provides a sample of what positions are currently unfilled and the action(s) being taken to date in working towards filling those position.</p>	<p>Dr. Griffin then asked each of the three medical directors to comment on those vacancies in their sector.</p> <p>Dr. Murray stated that the biggest concern that both he and Dr. DeShields have faced collectively for the physicians and mid-level practitioners is the need for those salaries to be comparable to the market levels in order to attract and recruit qualified professionals. The mental health director for example took close to three years to fill. Dr. Murray further stated that the salary ranges were competitive at one time but had fallen behind for the last 24 months and now they need to entertain new and innovative strategies such as a loan repayment program that may help recruit applicants.</p> <p>Dr. Linthicum agreed and also added that there is a constant competition between the three partner agencies recruiting staff away from one another. She recommended that a strategy be looked at in terms of an equalization of salaries across the board for the three agencies that are comparable to the market level.</p> <p>Dr. DeShields stated that being situated in rural locations and being so dispersed throughout West Texas makes it even more challenging to recruit applicants. TTUHSC is also looking for new innovative strategies such as sending out information to the post graduate programs with the available job postings. She did note that the legislative increases</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. TDCJ Medical Director's Report</p> <ul style="list-style-type: none"> - Lannette Linthicum, M.D. - Office of Professional Standards - Capital Assets Contract Monitoring - Preventive Medicine Program 	<p>Dr. Griffin remarked that this is a good example of the kinds of issues concerning the CMHCC program that the state leadership should be made aware of. He then thanked Mr. Sapp for formatting the critical position vacancy update information and for the comments presented by the three Medical Directors.</p> <p>Dr. Griffin hearing no further discussions, called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p> <p>Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 95 of the agenda packet.</p> <p>During the third quarter of FY 2007, Dr. Linthicum reported that ten operational review audits were conducted. The Office of Professional Standards received a total of 3,137 correspondences of which 251 action requests were generated. Patient Liaison Program received 1,435 correspondences and of those 105 action requests were generated. Step II Grievances received 1,702 correspondences and generated 146 action requests.</p> <p>Dr. Linthicum further reported that 50 access to care audits were conducted with a total of 450 indicators reviewed. Of those 450 indicators, 83 or 18% fell below the 80 percent compliance rate.</p> <p>The Capital Assets Contract Monitoring Office audited 9 units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting inventory procedures.</p> <p>Dr. Linthicum next reported that the Preventive Medicine Program monitors the incidence of infectious diseases within TDCJ. For the third quarter of FY 2007, there were 171 reports of suspected syphilis; 18,476 HIV screens were conducted; and 9,385 offenders identified for pre-release HIV tests for a total of 27,861 tests performed. She then noted that 140 new cases of HIV and 20 new AIDS cases were identified; and 7 offenders have been found to be HIV positive in pre-release testing.</p>	<p>approved during the last session have helped but are still around 25% below the salaries being offered at the Federal Correctional Systems.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Preventive Medicine Program (Cont.) 	<p>Dr. Linthicum recalled at the June meeting, the committee adopted and approved the new HIV policy that was consistent with HB 453 that requires HIV testing and reported that this was implemented on July 1, 2007.</p> <p>Dr. Linthicum next reported that 881 MRSA cases were identified during this quarter compared to 956 during the same quarter of FY 2006. There was an average of 18 TB cases under management versus an average of 20 per month during the same period of the previous fiscal year.</p> <p>The Sexual Assault Nurse Examiner (SANE) Coordinator whose position is funded through the Safe Prisons Program is trained 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. Out of 17 facilities, 116 staff members participated in the sexual assault in-service training so far this year and 140 chart reviews for victims were performed from January through May 2007.</p>	<p>Dr. Griffin asked if the HIV numbers reported were pre-mandatory testing then asked if there are any projections as to what those numbers will become or if they would stay the same?</p> <p>Dr. Linthicum responded that the numbers were for pre-mandatory testing. She further stated that Dr. Michael Kelley, Director of Preventive Medicine looked at this and noted they were already capturing 80% of the intake population.</p> <p>Mr. Sapp agreed stating that the numbers would not go up much higher as the majority of the population have already been captured</p> <p>Dr. Griffin then asked if the legislative intent was to protect the general population by releasing the information gathered by TDCJ?</p> <p>Dr. Linthicum responded that there has always been public perceptions that prisons were the breeding ground for HIV transmission. With this, there will be data on the status at intake and also the status upon discharge. This data then provides information on sero-prevalence transmission within the prison system. She further noted that the emphasis is on knowing the status and how to take care of one-self by getting treatment early so that it does not progress in to AIDS. She then stated that the State Department of Health has the responsibility for partner notifications.</p>	
<ul style="list-style-type: none"> - Mortality and Morbidity 	<p>The Mortality and Morbidity Committee reviewed 107 deaths. Of these, ten cases were referred to peer review committees. Breakout of those cases are provided on page 98.</p>		
<ul style="list-style-type: none"> - Mental Health Services Monitoring 	<p>The summary of the Mental Health Services Monitoring and Liaison is provided on page 98 of the agenda packet.</p>		
<ul style="list-style-type: none"> - Clinical Administration 	<p>During the third quarter of FY 2007, 10 percent of the combined UTMB and TTUHSC hospital (2,832) and infirmary (603) discharges were audited. The breakdown of the hospital and infirmary discharges, the accreditation data and the administrative segregation audit information are also provided on page 98.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li data-bbox="121 253 319 277">- Accreditation <li data-bbox="121 500 470 553">- Research, Evaluation and Development Group (RED) <li data-bbox="92 922 453 980">VII. Medical Director's Report (UTMB) <li data-bbox="149 1015 417 1039">- Owen Murray, D. O. 	<p data-bbox="575 253 1230 492">Dr. Linthicum next reported that the ACA hearings were held at the April 13-17, 2007 Correctional Accreditation Managers Association Conference in Kentucky. A total of 12 TDCJ facilities were presented to the panel of commissioners. Initial accreditations were awarded to 7 of those facilities, reaccreditations were awarded to 5 and noted that the agency now has a total of 64 accredited facilities.</p> <p data-bbox="575 526 1230 919">Dr. Linthicum next stated that this will be the last report from the Research, Evaluation and Development (RED) Group as it is no longer a division of TDCJ with the recent departure of Ms. Dimitria Pope. This area has been reassigned to the Executive Services Division and Dr. Linthicum noted that she will be working with them on the biomedical research format. She then reported that there were six Health Services Division active monthly medical research projects, seven medical research projects pending approval, and 18 Correctional Institutional Division active monthly medical research projects and the listing of those projects are found under the consent item on pages 50-54 of the agenda packet.</p> <p data-bbox="575 953 1230 1040">Dr. Griffin hearing no further questions, thanked Dr. Linthicum for the report. He then called on Dr. Owen Murray to present the UTMB Medical Director's Report.</p> <p data-bbox="575 1075 1230 1463">Dr. Murray reported that after close to 3 years of searching for a Mental Health Director, UTMB has hired Dr. Joe Penn who is board certified in forensics, child and adolescence as well as general psychiatry. Dr. Penn is currently a faculty member at Brown University that provides mental health services for the Rhode Island Youth Commission. Dr. Murray further noted that Dr. Penn has extensive experience with the National Commission currently serving on the Board of Directors and is the president-elect of NCCHC. Dr. Penn has a start date of January 2008 but will start doing some work by mail. Dr. Murray stated that Dr. Penn will be attending the March 2008 CMHCC meeting to be formally introduced to the committee.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Medical Director's Report (TTUHSC)</p> <p>- Denise DeShields, M.D.</p>	<p>Dr. Murray also noted that upon the retirement of the mental health director at the Skyview Unit, he was happy to report that they were able to fill that position with an internal candidate.</p> <p>Dr. Murray next reported that he and Dr. Linthicum continually sought out different initiatives to promote better relationships and to be more accessible to the public as to how the correctional health care program operates. In that spirit, they have invited the offender advocacy group, CURE to visit UTMB to include the hospital; to meet the divisional teams, and have staff provide brief presentations. This tour is scheduled for Thursday, Sept. 27th. He hoped to continue doing so by inviting other advocacy groups to be part of future tours in both sectors. Dr. Murray concluded by stating that UTMB and TTUHSC together with TDCJ are ready to provide that level of interaction.</p> <p>Dr. Griffin asked if there were any questions or further discussion. Hearing none, thanked Dr. Murray for the report then called on Dr. DeShields to present the TTUHSC Medical Director's Report.</p> <p>Dr. DeShields stated as noted earlier during the critical vacancy update discussions; position vacancy rates continue to be a problem for TTUHSC. The area of particular concern is the difficulty in recruiting for the psychiatric department. She did however note that the dental vacancy rate improved from her last report. Dr. DeShields hoped to see improvements within the next few months with increases in salaries and shift differential to recruit qualified applicants.</p> <p>Dr. DeShield then reported that currently there are 29 offenders housed at the Montford Regional Medical Facility. Of those 29 beds, 21 house long term care patients and eight were for dialysis patients. She concluded by stating they will begin hiring additional staff for those positions still vacant at the facility.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. TCOOMMI Update</p> <p>- Dee Wilson</p>	<p>Dr. Griffin thanked Dr. DeShields for the report then called on Ms. Dee Wilson to provide the TCOOMMI update.</p> <p>Ms. Wilson began by noting that she is also facing difficulties with position vacancy rates particularly in filling the psychiatric positions.</p> <p>She then stated that a Memorandum of Understanding (MOU) between TDCJ and the Department of Assistive Rehabilitative Services (DARS), the Department of Health Services (DSHS), and the Department of Aging and Disability Services (DADS) is provided in the agenda packet on pages 101-104. Ms. Wilson reported that the MOU establishes continuity of care and service program for offenders with physical disabilities, the elderly, the significantly or terminally ill, and the mentally ill.</p> <p>Ms. Wilson stated that this MOU also develops interagency rules, policies and standards for the coordination of care and services of and exchange information on offenders with special needs, as well as, identifying services needed by offenders with special needs to re-enter successfully back into the community.</p> <p>Ms. Wilson further noted that the definition of elderly vary slightly as TDCJ uses age 55+ whereas the DARS defines the elderly as 65+ and that number is what is being in use at this time. She then stated that he definition applied to the population such as significant medical or terminal illnesses will be 6 months or less.</p> <p>Ms. Wilson concluded by stating that they will continue to monitor and track these individuals on their health care information and that she would entertain any questions.</p>	<p>Dr. Linthicum added that the reason TDCJ uses age 55+ is because an offender's physical condition in most cases is 10 years older anatomically.</p>	
<p>IX. Joint Pharmacy and Therapeutics Committee Overview</p> <p>- Stephanie Zepeda</p>	<p>Hearing no further questions, Dr. Griffin stated that the next item on the agenda will be an overview of the Joint Pharmacy and Therapeutics (P & T) Committee and called on Ms. Stephanie Zepeda, Director of Pharmacy.</p> <p>Ms. Zepeda began by stating that the Joint Pharmacy and Therapeutics Committee meets bi-monthly and the primary function of the committee is to develop the statewide medication formulary as well as the drug use policies and procedures. The committee also has the responsibility to ensure safe and cost effective drug therapy and disease management guidelines.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Joint Pharmacy & Therapeutics Committee Overview (Cont.)</p>	<p>Ms. Zepeda then stated that the P & T provides corrective action plans on how to make improvements by developing quality assurance programs related to drug use; by developing medication use evaluation studies; and, of implementing changes as needed.</p> <p>The P & T is a multi-disciplinary committee with representation from all three partner agencies. Current members include the university medical directors, the medical director for TDCJ Health Services and her designee, the university regional medical directors as well as divisional and district medical directors. Ms. Zepeda stated in addition to her role as the Director of Pharmacy, she also serves as the secretary for the committee. There are also appointed members to include nursing, dental, mental health representation and ex-officio members that the committee appoints on occasion to assist on special projects or in areas of special interest where their expertise is needed. She then added that the chairperson is appointed by the TDCJ Health Services Medical Director for a 2 year term. She then noted that the role of the Chair is to function as a nonpartisan facilitator that votes only to break a tie.</p> <p>In terms of resources, Ms. Zepeda noted that the primary publications are the statewide CMC Drug Formulary book, the Policy and Procedures Manual, the Disease Management Guidelines (DMG) as well as the complimentary patient educational materials. She further added that the CMC formulary is available electronically on TDCJ's Forvus and the EMR/PRS system and they also have electronic copies of the Policy and Procedures Manual, the DMG and the educational materials on the UTMB-CMC internal website.</p> <p>Ms. Zepeda next reported that the CMC Pharmacy Policy and Procedure Manual is reviewed at least annually but may be reviewed more frequently if there are any changes in rules or regulations from any other state agencies such as the Texas State Board of Pharmacy, or the Board of Medical or Nurse Examiners. She further stated that they also look at different state and national regulations or accreditation standards from organizations such as NCCHC or ACA.</p> <p>The DMG tools are developed by the practitioners to ensure consistent and cost effective care is provided across all the facilities and are reviewed every three years or sooner as needed.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Joint Pharmacy and Therapeutics Overview (Cont.)</p>	<p>Ms. Zepeda then stated they currently have 37 disease management guidelines that ranges in topics from acute, chronic, medical and mental health. The recent action items of interest include the new Hepatitis B vaccination program, review of new therapies for HIV, coronary artery disease, dyspepsia and non-formulary medication conversion chart.</p> <p>Ms. Zepeda concluded by stating that her presentation can be found on pages 105 – 115 of the agenda packet.</p>	<p>Mr. John Allen asked what the new HIV therapies included and asked if it was less costly to do?</p> <p>Ms. Zepeda responded that it is a new class of agents but is equivalently priced. However, she noted that there are some dosing requirements where the dosage doubles.</p> <p>Dr. Linthicum then asked how much per month is being currently spent on HIV drugs?</p> <p>Ms. Zepeda responded it was about 47% of the budgeted drug costs systemwide.</p> <p>Mr. Sapp added that it was about \$1.3M per month.</p> <p>Dr. Griffin then asked what the greatest challenges were?</p> <p>Ms. Zepeda responded that the 3 biggest price drivers are HIV with the new therapies that becomes more complicated and more expensive; Hepatitis C in terms of provider resources and moving the patients to a health care system in a timely manner; and mental health concerns with the use of the new generation psychotics which affect the budgetary issues as well as how best to utilize those agents and minimize the side affects with good results. She then stated that another challenge would be the emergent medication needs and how to address those.</p> <p>Mr. Allen then asked how many scripts does the pharmacist review per day?</p> <p>Ms. Zepeda stated they look at anywhere from 16,000 medication orders a day on the average to 30,000 after a holiday weekend. She added that the pharmacists are averaging in the mid-800's orders per day, but also are trained to make therapeutic interventions to</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Joint Pharmacy and Therapeutics Overview (Cont.)</p>	<p>Dr. Griffin hearing no further discussions, thanked Ms. Zepeda. He then noted that he would invite her back to provide an overview a little more frequently than the other joint committees as the pharmacy involves a large part of the budget and wanted the committee up to date on the drugs needed in terms of improving health care needs for the offender population.</p>	<p>optimize drug therapy. For example, if an asthma patient was using an inhaler and it was being filled every 2 weeks, the pharmacist would intervene and recommend that a long term control medication be added.</p> <p>Dr. Linthicum noted that the use of clinical pharmacists have resulted in better outcomes for the patients as they are part of the treatment team and have a critical role in the chronic care within the system. As the aging offender population become higher acuity patients and with cancer becoming the second leading cause of death, the pharmacy and the clinical pharmacist are crucial in helping manage those patients.</p> <p>Dr. DeShields then added besides the HIV, Hepatitis C and mental health patients, they are also seeing increases in the standard formulary drugs to treat the cardiovascular and diabetic patients as the offender population ages.</p> <p>Dr. Griffin then asked what the satisfaction level was for the pharmacists?</p> <p>Ms. Zepeda stated that UTMB has been supportive of her needs and have been able to stay competitive in terms of salaries and that the employee moral was high and that they take pride in what they provide as part of the health care team.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XI. CMHCC Policy Updates</p> <p>- Allen Sapp</p>	<p>Dr. Griffin next called on Mr. Sapp for the CMHCC policy updates.</p> <p>Mr. Sapp began by noting that starting on page 117 through 144 of the agenda packet, updates to the current CMHCC policies are found. Mr. Sapp further noted that a summary of the proposed changes are provided in the chart on page 117.</p> <p>Mr. Sapp then reported that most of the revisions to the policies are proposed in order to conform to the changes in the Committee’s statutory authorization as a result of the Sunset Review as passed in SB 909, 80th Legislature. He further noted that they also reflect contract changes and current practice.</p> <p>One new policy, A-07, Alternative Dispute Resolution, was added as required by SB 909 to adopt a policy encouraging the use of alternative dispute resolution. This is prepared in line with Chapter 2009 of the Government Code in conformance with model guidelines established by the State Office of Administrative Hearings.</p> <p>The next three policies relate to financial reporting and provides updated language related to the required financial reporting that references current practice; updates timelines for submission as agreed in contract discussion; references maintenance of financial information on the Committee’s website; makes minor adjustments to description of monitoring process; language added permitting CMHC to consider hours spent by university internal auditors assisting the State Auditor’s Office in audits specific to the correctional health care program; and delete language permitting the payment of moving costs for newly hired employees pursuant to SAO recommendation.</p> <p>Mr. Sapp concluded by requesting that the committee approve the changes and updates made to the current CMHCC policy as presented.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="121 159 348 219">- CMHCC Policy Updates (Cont.)</p> <p data-bbox="90 495 359 555">XII. CMHCC Website Update</p> <p data-bbox="149 587 302 615">- Allen Sapp</p>	<p data-bbox="443 159 1037 248">Dr. Griffin asked if there were any questions or comments, hearing none stated that he would entertain a motion.</p> <p data-bbox="443 495 1037 581">Dr. Griffin stated that Mr. Sapp still has the floor and asked him to provide the update on the CMHCC website.</p> <p data-bbox="443 618 1037 735">Mr. Sapp then stated that he would provide a quick demonstration on how to access the CMHCC website which also links to the UTMB, TTUHSC, TDCJ website and vice-versa.</p> <p data-bbox="443 773 1037 1195">The address to access the CMHCC website is http://www.cmhcc.state.tx.us. Once the homepage comes up, Mr. Sapp stated that you will be able to navigate to the various sites by clicking on the buttons at the top. The minutes and agenda packets for example are available by clicking on the “publication” button and it also contains other documents relating to the CMHCC program to include the contracts and financial reports. The “home” button contains the enabling statute, the list of CMHCC members; the “clinical performance” button provides the description of the monitoring mechanism; links to ACA; “complaint process” button includes the instructions and links for filing complaints.</p> <p data-bbox="443 1232 1037 1433">Mr. Sapp then noted that the CMHCC website should be considered a work in progress and updates are added periodically and additional content developed to meet recommendations of the Sunset Commission. He concluded by stating that a sample of what is available by clicking on the various navigation buttons is briefly described on page 146 of the agenda packet.</p>		<p data-bbox="1587 159 2007 342">Dr. Ben Raimer moved that the Committee approve the updates and changes to the CMHCC policies as presented by Mr. Sapp and provided on pages 117-144 of the agenda packet.</p> <p data-bbox="1587 380 2007 466">Dr. Cynthia Jumper seconded the motion. Motion passes by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XIII. Financial Reports</p> <p>- Allen Sapp</p>	<p>Dr. Griffin hearing no further discussions, then asked Mr. Sapp to review the financial reports.</p> <p>Mr. Sapp noted that the two latest financial reports for FY 2007 start on page 147 for the Third Quarter Financial Report and the June monthly financial report starts on page 167 of the agenda packet.</p> <p>In terms of population indicators, Mr. Sapp reported that the average population served through the third quarter of FY 2007 was 151,782. In June, this population rose slightly to 151,810. The overall population is up approximately 0.4% over the same period last year. He then notes as shown on the presentation slide earlier in the meeting, the older offender population continues to rise at the rate of about 9.6% - 9.7% per year. The HIV+ offender population remains stable at about 2,587.</p> <p>He next reported that through June of FY 2007, the health care costs totaled \$353.3M. Of those, onsite services or those medical services provided at the prison units comprised \$169.8M representing about 48% of the total health care expenses; pharmacy services totaled \$34.3M representing approximately 9.7% of the total expenses; offsite services including hospitalization and specialty clinic care accounted for \$104.6M or 29.6% of the total expenses; mental health services totaled \$33.8M or 9.6% of the total costs and indirect support expenses accounted for \$12.2M and represented 3.4% of the total costs.</p> <p>Mr. Sapp then reported that the total cost per offender per day for all health care services statewide through June of FY 2007 was \$7.68. When benchmarked against the average cost per offender per day for the prior four fiscal years of \$7.53, Mr. Sapp noted that the cost has increased about 2.0%.</p> <p>For UTMB, the cost per offender per day was \$7.71 which was slightly higher than the average cost per day for the last four fiscal years of \$7.66. The cost per offender per day for TTUHSC was \$7.56 which is significantly higher than the average cost per day for the last four fiscal years of \$7.05.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="121 164 359 220">- Financial Report (Cont.)</p> <p data-bbox="121 773 359 797">- Monitoring Activities</p> <p data-bbox="121 1292 386 1349">- TTUHSC Internal Audit Review</p>	<p data-bbox="415 164 1136 375">Mr. Sapp next noted that the statistics relating to the costs for aging offenders continue to reflect their increased demand on health care resources as they are accessing three times as many encounters with health care staff and utilization rates for hospitalizations are four times that of a younger offender. While the aging offender make up only 6.4% of the population, they encounter for more than 27% of hospital costs.</p> <p data-bbox="415 407 1136 553">Mr. Sapp further reported that HIV care continues to be the single largest component in terms of drugs costs at almost \$1.3M per month and comprising 47% of the total drug cost. Psychiatric drugs accounted for about 5.7% of the drugs costs, with Hepatitis C therapies now accounting for almost 4%.</p> <p data-bbox="415 586 1136 732">In terms of fund balances, Mr. Sapp stated that both universities report that they hold no reserves for correctional health care. UTMB reported a shortfall through June of almost \$0.5M while TTUHSC reported a \$4.8M shortfall. At the end of June, the CMHCC accounts had a total balance on hand of \$326,606.</p> <p data-bbox="415 773 1136 919">Hearing no questions, Mr. Sapp next reported on monitoring activities by stating 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.</p> <p data-bbox="415 951 1136 1073">All corrective actions requested in prior months, including those identified in prior reports for February through April have been completed as agreed by UTMB and TTUHSC and verifying documentation was provided to the CMHCC Finance Manager.</p> <p data-bbox="415 1105 1136 1252">Mr. Sapp then reported that the results of the detail transaction testing performed on TTUHSC's and UTMB's financial information for the month of May 2007 found no discrepancies requiring additional corrective action. Testing for June financial data is still in progress.</p> <p data-bbox="415 1292 1136 1406">Mr. Sapp stated that he would next report on the TTUHSC Internal Audit Review on the monitoring controls related to pharmacy billing which is found on page 179 of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- TTUHSC Internal Audit Review (Cont.)</p>	<p>Mr. Sapp then reported that the objective of the TTUHSC internal audit review was to determine whether monitoring controls have been established to assist management in ensuring correct billing for pharmaceuticals purchased by TTUHSC from the UTMB Central Pharmacy.</p> <p>He then reported that the review noted two suggested recommendations. The first is to enhance monitoring processes relating to the invoice process by better standardizing processes for receiving and reconciling shipments to requisition to include a process to ensure that credits to the invoices are reported and recorded in a more consistent manner. The second is to enhance the record-keeping for tracking medicines returned for reclamation so that credits for reclaimed medications can be reconciled to the actual credits made.</p> <p>TTUHSC management agreed with the recommendation and Mr. Sapp noted that an action plan was submitted to conduct pilot studies involving the use of hand-held bar code scanners to assist in improving the indicated processes. Once the results of the pilot studies are completed, revised processes will be provided to the remaining facilities. Mr. Sapp concluded by noting that the TTUHSC Internal Audit office will monitor the management action plan responses.</p> <p>Dr. Griffin asked if there were any questions or comments and hearing none, thanked Mr. Sapp for all of the updates.</p>		
<p>XIV. Public Comments</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin stated that the next agenda item is for public comments and then called on Ms. Marthann Dafft</p> <p>Ms. Dafft stated that she was representing herself and her son and thanked the committee once again for providing a forum for which the public can come to express their concerns. She then stated that it was exciting to see the Director of Nursing being recognized and honored for her work ethics and to see how the nursing staff emphasized offenders as patients once inside a clinic and treating these patients with dignity.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p>- Public Comments (Cont.)</p>	<p>Ms. Dafft then stated that her son was doing well, looking good and not agitated when she visited him this past weekend and again thanked the committee for stepping in to take care of his health care needs.</p> <p>She then stated that her son who is scared of being in a dentist office told her that the dentist that worked on his filling did not hurt him and she wanted to write the dentist to thank him for treating her son.</p> <p>Ms. Dafft also noted that she will be doing volunteer work for the prison system and stated that the people that she will be working for are a dedicated group of people. She further stated that her intent is to hopefully be able to assist other family members and friends on how to help out their love ones who are incarcerated. Ms. Dafft concluded by stating that if there was anything she could do to assist the committee to please let her know.</p> <p>Dr. Griffin thanked Ms. Dafft for attending the meetings and for her comments and again noted how important it is for the Committee to hear from the public in order to see the whole picture.</p> <p>Dr. Griffin then stated that Ms. Carole Heine, another public speaker who previously frequented the Committee meetings asked that her letter be read to the Committee and called on Mr. Sapp to do so.</p> <p>Mr. Sapp noted as most everyone will recall that Ms. Carole Heine attended most all of the Committee meetings to share her concerns and had always expressed that she would bring her son to one of the meetings once he was released from TDCJ. Unfortunately, due to her ill health she has not been able to attend but has continued to correspond regularly with Dr. Raimer and asked that her letter be read and admitted officially into the Minutes. Mr. Sapp then read the letter which is provided at Attachment 2.</p> <p>Dr. Griffin thanked Mr. Sapp for admitting Ms. Heine's letter officially into the minutes and on behalf of the Committee members and staff wished Ms. Heine well on her road to recovery.</p>	<p>Dr. DeShields responded that she will get the information Ms. Dafft requested on the dentist.</p>	<p>.</p>

Agenda / Presenter	Presentation	Discussion	Action
<p>XV. Date and Location of Next Meeting</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin then stated that the next meeting is scheduled for 9:00 a.m. on December 4, 2007 to be held at the Dallas Love Field Main Terminal Conference Room A and that the committee staff will be working on scheduling the future meeting dates for CY 2008.</p>		
<p>XVI. Adjournment</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin hearing no further discussions thanked everyone for attending and thanked the committee staff for their hard work.</p> <p>Hearing no further discussions, Dr. Griffin adjourned the meeting at 11:10 a.m.</p>		

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

Date:

ATTACHMENT 1



Resolution of Appreciation

Nancy Hurt-Spain, R.N.

WHEREAS, Nancy Hurt-Spain began her career with the Texas Tech Health Sciences Center in June of 1986 as Head Nurse in the Pediatric Department and in 1988 was appointed Director of Quality Improvement for the Lubbock Campus School of Medicine where she successfully supervised the initial accreditation effort by the Joint Commission on Accreditation of Hospital Organizations; and,

WHEREAS, in 1994 Nancy was recruited for and accepted a position with the newly formed Texas Tech University Health Sciences Center Correctional Healthcare System as the Coordinator of Quality Improvement with responsibilities for the oversight of all QI activities, preparation for accreditation surveys, credentialing and compliance with medical nursing standards; and,

WHEREAS, Nancy was promoted in 1996 to serve as the Administrator, Office of Standards/Compliance and as Institutional Deputy Compliance Officer for TTUHSC and continued to serve a key leadership role in the correctional healthcare program; and,

WHEREAS, Nancy has more than 40 years of professional nursing experience, having worked in a variety of progressively more responsible clinical, administrative and leadership positions in the health care field; and,

WHEREAS, Nancy has served since the inception of the correctional managed healthcare system as the QI and Nursing representative for TTUHSC Correctional Healthcare on a wide variety of work groups and joint committees thereby contributing her time, experience, knowledge and skills towards the development, improvement and monitoring of the correctional health care program; and,

WHEREAS, Nancy was instrumental in developing and managing elements of the transition to the correctional health care program partnership between the Texas Department of Criminal Justice, the Texas Tech University Health Sciences Center and the University of Texas Medical Branch at Galveston and has provided consistent, thoughtful and dedicated guidance through a period of unprecedented growth and achievement; and,

WHEREAS, she evidences a true “*West Texas*” work ethic and a gift for exercising and sharing common sense approaches to complex issues, all the while exhibiting a caring spirit that lifts those around her; and,

WHEREAS, the correctional health care program has greatly benefited from her demonstrated leadership, clinical expertise, professionalism and dedication to duty and the Correctional Managed Health Care Committee, its staff and its partner agencies wish to gratefully acknowledge the many contributions and steady leadership of Nancy Hurt-Spain as she retires after a distinguished career;

THEREFORE BE IT RESOLVED, that the Committee adopt this resolution as an expression of our sincere appreciation for her outstanding service to the Texas correctional health care program and present to her a framed copy of this resolution with our collective best wishes for success.

Adopted this 25th day of September in the Year 2007, by the
Correctional Managed Health Care Committee

ATTACHMENT 2

September 5, 2007

Correctional Healthcare Committee:

My son Greg and I have wanted to come to a committee meeting one more time, but due to my health we are not able to attend.

We both would like to thank all of you for the help and concern that you have showed to us during the last 5 years. Greg came home on February 5th, exactly 5 years to the day after he left. His health continues to be good considering the length of time he has been diabetic. He is working through the ironworkers union in Austin, just as he did before.

I have lung cancer, which is in remission at this time. I came home from the hospital on February 2. Greg's homecoming was not as we always wanted it to be, because he came home to take care of me. He has done the cooking and cleaning and helped me with so many things. Even with the problems, just having him home is wonderful. I have been hospitalized 5 times since January and hope I am finally going to get better.

Once again thank each and every one of you for the work that you do. My son came home in about the same state of health that he left.

Bless you all,

Carole Heine