MINUTES

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
March 25, 2008

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Elmo Cavin, Bryan Collier, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D, .Ben G. Raimer, M.D. , Desmar Walkes, M.D.

CMHCC Members Absent: Larry Revill

Partner Agency Staff Present: John Allen, Owen Murray, D. O., Joe Penn, M.D., The University of Texas Medical Branch; Denise DeShields, Gary Tonniges, Larry Elkins, Jerry Hoover, Texas Tech University Health Sciences Center; Nathaniel Quarterman, Michael Kelley, M.D., Dee Wilson, Jerry McGinty, George Crippen, R.N., Cathy Martinez, Rebecka Berner, Robert William, M.D., Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff .

Others Present: Kyle Mitchell, Office of the Governor; Michael Murray, GlaxoSmithKline, Helga Dill, Joan Covici, Texas Cure; 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
I. Call to Order **- James D. Griffin, M.D.**	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.		
II. Recognitions and Introductions **- James D. Griffin, M.D.**	Dr. Griffin recognized and introduced Mr. Kyle Mitchell, Office of the Governor - Budget, Planning and Policy, then welcomed him to the meeting. Dr. Griffin next asked Dr. Owen Murray to introduce Dr. Joseph Penn. Dr. Owen Murray stated that it was a pleasure to introduce Dr. Penn, the newly selected Mental Health Director. Prior to accepting this position, Dr. Penn worked at the Rhode Island Hospital's Child and Family Psychiatry Department. Dr. Penn received his M.D. from UTMB in 1992 and his postgraduate training include receiving Residency in General, Child and Adolescent Psychiatry at Brown University and a Fellowship on Forensic Psychiatry from Yale University.	Dr. Griffin thanked Dr. Murray for the introduction and on behalf of the committee welcomed Dr. Penn in his new position as the UTMB Mental Health Director.	

Agenda Topic / Presenter	Presentation	Discussion	Action
III. Approval of Excused Absence - **James D. Griffin, M.D.**	Dr. Griffin next noted that Dr. Lannette Linthicum was absent from the December 4, 2007 CMHCC meeting due to scheduling conflicts then stated that he would entertain a motion to excuse her absence.		Ms. Jeannie Frazier moved to approve Dr. Lannette Linthicum's absence from the December 4, 2007 CMHCC meeting. Dr. Jumper seconded the motion. Motion passed by unanimous vote.
IV. Consent Items - **James D. Griffin, M.D.**	Dr. Griffin then stated next on the agenda was the approval of the consent items to include the Minutes from the December 4, 2007 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's report and the Summary of Joint Committee Activities. He asked the members if they had any specific consent item(s) they would like pulled for separate discussion?	Dr. Linthicum noted that on page 137, under the Summary of CMHCC Joint Committees, the charge stating the purpose of the Nursing Committee was incorrect. She asked that this be corrected to reflect that the Nursing Committee is charged with the review, monitoring and evaluation of nursing policies and practices. Dr. Griffin noted that the CMHC staff would make the correction.	
	Hearing no further discussions, Dr. Griffin stated that he would entertain a motion.		Mr. Elmo Cavin moved to approve the consent items as presented in the agenda packet with the correction to reflect that the Joint Nursing Committee is charged with the review, monitoring and evaluation of nursing policies and practices as noted by Dr. Linthicum. Ms. Jeannie Fraizer seconded the motion. Motion passed by unanimous vote.
V. Executive Director's Report	Dr. Griffin then called on Mr. Allen Hightower to present the Executive Director's Report.		
- **Allen Hightower**	Mr. Hightower thanked Chairman Griffin and stated that his report is found at Tab A of the agenda packet.		
- Contract Amendment for San Saba and Marlin	The contract amendment adding the San Saba and Marlin facilities has been executed. Mr. Hightower noted that San Saba began accepting offenders in February, 2008 and that Marlin is scheduled to open in April, 2008.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Senate Criminal Justice Committee Meeting	Mr. Hightower then reported that the Senate Criminal Justice Committee met on January 24th to review homicides and medical care within the Texas Department of Criminal Justice (TDCJ). Testifying before the Committee was Dr. Ben Raimer and Dr. Glenda Adams with UTMB; Mr. Brad Livingston and Dr. Lannette Linthicum with TDCJ. He further noted that Dr. Denise DeShields, Texas Tech University Health Sciences Center (TTUHSC), and the CMHCC committee staff were also in attendance as resource witnesses.		
- Staffing Study as per HB 1, Article 4, Rider 87	Rider 87 requires TDCJ to perform a staffing study for health and psychiatric care for each facility within the Correctional Institutional Division. Mr. Hightower further reported that Dr. Linthicum has initiated this study in conjunction with staff from UTMB and TTUHSC with the intent to complete the study prior to submission of the Legislative Appropriations request for TDCJ.		
- Appropriations Request Planning	Mr. Hightower next noted that it is approaching that time again to begin preparations for putting together an appropriations request for the next biennium. He stated that the CMHCC staff will be contacting the partner agencies in soliciting input and supporting data to use in formulating this request. He further stated that staff will be distributing the instructions and timeframes once they become available.		
- Senate Criminal Justice Hearing on the Sunset Bill	Mr. Hightower then noted that the Senate Criminal Justice Committee has tentatively scheduled a hearing related to its interim charge for April 2, 2008. This hearing will address monitoring the implementation of SB 909, Sunset Bill. CMHCC staff and staff from the partner agencies will be in attendance and Mr. Hightower stated that he would report back on this at the June meeting. Mr. Hightower concluded by stating that he would entertain questions at this time. Hearing no further comments or discussion, Dr. Griffin thanked Mr. Hightower for the report.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Update - David McNutt	Dr. Griffin next called on Mr. McNutt to provide the performance and financial status update. Mr. McNutt reported that the average service population for the first quarter of FY 2008 was 151,638 compared to 151,834 for the first quarter average in FY 2007 which was slightly above the anticipated average service population of 151,717. Mr. McNutt then noted that the aging offenders continue to increase for the biennium. There was an increase of about 6% of those offenders 55+ when comparing the numbers from the first quarter average for FY 2008 to the first quarter average for FY 2007. For the psychiatric inpatient census, Mr. McNutt again noted that this is determined by the number of available beds and these numbers decreased some for this quarter compared to the first quarter in FY 2007. The psychiatric outpatient census remained consistent in comparison to the first quarter of FY 2007. He further reported that the number of psychiatric outpatient census consists of about 13.5% of the service population. Mr. McNutt next noted for the first quarter FY 2008, the medical access to care for September and October remained between 98% - 99% then dropped to the 97% - 98% range in November. The mental health access to care numbers remained consistent for indicators #4 & #5, but indicator #6 went from 99% to 97%. The dental access to care remained between the 97% - 98% range. Mr. McNutt further clarified that even though the charts show the trends going down, it is misleading as the indicators are still within the 95% - 96% range. The UTMB percent of vacancy rates dropped for physicians, mid-level providers, RN's, LVN's and the		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Performance and Financial Status Update (Cont.)	psychiatrist, but noted the dental vacancy rate increased as shown on page 149 of the agenda packet. Mr. McNutt further stated that compared to the last quarter of FY 2007 the vacancy rates have improved except for the dentist category. For the TTUHSC vacancy rates; the physician, the mid-level providers and the psychiatrist have decreased some from the last quarter but the vacancy rates for the RN's, LVN's and dentist increased from what was reported for the last quarter of FY 2007 with the RN's being even higher than what was reported for the second quarter of FY 2007 as shown on page 150. Mr. McNutt then reported that the percent of timely MRIS summaries for the first quarter of FY 2008 was below the targeted level of 95% with the months of September and November being at above 90% and between 85% - 90% for October. The statewide expenses for the months of September and October showed that the revenue was higher than expenses, whereas in November, Mr. McNutt noted that the expenses were higher than the revenue due to the higher costs of both pharmacy and offsite care. He then reported that the statewide loss / gain by month for the overall expenses was $1.5M in September, $2M in October and a negative $1.7M in November. The cumulative loss /gain for the September and October was $3.6M and a negative effect in November at $1.9M. Mr. McNutt concluded by stating the he is open to answer questions at this time. .	Dr. Kelley stated that a policy was passed in November that addresses the response to sick call requests. He further noted that normally written responses are not included but they are now starting to evaluate those written responses for their appropriateness. These written responses will now be included to the access to care indicators which Dr. Kelley noted will affect the compliance rates.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Performance and Financial Status Update (Cont.)		Dr. Griffin asked that a note be included to those access to care indicators addressing the change in policy, so that it will be a reminder as to why the compliance rate has shifted. Mr. McNutt responded that he would include the notation on his future reports. Mr. Hightower added that the rising offsite costs; the difficulty of placing people offsite; competing with free-world hospitals, and nationwide nursing shortages are just some of the challenges faced by the Committee. He further noted that TDCJ is also having difficulties recruiting security staff in various remote locations. Dr. Raimer added that UTMB faces the same difficulties in recruiting and retaining health care providers and nursing staff in certain geographical areas. He further noted with the continuing growth of the offender population over 55 will lead to higher incidences of heart disease, liver disease and cancer patients who will be needing those additional beds and require more access to health care. He recommended looking at some type of statewide bed management system where the patient does not have to stay in the hospital but can be transported to where there is an available bed whether it be in the UTMB or TTUHSC sector. Dr. Linthicum also added that the Joint Medical Director's Committee at their last meeting discussed the infirmary bed and capacity issues. Currently there are over 700 infirmary beds statewide and she noted that once the Marlin facility is online, there will be an additional 300 infirmary beds available. The challenge facing the CMHCC program is how to effectively utilize those beds that are located on units that are in the medically underserved areas and health professional shortage areas which then affects	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Performance and Financial Update (Cont.)		the universities efforts to recruit and retain health care staff to provide those necessary services. Dr. Linthicum further noted that the CMHCC program is at a point in the delivery system of having to look at models of clinical excellence as in the case of the HIV / AIDS patient placement and looking at a more centralized system rather than just as a Texas Tech or a UTMB health care delivery system. Ms. Frazier asked what the possibility was of making the Southern Regional Medical Facility at the Carole Young unit for that purpose as it in close proximity to Galveston? Mr. Nathaniel Quarterman responded that the Carole Young Unit is not designed for that type of patient care and security level is not suitable to place additional offenders. Dr. Griffin asked that the Medical Director's look further into the models of clinical excellence and statewide coordination efforts then report back to the Committee with their recommendations.	
	Hearing no further discussions, Dr. Griffin thanked Mr. McNutt for the update.		
VII. Summary of Key Personnel Vacancies **- Owen Murray, M.D. (UTMB)**	Dr. Griffin then called on Dr. Owen Murray to provide the update on UTMB's key personnel vacancies. Dr. Murray reported that UTMB as noted by Dr. Raimer earlier, continues to have nursing and provider shortages and have been using tools such as telemedicine to meet outpatient needs of the population. He then reported that they are still facing nursing vacancies in the Beeville and Palestine areas and the Inpatient Mental Health Director at Jester IV recently left creating a vacancy. UTMB continues to look at alternative ways of recruiting and retaining staff.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Summary of Key Personnel Vacancies (Cont.) - Denise DeShields, M.D. (TTUHSC)	Dr. Griffin thanked Dr. Murray then called on Dr. DeShields to provide the TTUHSC's update on key personnel vacancies. Dr. DeShields reported the search continues for a PAMIO Mental Health Director and this position has been vacant for over two years. Texas Tech recently hired two national recruiting agencies to help with this effort. She added that even though the vacancy rates are less than what it would appear, a lot of those vacancies are covered by contract. She then noted that the vacancy rates for dental looks higher because of the lower number of total dentist positions. Dr. DeShields concluded by noting that Texas Tech is facing difficulties recruiting nurses in remote locations such as the Ft. Stockton area as well as the Lubbock area due to competition with other major hospitals who pay higher salaries with better benefits. Dr. Griffin thanked Dr. DeShields for the report. Hearing no further comments called on Dr. Linthicum to provide the update for TDCJ.		
- Lannette Linthicum, M.D. (TDCJ)	Dr. Linthicum reported that TDCJ also faces the same difficulties and challenges of recruiting nurses. SB 909 includes a mandate for TDCJ to monitor quality of care, but have not been able to recruit the necessary RN's for those positions. She did however note that one vacant physician position was filled and introduced Dr. Robert Williams, a Board Certified internist who will oversee the Office of Health Services Monitoring. Dr. Linthicum added that offers were made for the two RN positions for the Office of Professional Standards. She further noted that they currently have two RN's out of the seven needed for the Office of Health Services Monitoring and those vacant positions have been posted. Dr. Linthicum concluded by stating that their Public Health Technician position that was converted to an LVN has been filled.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Report (TDCJ) **- Lannette Linthicum, M.D.**	Dr. Griffin thanked Dr. Linthicum for the update after haring no further discussions. He then asked her to provide the TDCJ Medical Director's Report.		
- Office of Professional Standards	During the first quarter of FY 2008, Dr. Linthicum reported that nine operational review audits were conducted. The Patient Liaison Program and the Step II Grievance Program received a total of 3,098 correspondences and of those total number, 125 or 4.03% action requests were generated. The Quality Improvement / Quality Monitoring staff performed 42 access to care audits this quarter. Dr. Linthicum further reported that 378 indicators were reviewed from the 42 access to care audits and 27 indicators fell below the 80% threshold.		
- Capital Assets Contract Monitoring Office	The Capital Assets Contract Monitoring Office audited nine units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting Inventory procedures.		
- Office of Preventive Medicine	Dr. Linthicum next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For this first quarter, there were 171 reports of suspected syphilis compared with 169 in the previous quarter; 918 Methicillin-Resistant Staphylococcus cases were reported compared to 981 during the same quarter of FY 2007. There was an average of 19 Tuberculosis cases under management per month during this quarter which is similar to the average of 20 per month during the same quarter of the previous fiscal year. Dr. Linthicum noted again that the Office of Preventive Medicine also began reporting the activities of the Sexual Assault Nurse Examiner Coordinator which is funded through the Safe Prisons Program. She reported that 12 training sessions have been held on 11 units as of this date with 86 medical staff receiving training. This position also audits the documentation and services provided by medical		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Office of Preventive Medicine (Cont.)	personnel for each sexual assault reported and there have been 137 chart reviews performed for the period of September through November, 2007.		
- Mortality and Morbidity	The Mortality and Morbidity Committee reviewed 117 deaths. Of these, 117 deaths, seven were referred to peer review committees and those breakdowns are found on page 163 of the agenda packet.	Ms. Frazier asked if there were any missing lines on the referral chart on page 163 as the total only adds up to seven but noted that the total reflects ten. Dr. Michael Kelly responded that the total is incorrect and should read seven instead of ten. Dr. Griffin stated that there has been continued interest on grievances and mortality and morbidity reviews and asked that the committee be updated on these two areas. Dr. Raimer asked the Chairman what type of data he would like reported? Dr. Griffin responded that the Committee as an oversight body needs to be made aware of the types of grievances filed by the offender, the offender's family or friends without any unique identifiers that raises provider related issues or system based issues. Dr. Raimer then expressed concerns about the confidentiality issues relating to this. Dr. Griffin responded that again, the data would not have any unique identifiers and at the same time the Committee members will be aware of the issue when questioned by either the state leadership, family members or the various advocacy groups and be able to respond accordingly.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Mental Health Services Monitoring	Dr. Linthicum next reported briefly on Mental Health Services and Monitoring. She noted that the average compliance for access to care for the mental health indicators #4 & #5 for the first quarter was 96.8% and the average compliance for indicator #6 was 100% as noted earlier by Mr. McNutt.		
- Clinical Administration	During this first quarter, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited and Dr. Linthicum noted that the summary chart of those audits are found on pages 163 and 164 of the agenda packet.		
- Accreditation	Dr. Linthicum next reported that nine additional TDCJ facilities were accredited by the American Correctional Association (ACA) during the first quarter of FY 2008.		
- Research, Evaluation and Development Group	Dr. Linthicum concluded her report by stating that the summary of current and pending research projects is found under the consent items in the agenda packet. Hearing no further questions, Dr. Griffin thanked Dr. Linthicum for the report.		
- **Medical Directors Report (TTUHSC)** **- Denise DeShields, M.D.**	Dr. Griffin next called on Dr. Deshields to provide TTUHSC Medical Director's Report. Dr. DeShields stated that she would report on meeting the position vacancies and the challenges of recruiting and retaining staff. She then stated that Texas Tech is looking into salary differentials particularly at the Regional Medical Facility at Montford; made some across the board salary adjustments for nurses; and are also looking at innovative approaches such as bonus's and educational incentives. The RMF has between 30%–33% vacancies and the shifts are covered by contracted agencies which is costly to the state.	Mr. John Allen asked how the bonuses are working? Dr. DeShields responded this is still in the discussion stage in order to better compete with free-world hospitals that are offering between a $5,000 – $10,000 sign on bonuses. Dr. Walkes asked if they have looked into offering scholarships with the stipulation of paying back any loans by working for the system? Dr. DeShields responded that they have looked at those potential alternative options particularly on educational benefits where the individual comes in as	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Medical Directors Report (TTUHSC) Cont.		an LVN then get training to become an RN. This would particularly be a benefit to Montford because of the level of nursing skills being higher then most other units. Dr. Raimer added that the Statewide Health Coordinating Council as well as the Nursing Association, Texas Hospital Association are also looking to find alternative ways to increase the nursing pool.	
- **Medical Directors Report (UTMB)** **- Owen Murray, D. O.**	Dr. Griffin thanked Dr. DeShields for the update then called on Dr. Murray to provide the UTMB Medical Director's Report. Dr. Murray reported in January a significant salary adjustment was made for physicians which stabilized some of the vacancies. In addition to the Department of Public Health Scholarships, Dr. Murray noted as suggested by Dr. Walkes earlier, that this might be an area to look into where UTMB pays the student loan for the medical schools with an added stipulation that they will have to payback the loan by working within the system then assigning them to areas that have provider shortages such as Beeville. Dr. Murray next reported that UTMB is currently going through re-organization and asked if Dr. Raimer would update the Committee on these changes on his behalf. Dr. Raimer stated that David L. Callender, M.D. became the new president of UTMB effective September 1st. He reported that the School of Nursing, School of Medicine, Allied Health and the Graduate School as well as the Vice President for Research and Vice President for Education will be reporting to the Executive Vice President / Provost who will be responsible for the academic programs and research being done on campus.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Medical Directors Report (UTMB) Cont.	The Executive Vice President / Chief Business and Finance Officer will be responsible over the Human Resources Office, Facilities, Information Services, Finance Office and the Business Development and Marketing Department. The Executive Vice-President / CEO Health System will oversee the outpatient based clinics, campus based clinics, the hospitals and Correctional Managed Health Care. Dr. Raimer added that Dr. Owen Murray will assume the position as the Medical Director for Corrections and Chief Physician Executive and Mr. John Allen will be in charge of Operations for the Correctional Managed Health Care. Dr. Raimer then noted that there will be a national search for the position of Executive Vice-President for the Health System and for the Chief Business and Finance Officer. The reorganization process is expected to continue through June. Dr. Raimer then noted that his role has also changed and that he is now the Senior Vice President for Health Policy and Legislative Affairs. He concluded by stating that all of the changes from this re-organization process is available on the UTMB website at http://www.utmb.edu. Dr. Griffin asked if there were any questions or comments. Hearing none, thanked both Dr. Murray and Dr. Raimer for the updates.		
IX. Updates to Hepatitis Policy **- Michael Kelley, M.D.**	Dr. Kelley stated that at the last CMHCC meeting, the Committee had asked him to provide the data on the cost estimates for updating the Hepatitis Policy which he will be presenting. He then noted that the report is provided at Tab F of the agenda packet. Dr. Kelley reported that the entire Hepatitis Policy was rewritten and reformatted into two separate documents. The first contain the policy requirements and the other is the technical reference providing background information which also serves as a resource for clinical decision making.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Update to Hepatitis Policies (Cont.)	The first change adds requirements for baseline testing, chronic care follow-up and criteria to consider antiviral treatment for Hepatitis B that are distinct from Hepatitis C. This follows the American Association for the Study of Liver Disease guidelines. Dr. Kelley stated that he did not expect the number of people being treated to change as the criteria for treatment are similar to what have been used previously. Dr. Kelley then noted that the criteria for considering an offender with Hepatitis C for antiviral treatment have changed considerably. The basic criterion is a new indicator, the AST Platelet Ration Index (APRI) which correlates with fibrosis in the liver. Those individuals with APRI scores below 0.42 will generally not be considered for treatment and those scores over 1.2 will be considered for treatment without a liver biopsy. He added that those with scores in-between will have a liver biopsy and be treated according to the test results. Dr. Kelley continued by stating that a new section has been added for management of advanced liver disease. Included is a screening for hepatocellular carcinoma by ultrasound every six months; considering referral for liver transplant evaluation; instructions to obtain an advance directive; consider for hospice placement, and referral for Medically Recommended Intensive Supervision (MRIS). Another change is that re-treatment may now be considered for offenders who were treated with standard interferon or interferon monotherapy who relapsed after treatment or did not respond to treatment with standard interferon. Dr. Kelley then noted that a side by side look at the issues within the current policy and the proposed policy is found at page 167 of the agenda packet. Dr. Kelley next reported that the cost estimate assesses the relative cost of three strategies for the management of patients with chronic Hepatitis C. He did note however, that the dollar figures do not take into account the cost of staff time or the blood tests required to be sure that the individual is a good candidate. He stated that those were not included as it should be the same with		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Updates to Hepatitis Policy (Cont.)	any approach taken. Strategy A reflects the current policy which considers a patient a candidate for treatment if they have at least two ALT levels more than a month apart that are two or more times greater than the upper limit of normal. Strategy B reflects the proposed policy which considers a patient a candidate for treatment if they have an APRI score greater than 0.42 and treated according to their biopsy results. Strategy C reflects a strict interpretation of the NIH Consensus Conference statement of 2002 which recommends biopsy of all HCV positive patients with persistently elevated ALT levels and treatment according to biopsy results. Dr. Kelley stated that to come up with the results, he took the cohort which is the number based on an estimated 400 new cases reported each month. He reduced that number by 40% to 240 as that proportion is approximately the number of offenders released within six months of their Hepatitis C diagnosis. The numbers provided are calculated based on the current cost of liver biopsy and drugs divided proportionately between Texas Tech University at 20% of the patients and UTMB with 80% of the patients. Dr. Kelley also noted that the liver biopsy costs for UTMB differ depending on whether the procedure is done by radiology or by gastrroenterology. Treatments are divided between those with genotypes 2 and 3 (31%) who receive six month treatment and those with other genotypes (69%) who receive 12 months treatment. The cost comparison does not account for patients who start treatment and later refuse or those for whom treatment is stopped because of non-response or drug toxicity assuming those factors apply proportionately across all three strategies. On page 170 of the agenda packet, Dr. Kelly noted that Table 1 provides the baseline assumption; Table 2 shows the number who would have a liver biopsy and receive treatment under each strategy per month; and Table 3 shows the monthly cost for biopsy and treatment for each of the strategies subdivided by whether the UTMB biopsies are done by radiology or gastroentology. He added that even though the columns are headed UTMB, the cost also includes the Texas Tech sector. Dr. Kelley then noted that the percentage listed for the relative cost under B - Proposed Policy is reversed and should read +48% for UTMB Radiology and +40% for UTMB Gastroentology.		

Agenda / Presenter	Presentation	Discussion	Action
- Updates to Hepatitis Policy (Cont.)	Dr. Kelley further reported that the proposed policy would cost approximately 40% more for diagnostic work-up and treatment care compared to what is currently being spent. The NIH consensus would be at 91% and at 76% as indicated at Table 3 on page 170. To answer why the workgroup proposed a policy that provides fewer treatment at a greater cost, Dr. Kelley stated that the workgroup felt that using ALT levels alone to determine treatment is not advocated by any recognized authorities. The work group also felt the treatments would be better targeted using either the proposed policy or the NIH Consensus strategy, giving better long-term outcomes in prevention of end-stage liver disease and hepatocellular carcinoma whereby saving more lives.	Dr. Linthicum added that Dr. Ned Snyder, Hepatologist at UTMB worked closely with the workgroup on the proposed policy. Ms. Frazier noted that Texas Tech's amount is double in cost and asked if those individuals would go to UTMB for biopsies? Dr. Kelley responded that having a center of excellence would cut down on costs considerably. Dr. DeShields added that due to lack of resources in West Texas they do not perform that many biopsies. She further stated that the amount shown is the total cost at the hospitals and not just physician costs. Dr. Griffin asked what is the capacity that the system can actually execute? Dr. Linthicum noted it is already at capacity and they are adding to that number.	.

Agenda / Presenter	Presentation	Discussion	Action
- Updates on Hepatitis Policies (Cont.)		Dr. DeShields further recalled that a seroprevalence study found that 30% have this disease which is a large percent of the population. Dr. Murray further noted that an alternative system will need to be set-up as well as finding new ways to deliver those services. He stated that the treatment is unique and require specific locations to provide the training similar to what was done at the Stiles Facility with the housing of the HIV population. Dr. Linthicum noted that the current treatment of Hepatitis C is not up to the standard of care. She added that the Committee needs to show that progress is being made in good faith effort to meet those national standards. Dr. Murray agreed and said what they are doing now is developing a potential pool of patients that are going to need biopsies; developing a pool of patients who are already qualified for therapy; and develop pools of patients who do not qualify for therapy. The next step would then be to set-up a site to provide training and the placement of patients to administer this care. He further stated by September 2008 that they would have the technical pieces in place and see how many would qualify under the recommended APRI scores prior to the start of the next legislative session. Mr. Cavin again expressed concerns on the potential costs associated with this treatment change. Dr. Linthcum then recommended and asked if the Committee would approve the proposed policy with the stipulation that adequate resources are identified. After further discussions, Dr. Griffin stated that he would entertain a motion.	Dr. Cynthia Jumper moved that the Committee adopt the proposed policy as presented by the Joint Hepatitis Work Group with the stipulation that adequate resources are identified.

Agenda / Presenter	Presentation	Discussion	Action
- Update to the Hepatitis C Policies (Cont.)			Ms. Jeannie Frazier seconded the motion. Dr. Griffin asked that the members in favor of this motion indicate by raising their hand. Motion passed by unanimous vote. Dr. Griffin then asked that the work group report back on their progress at the September 17th CMHCC meeting.
X. TCOOMMI Update **- Dee Wilso**n	Dr. Griffin next called on Ms. Wilson to provide the TCOOMMI update. Ms. Wilson stated on page 203 of the agenda packet is the Continuity of Care Statistical Report for FY 2007. She noted that Continuity of Care programs are designed to conduct pre-release screenings and referrals for aftercare medical or psychiatric treatment services for adult offenders with special needs and that this is a large portion of what TCOOMMI is responsible with. During FY 2007, she reported that they processed over 5,000 offender referrals and most of the diagnosis being psychiatric rather than medical type. Of the State Jail flat discharges, 80% do not show up for follow-up appointments. Ms. Wilson next noted that the FY 2007 Annual Medically Recommended Intensive Supervision (MRIS) Report is found at Tab G of the agenda packet. She stated that MRIS program provides for early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, terminally ill, elderly, needing long term care or physically handicapped and who pose minimal public safety risk to be released from incarceration to a more cost effective alternatives. The question most frequently asked is how many deaths occurred during the MRIS process. Ms. Wilson reported that there		

Agenda / Presenter	Presentation	Discussion	Action
- TCOOMMI Update (Cont.)	were 52 deaths as noted at the table on page 213 for FY 2007. The quality assurance process being developed with the two medical universities will help identify this issue. Ms. Wilson concluded by stating that she will continue to update the Committee at future meetings on the mortality reports as well as the Continuity of Care process.	Dr. Jumper asked about the table on page 214 as to why an offender would refuse MRIS consideration which would place them outside of the prison system? Ms. Wilson responded that some of the offenders have been in prison for so long and may not have any family outside that they prefer to serve out their time.	
	Hearing no further discussions, Dr. Griffin thanked Ms. Wilson for the update.		
XI. System Leadership Council Committee	Dr. Griffin then noted that the next agenda item is to rotate the Chairmanship for the System Leadership Council. He then stated that Dr. DeShields had completed her one year term and is now back to Dr. Linthicum to assume the Chair. Hearing no further discussions, Dr. Griffin next called on Dr. Kelley to provide the Overview of the Joint Mortality Review Committee.		
XI. Overview of the Joint Mortality Review Committee **- Mike Kelley, M.D.**	Dr. Kelley stated that his presentation is provided at Tab H of the agenda packet which starts on page 217. Dr. Kelley noted that the Joint Mortality Committee performs medical record review of every offender deaths except executions. This includes medical records review on nursing quality of care; provider quality of care; systemic issues that affect care, and also looks at security issues that affect care. The Committee also makes referrals on quality care issues to the appropriate university peer review or to the appropriate party.		

Agenda / Presenter	Presentation	Discussion	Action
- Overview of Joint Mortality Review Committee (Cont.)	He further noted that the Committee also develop consensus on the cause of death based on chart review and when available, autopsy results. Dr. Kelley then stated that the Committee functions as a quality improvement medical committee as defined in the Texas Health & Safety Code, Chapter 161.031. He further stated that the proceedings are confidential; are not subject to subpoena or the open records request, and the meetings are also not subject to the Open Meetings Law. Dr. Kelley next reported that the record review process begins when the unit medical director writes the death summary and the charts are then sent to Medical Records Archives. When all the records are received, the case is assigned to the committee members. The membership of this Committee are licensed MD/DO's, PA's, ANP's or RN's. He further stated that on the average, a member reviews between two to three cases per month. Once the entire records are reviewed, it is then presented at their monthly meeting with a recommendation of whether or not it will be referred to the peer review committee. He then noted that 402 cases were presented to the Joint Mortality Review Committee in 2007. Of those 402 cases, 28 were referred to the Provider Peer Review, 20 to nursing, one case to free-world facility peer review, and 4 cases to Allied Mental Health. Dr. Kelley then reported that overall, only 35 cases were referred to peer review as some cases were referred to more than one committee and stated that the 2007 activities are listed on pages 222 and 223 of the agenda packet. He further reported that there is currently a backlog of 208 cases not assigned out of 3,562 deaths since the Committee was formed and 69 charts assigned but not yet presented. He noted that the unassigned chart backlog was due to incomplete records.		

Agenda / Presenter	Presentation	Discussion	Action
	Dr. Kelley concluded by stating that the Committee is working to improve the time it takes to complete this medical review process.	Dr. Griffin asked that the Joint Mortality Review Committee work on the backlog issue and provide the CMHCC Committee with an update on how this can be processed in a more timely manner. Ms. Frazier also asked that the Joint Mortality Committee reflect the number of mortality and morbidity cases; identify those that need immediate action by the peer review groups; and note when it was completed, to show that these cases are being addressed accordingly and in a timely fashion.	
	Hearing no further discussions, Dr. Griffin thanked Dr. Kelley for the update. Dr. Griffin next called on Mr. Lynn Webb to provide the financial report.		
XIII. Financial Reports **- Lynne Webb**	Mr. Webb noted that the financial summary will cover data from the 1st Quarter FY 2008 and that the report being presented is found at Tab I of the agenda packet. He then reported that Table 2 on page 236 shows that the average daily offender population has remained stable at 151,638 through November 2007. The number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population at 10,120. Through November, the average number of older offenders increased by 632 or 6.6% compared to this same month a year ago. The overall HIV+ population has remained relatively stable at 2,471 or about 1.6% of the population served. Overall healthcare costs through November totaled $111.2M. On a combined basis, this amount was below overall revenues earned by the university providers by approximately $1.9M or 1.7%. UTMB's total revenue through this quarter was $89.1M; expenditures totaled $87.7M resulting in a net gain of $1.4M. Texas Tech's total revenue this quarter was $23.9M; expenditures totaled 23.4M, resulting in a net gain of $0.5M.		

Agenda / Presenter	Presentation	Discussion	Action
- First Quarter FY 2008 Financial Report (Cont.)	Of the $111.2M in expenses reported through November, Mr. Webb noted that onsite services comprised $54.3M or about 48.9% of total expenses; pharmacy services totaled $10.7M or 9.6% of total expenses; offsite services accounted for $31.7M or 28.5%; mental health services totaled $10.3M or 9.3%; and indirect support expenses accounted for $4.2M or about 3.7% of the total costs. The total costs per offender per day for all health care services statewide through November, 2007 was $8.06 compared to $7.76 through the end of FY 2007. The average cost per day per offender for the last four fiscal years was $7.56. Mr. Webb again noted that older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 242 shows that encounter data through the first quarter indicates that older offenders had a documented encounter with medical staff about three times as often as younger offenders. Table 7 on page 243 indicates that offsite costs received to date this quarter for older offenders averaged approximately $835 per offender compared to $141 for younger offenders. He further noted that older offenders were utilizing health care resources at a rate almost six times higher than the younger offenders. While comprising only about 6.7% of the overall service population, older offenders account for 29.8% of the hospitalization costs received to date. Mr. Webb then reported that at Table 9 on page 245, shows the drug costs through the first quarter totaled $10.1M. Of this, $4.8M or just over $1.6M per month was for HIV medication costs which was about 47.5% of the total drug costs. Psychiatric drug costs were approximately $0.5M or about 5.3% of overall drug costs and Hepatitis C drug costs were $0.4M which represented about 3.6% of the total drug costs. He further stated that it is a legislative requirement that both UTMB and TTUHSC report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total operating gain of $1,429,391. Texas Tech reports that they hold no such reserves and report a total operating gain of $481,722. Both universities indicated that this gain above budgeted amounts will decrease when the full impact of wage adjustments approved by the legislature are realized.		

Agenda/Presenter	Presentation	Discussion	Action
	Table 10 on page 246 shows a summary analysis of the ending balances revenue and payments through November, 2007 for all CMHCC accounts. Mr. Webb further reported that the FY 2006 unencumbered ending fund balance as of August 31, 2007 of $35,601.16 was lapsed back to the State General Revenue Fund in November 2007 as required by Rider 69.		
- Financial Monitoring	Mr. Webb next reported that the detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. Both universities had relocation expense discrepancy requiring corrections or adjustment. Mr. Webb stated that concluded his report and would be happy to entertain any questions.	Dr. Raimer again asked the Committee to reconsider allowing moving expenses to be part of the recruiting or incentive package. Mr. Cavin agreed with Dr. Raimer that moving expenses should be an allowable expense but acknowledged that the Committee does have an agreement with the State Auditor's Office not to include relocation expenses. Ms. Frazier added that with all three partner agencies facing difficulties meeting the challenges of recruiting health care providers and competing with the freeworld hospitals may want to create a recruitment tool that would include such things as scholarships, sign-on bonus and perhaps include relocation cost and provide this to the State Leadership.	
	After further discussions, Dr. Griffin thanked Mr. Webb for the report.		
XIV. Public Comments	Dr. Griffin stated that the next agenda item is for public comments then called on Ms. Helga Dill.		
- Ms. Helga Dill	Ms. Dill introduced herself as representing Texas Cure and noted that she provided copies of the letter she would be reading from to the Committee staff.		

Agenda / Presenter	Presentation	Discussion	Action
- Ms. Helga Dill	Ms. Dill recalled back on the recently published death of an offender at Estelle as being just one of many incidents that occur on that unit. She further stated that the health care providers were not the ones to blame for that death but they still have the responsibility of reporting those injuries to the appropriate staff. She had reported these inhumane conditions to state leadership and the leadership at TDCJ with no results and added that she would like to discuss this further with Mr. Quarterman. Ms. Dill next requested assistance in restoring recreation to those at the Geriatric Facility at the RMF. She further stated that the recreation area does not have any seating available for those offenders who can not stand or walk for any amount of time, but there are tables and benches that can be moved from the visitation area that are not being in use for this purpose. She also noted that many are insulin dependent and are not going outside as it interferes with the time they have to receive their shots. Ms. Dill stressed the importance of chronically ill offenders getting exercise and fresh air then asked how she can get assistance on this. She then thanked the Committee for allowing her to make the remarks. Dr. Griffin thanked Ms. Dill for the remarks and acknowledged that her written comments were provided to the Committee for future reference. Dr. Griffin then called on Ms. Joan Civici.	Dr. Lintihicum asked for clarification on what part of the Sheltered Geriatric Housing area Ms. Dill was referring to. Ms. Dill responded those in general population.	
- Ms. Joan Covici	Ms. Covici stated that she was also with Texas Cure and was here to talk about sanitation issues, preventive care, nutrition, education and a reduced atmosphere of stress for the offenders. She stated that the sanitation issue concerns the hours when offenders are allowed to take showers. Ms. Covici recommended that those who work or recreate in the day be allowed to take showers in the evening as opposed to first thing in the morning so that then can feel clean before they go to bed. She then asked if it was possible to do a study on those potential offenders with Hepatitis C or liver problems to see if a change in their diet as recommended by a nutritionist will be a preventative for future liver or other diseases. Ms. Covici next thanked Mr. Quarterman for allowing a book to be available on the study done at Stanford concerning prison guard and offender behaviors which she felt would be a valuable educational reading material.	Dr. Griffin noted that all clinical trials involving offenders go through the institutional review committee boards.	

Agenda / Presenter	Presentation	Discussion	Action
- Ms. Joan Covici (Cont.)	Ms. Covici concluded by asking the Committee to be supportive in implementing some of her recommendations and thanked them for the opportunity to speak. Dr. Griffin thanks Ms. Covici for her comments then called on Ms. Marthanne Dafft. Ms. Dafft again stated that she represents herself and thanked the Committee for their hard work. She stated that she was concerned for her son's mental health relapsing when his father passed away after a long illness but he was placed on some additional anxiety medication and he seems to be stabilizing with that. Ms. Dafft then stated that she attended the PACT Conference where she spoke with Dr. Linthicum on her son's condition after the death of his father. Dr. Linthicum referred her to Ms. Ortiz who then had the Chaplain from Huntsville contact her and placed her son where he was able to receive additional support and fellowship to help him through this difficult time. Ms. Dafft wanted to especially thank Dr. Linthicum for listening to her concerns, the Committee for allowing the public to speak and stated that she has learned so much by just attend the meetings. Dr. Griffin stated that the Committee and staff really appreciated her attending on a regular basis and thanked her for the comments.		
XV. Date and Location of Next Meeting **- James Griffin, M.D.**	Dr. Griffin then noted that the next meeting is scheduled for 9:00 a.m. on June 10th to be held at the Dallas Love Field Main Terminal Conference Room. He again noted the following CMHCC meeting dates for CY 2008: Tuesday, June 10, 2008 Wednesday, September 17, 2008 Tuesday, December 9, 2008		

Agenda / Presenter	Presentation	Discussion	Action
XVI. Adjournment - **James Griffin, M.D.**	Dr. Griffin asked if there were any comments or questions, then thanked everyone for attending. Hearing no further discussions, Dr. Griffin adjourned the meeting.		

_____

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

_____

Date: