MINUTES

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
December 9, 2008

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: Bryan Collier**,** Larry Revill

Partner Agency Staff Present: Karen Sexton, R.N, Ph.D., FACHE, Owen Murray, D. O., Joe Penn, M.D., John Allen, Gary Eubanks, Steve Smock, Scott Reinecke, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins, Bradley Mathews, Texas Tech University Health Sciences Center; Nathaniel Quarterman, Ron Steffa, Robert Williams, M.D., Dee Wilson, Mary Gotcher, R.N., George Crippen, R.N., LaToya Straugter, Billie Burns, Shirley Nelson, Cathy Martinez, Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff.

Location: Dallas 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 9:05 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
II. Recognitions and Introductions - **James D. Griffin, M.D.**	Dr. Griffin recognized and congratulated Dr. Lannette Linthicum who was selected to serve as the American Correctional Association (ACA) Chair of the Commission on Accreditation for Corrections.		
	Dr. Griffin next called on Dr. Linthicum to provide the Resolution of Appreciation being presented to the family of Linda Cooper, R.N.	Dr. Linthicum stated that Linda Cooper, RN served as Nurse Manager of Clinical Contract Monitoring and was the Director of Clinical Services for the TDCJ Health Services Department. Dr. Linthicum asked that the Resolution of Appreciation (Attachment 1) for Ms. Cooper being presented posthumously be adopted by the committee as an expression of appreciation for her outstanding service to the Texas Correctional Health Care Program. She noted that Ms. Cooper will be greatly missed by her peers, colleagues and friends.	Ms. Jeannie Frazier moved to adopt the Resolution of Appreciation as presented by Dr. Linthicum. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.

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III. Approval of Excused Absence **- James Griffin, M.D.**	Dr. Griffin next noted that Mr. Larry Revill and Dr. Desmar Walkes were absent from the September 20, 2008 CMHCC meeting due to scheduling conflicts. He then stated that he would entertain a motion to excuse their absence.		Dr. Raimer moved to approve Mr. Larry Revill and Dr. Desmar Walkes absence from the September 30, 2008 CMHCC meeting. Dr. Cynthia Jumper seconded the motion. The motion passed by unanimous vote.
IV. Consent Items **- James Griffin. M.D**.	Dr. Griffin then stated next on the agenda was the approval of the consent items to include the Minutes from the September 30, 2008 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) to pull for separate discussion. Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items as presented in the agenda booklet.		Mr. Elmo Cavin moved to approve the consent items as presented at Tab A of the agenda packet. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.
V. Executive Director's Report **- Allen Hightower**	Dr. Grifin next called on Mr. Hightower to provide the Executive Director's Report. Mr. Hightower noted that the Executive Director's report is provided at Tab B of the agenda packet. Mr. Hightower reported that the cost data by facility was obtained from both UTMB and TTUHSC and presented to TDCJ in preparation for the Legislative Budget Board Uniform Cost Project. He further reported as required, the CMHCC submitted to the State Comptroller's Office, the annual financial report schedules for the Committee which is now referred to as a new state agency #013.	Mr. Cavin asked if the Annual Financial Report (AFR) was on the transfer of funds for the committee? Mr. Webb responded that it was on the transfer of funds.	

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Executive Director's Report (Cont.)	Mr. Hightower then noted that the committee staff will be presenting the "Best Practices of Correctional Managed Health Care", at the next Texas Board of Criminal Justice (TBCJ) Committee meeting on Health Services. He further stated that he would also be providing the CMHCC FY 2008 Fourth Quarter Financial Report at the regularly scheduled TBCJ meeting scheduled for December 2, 2008. He then reported that the committee staff continues to participate in weekly meetings with UTMB and TDCJ concerning the status of Hospital Galveston and the post Hurricane Ike updates. Mr. Hightower then stated that the committee staff provided results of the SB 909 implementation review reported to the Sunset Commission for their January 2009 meeting which will then forwarded to the 81st Legislature. Mr. Hightower concluded by stating that the 81st Legislature will convene on January 13, 2009 but pre-filing of legislation already started in mid-November. As in the past, the committee staff will be tracking bills with potential impact on the correctional health care program.	Mr. Cavin asked if more specific Hospital Galveston updates will be provided by UTMB later on the agenda? Dr. Griffin responded that Dr. Murray will include the Post Ike updates when he provides the UTMB Medical Director's Report.	
VI. Performance & Financial Status Updates - David McNutt	Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report then called on Mr. McNutt to provide the performance and financial status. Mr. McNutt reported that over the course of FY 2007-2008, the service population remained stable with the average population in FY 2007 being 151,813 compared to 151,712 in FY 2008 which is only a difference of 101. He further reported that the aging offenders continues to increase with the over 55+ population at the end of FY 2008 being 10,361 compared to 9,791 in FY 07 which is about a 5.8% growth. The psychiatric inpatient census remained consistent averaging 1,971 at the end of FY 2008 which Mr. McNutt noted is governed by the number of available beds. The outpatients census remained steady with an average of 20,237 representing 13.3% of the service population.		

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- **Performance & Financial Status Update (Cont.)**	Mr. McNutt further noted that the average FY 2008 medical access to care remained consistent being within the 97% - 98% range for indicators #7 and #8 but took a slight dip to the 95% range for indicator #9. The mental health care remained fairly stable except for indicator #6 which took a dip in the last quarter of FY 2008. He again stated that even though the graphs look as though there is a big variance, these are still within the compliance rates. Mr. McNutt next reported that the average UTMB physician vacancy rate for FY 2008 Fourth Quarter was 17.19%; mid-level practitioners at 11.50%; RN's averaged 11.23%; LVN's at 15.46%; Dentists at 14.29% and Psychiatrists at 21.43%. The TTUHSC sector physician vacancy rate for the same quarter averaged at 14.83%; mid-level practitioners at 12.53%; RN's averaged at 22.27%; LVN's at 22.08%; Dentists at 16.08% and 19.20% for Psychiatrists. He then noted that the timelines of medical summaries for MRIS for June was at 99% then dropped to 92% in July and came back up to 98% in August. Mr. McNutt concluded by stating that the statewide revenue vs. expenses by month for FY 2008 showed as being in the red of year to date FY 2008. Hearing no further comments, Dr. Griffin thanked Mr. McNutt for the report. Dr. Griffin then asked Mr. McNutt to provide the overview of the TTUHSC Audit Report.	Ms. Frazier stated that it would be helpful if Mr. McNutt would note what each of the indicators stood for in his charts. Mr. McNutt responded that he would include it in his future reports. He then stated that access to care indicator for: Indicator #6: Referred outpatient mental health status offenders to be seen within 14 days Indicator #7: sick call request for medical services physically triaged within 48 hrs (72 hrs for Friday/Saturday) Indicator #8: Medical chief complaint documented in medical record at time of triage. Indicator #9: Referrals to MD, NP or PA seen within 7-days of receipt of sick call requests.	
- **VII. Audit Report: TTUHSC Pharmaceutical Pilot Study at Allred Unit**	Mr. McNutt stated that the TTUHSC audit report is included at Tab D of the agenda packet. Mr. McNutt recalled that TTUHSC management earlier performed an audit on the monitoring controls related to pharmacy billing. Based on that recommendation,		

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- TTUHSC Audit Report (Cont.)	TTUHSC implemented a pilot study at the Jordan Unit and the Allred Unit to enhance monitoring controls and develop unit protocols. He noted that the information captured by the pilot study at the Allred Unit for the formulary and non-formulary pharmaceuticals is sufficient and can be used to aid in the reconciliation of the quantities received at the unit to the monthly invoice from UTMB. The management concurred with the recommendation. Mr. Larry Elkins, Executive Director, TTUHSC-CMHC responded that effective September 1, 2008 they would execute the process the information captured by the pilot study for the formulary and non-formulary pharmaceuticals. Mr. McNutt stated there was a slight problem executing the process at the start date due to Hurricane Ike. He then concluded by noting that this audit met the 200 hours of internal audit services for TTUHSC as required by the CMHCC contractual agreement. Hearing no further comments Dr. Griffin thanked Mr. McNutt for the report.		
VIII. Mental Health Update **- Joe Penn, M.D.**	Dr. Griffin next called on Dr. Joe Penn to provide the Mental Health Update. Dr. Penn stated that a separate handout was provided to the committee titled, "Mental Health Update: Suicide Prevention Efforts, Planning and Recommendation" (Attachment 2). Dr. Penn reported that suicide is the leading cause of death in a correctional setting nationwide. Page 2 of the handout shows the suicide data from the year 2000 through December, 2008 within the TDCJ system, which he noted does not include data on attempted suicides. He stated that there is significant variability from year to year and noted 32 suicides in 2007 and that number dropped to 18 in 2008.		

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- Mental Health Update (Cont.)	Dr. Penn further reported that there are numerous clinical risk factors for attempted suicides in a correctional setting to include a history of mental illness; mental health treatment; history of previous suicide attempts; being housed in single cell; loss of or perceived loss of resources and resource support and hopelessness. To further complicate the screening, assessment and management of potential suicidal offenders; there are those who may not have had a current or recent history of mental illness. He stated that they may be fearful for their safety, conflict with other offenders, problems with rules and discipline of confinement or environmental stress factor. He then noted that the last three pages of the handout is a section taken from NCCHC's suicide prevention within a correctional setting. Dr. Penn then thanked Dr. Linthicum and Mr. Nathaniel Quarterman for their assistance and efforts in taking the stance towards suicide prevention in the correctional setting. The Joint Mental Health Committee and staff consisting of representatives from UTMB / TTUHSC / TDCJ convened two retreats; one held in April and the second held in July to look over existing policy and procedures. They identified some of the challenges to include properly training staff to identify the different signs of potential suicidal offenders and to have communication between correctional custody and health care staff. Though good recommendations came out of the retreats, Dr. Penn concluded by requesting the committee's consideration for a feasibility study and funding for an outside consultant on this issue. Dr. Griffin asked if there were any comments or questions?	Dr. Linthicum noted that TDCJ had one of the highest suicide rates nationwide but now have a standard suicide prevention task force. She further stated that the drop in the number of suicides from 32 in 2007 to 18 in 2008 is the result of concentrated efforts of Mr. Quarterman, his security staff, and the health services providers working together. Dr. Walkes asked if the recommendations that came out of the two retreats be used as part of the feasibility study?	

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- Mental Health Update (Cont.)		Dr. Penn responded that they did, but it would also be beneficial to have outside objective measures as to what can be done better in the event there is some litigation issues. Ms. Frazier asked for clarification on the types of litigation being referenced and whether the cost of hiring outside consultant would avoid litigation costs? Dr. Linthicum responded that during the Ruiz case the issues were about mentally ill patients being housed inappropriately in administrative segregation status instead of being housed in mental health facilities. That is one of the reasons why the master's level psychologist she reports in the TDCJ Medical Director's report monitors the Ad Seg offenders as they are artificially locked down for 23 of the 24 hours which causes mental regression. Mr. Quarterman then noted out of the 197,000 offenders in the Federal Prison System, they had 7 suicides. Having consultants come in to look at the different best practices being used nationwide would benefit Texas. Dr. Linthicum added that the Federal Bureau of Prisons have a program called the suicide buddy program. When an offender is suicidal or exhibits suicidal behavior they are placed in a room that is encased by plexi-glass. They have another properly trained offender to observe and document every 15 minutes as to what the suicidal offender is doing and notify staff. Dr. Jumper noted Texas Tech have unfilled psychiatrists and mental health nurses positions and are facing difficulties filling those until they can get their salaries competitive enough to recruit and retain those health care providers. She would be more willing to have an outside consultant come in when Tech is fully staffed.	

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- Mental Health Update (Cont.)		Dr. Raimer recommended that Dr. Linthicum, Dr. Penn and Dr. Butler from Texas Tech together with Mr. Quarterman report back with the types of programming they are looking at and the potential cost for doing this. Dr. Walkes asked if some of what was recommended out of the two retreats have been implemented to help reduce the suicide rates and wanted to have that said on record. Dr. Linthicum responded that they have started and have moved forward on some of those recommendation including the establishment of the psychiatric observation beds on certain units. After further discussions, Dr. Griffin asked that Dr. Penn and his working group report back to the committee with specific recommendations on areas that have immediate impact in terms of facility needs; staffing needs; as well as what is required long term, so that the committee staff can bring this up with the state leadership.	
	Hearing no further comments, Dr. Griffin thanked Dr. Penn for the update.		
IX. TCOOMI Update: FY 2008 Annual MRIS Report **- Dee Wilson**	Dr. Griffin next called on Ms. Wilson to provide the TCOOMMI Update. Ms. Wilson noted that her report is provided at Tab H of the agenda packet. Ms. Wilson reported that the MRIS program provides for the early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, elderly, terminally ill, long term care or physically handicapped. The purpose of MRIS is to release offenders who pose minimal public safety		

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- TCOOMMI Update (Cont.)	risk from incarceration to a more cost effective alternatives. Ms. Wilson further reported that the approval rate as noted on the graph on page 114 of the agenda book, looks as though the approval rate increased in FY 2008. However, she stated that there were twice as many presented to the board in FY 2008 compared to FY 2007. So the number of overall approvals actually went down from FY 2007 to FY 2008 in percentages. Ms. Wilson next reported that the trend in medical staff making referrals in the last four years as noted in the graph on page 117 went up from 19% in FY 2005 to 44% in FY 2008 which is a significant increase. The graph on page 118 shows that the 82% rate of referrals approved by the unit medical staff is right on target. There were 151 terminally ill offenders considered for MRIS in FY 2008 and 253 long term care offenders. She noted that the breakout by diagnosis is provided at page 199 of the agenda packet. Ms. Wilson then reported that there were a total of 83 deaths during the MRIS process in FY 2008 compared to 52 in FY 2007. She then noted that questions will be asked during the legislative session as to why there were so many deaths during the process. She concluded by stating that since the program's inception on December 1999, 1,244 offenders have been released. The chart on page 125 depicts the current status of each offender released. Hearing no further discussion, Dr. Griffin thanked Ms. Wilson for the update. Dr. Griffin next called on Ms. Mary Gotcher to provide the Overview of the Joint Nursing Committee.	Dr. Raimer stated that he would get the data on the UTMB deaths during the MRIS process back to Ms. Wilson. Dr. Linthicum again noted that part of the issue with the Parole Board not willing to vote out a person even when the medical staff diagnosis that person as being terminally ill is because the patient is not in hospice; not in assisted living; not in infirmary; but out in general population living independently and may have committed the crime with the diagnosis.	

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X. Overview of the Joint Nursing Committee - Mary Gotcher, RN, MSN	Ms. Gotcher thanked the committee the opportunity to present the overview of the Joint Nursing Committee. She then stated that the committee membership is comprised with representation and also works in partnership with TDCJ, UTMB and TTUHSC and meets every two months. The Joint Nursing Committee's functions include identification of common nursing issues and concerns; establishing consistency in nursing policy and procedures; safety committee for nursing peer review referrals; critical incident review, and improvement plans. Ms. Gotcher then reported that some of the completed projects the committee worked on was the conversion to safety needle products by both UTMB and TTUHSC; review and revision of the UTMB Nursing Policy Manual, collaborative staffing study for nursing services with TDCJ, and collaborative emergency response video for employee training and orientation. Ms. Gotcher then noted that some of the current projects that the Joint Nursing Committee is working on is the Joint Commission Standards for Evaluation of Inpatient Psychiatric Facilities at Jester IV and Skyview facilities. Ms. Gotcher further noted that they are also looking at the LVN scope of practice issues; emergency documentation revision to urgent care, and infirmary care policy revision with TDCJ to update to current UTMB Nursing Services Infirmary Policy. Ms. Gotcher concluded by stating that she would be happy to entertain any questions. Dr. Griffin asked if there were any other comments or questions. Hearing none, Dr. Griffin thanked Ms. Gotcher for the update. Dr. Griffin then stated that the next agenda item was the summary of critical correctional health care personnel vacancies and called on Dr. Murray first to provide the UTMB update.	Dr. Raimer thanked and commended the nursing staff who worked with security officers for the emergency response training video which he noted is a risk management issue. Dr. Linthicum then thanked and recognized Mr. Gary Eubanks, the committee chair who worked with Mr. Mike Upshaw who is the Training Director for the academy in putting together this training video.	

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XI. Summary of Critical Correctional Health Care Personnel Vacancies **- Owen Murray, D. O. (UTMB)**	Dr. Murray reported that UTMB continues to have health care provider shortages and have been using tools such as telemedicine to meet outpatient needs of the population. He further reported that UTMB continues to look at alternative ways to recruit and retain staff. Dr. Griffin thanked Dr. Murray for the update then called on Dr. DeShields to provide the TTUHSC update on key personnel issues.		
- Denise DeShields, M.D. (TTUHSC)	Dr. DeShields reported that the 5% physician vacancy rate jumped up to 15% over the last quarter and the vacancy rates for psychiatrist remain in the 18 – 22% range. She stated that Texas Tech continues to utilize the national recruiting services, putting job vacancies in various publications, having job fairs, but again competing with the freeworld salaries continues to be a challenge. Dr. DeShields stated as she also reported at the last meeting, they filled the Mental Health Director position for the PAMIO program which was vacant for over two years. She concluded by stating Texas Tech also hired a new Northern Regional Medical Director who will be on board the middle of November and this is the position that was vacated by Dr. Revill who recently retired. Dr. Griffin thanked Dr. DeShields for the update then called on Dr. Linthicum to provide the TDCJ key personnel issues.		
- Lannette Linthicum, M.D (TDCJ)	Dr. Linthicum reported that TDCJ also faces the same difficulties recruiting and retaining nursing staff as reported by her colleagues. She further reported that they also have multiple postings and advertise in journals and newspapers. Dr. Griffin thanked Dr. Linthicum for the update then called on Mr. John Allen to provide the dental augmentation report.		

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XII. Dental Augmentation Report **- John Allen**	Mr. Allen noted that the dental augmentation report is found at Tab E of the agenda packet. He reported that there are nine district and special dentists positions but only seven of the nine positions are currently filled. These include two dental directors overseeing the Northern and Southern Districts then introduced Dr. Scott Reinke, the new Northern Dental Director who replaced Dr. Sonny Wells who recently retired. He further clarified the other as being specialized dentists such as peridontist. Mr. Allen then noted that there are 77 onsite facility dentists with a 12% vacancy rate as of November, 2008. Mr. Allen next stated that 15% of the dentists in the UTMB sector are over the age of 65 as most of the dentist that are hired are those in mid to post career stage. He further stated that 36% are over the age of 60 and 70% over the age of 55. The current salaries for a district dentist averages at $131,000 and facility dentist averages at $114,000. Mr. Allen noted that this in comparison to the salaries provided by the Pay Group Organization which UTMB uses shows a national average salary between $132,000 and $151,000. Mr. Allen further stated that in order to compete with the freeworld market in recruiting and retaining dentists he is requesting the committee's approval to increase the salaries to an additional cost of $830,000 as funding allows and noted that the breakout of the fiscal impact is provided at page 102 of the agenda packet. He concluded by stating that UTMB will continue to monitor agency and dental vacancy rates and report back to the Committee.	Ms. Frazier asked if there are issues within the existing University of Texas System's salary structure that first needs to be addressed before the committee makes a recommendation? Mr. Allen responded that the UTMB program is the only dental employer and the University of Texas in Houston only has the dental school. Ms. Frazier then asked if Texas Tech also needs to increase their dental salaries? Dr. DeShields responded that Texas Tech increased their dental salaries by around $40,000 back in September in order to compete with the market.	Dr. Ben Raimer made a motion to allow UTMB to move forward with the salary augmentation plan as outlined at Tab E and as presented by Mr. John Allen. Ms. Frazier seconded the motion. Dr. Griffin asked if there were any other comments before calling this to a vote?

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- Dental Augmentation Report (Cont.**)**			Dr. Lannette Linthicum stated she would abstain from voting due to conflict of interest based on the staffing study she conducted. After further discussion, the motion passed by unanimous vote.
XIII. Medical Director's Report (TDCJ)	Dr. Griffin next called on Dr. Linthicum to provide the TDCJ Medical Director's report.		
Lannette Linthicum, M. D.	Dr. Linthicum stated that the TDCJ Medical Director's Report is provided at Tab G and begins on page 103 of the agenda packet.		
- Office of Professional Standards	During the fourth quarter of FY 2008, Dr. Linthicum reported that twelve facilities were audited. She then highlighted some of the audits which are listed on pages 104-106 of the agenda packet. Dr. Linthicum noted that corrective actions for most have been received and pending approval by staff.		
- Grievances and Patient Liaison Correspondences.	Dr. Linthicum next reported that the Patient Liaison Program and the Step II Grievance Program received a total of 3,006 correspondences and of those total number, 268 or 8.92% action requests were generated.		
- Quality Improvement (QI) Access to Care	The Quality Improvement / Quality Monitoring staff performed 86 access to care audits this quarter. Dr. Linthicum further reported that 774 indicators were reviewed and 23 indicators fell below the 80% threshold.		
- Capital Assets Monitoring	The Capital Assets Contract Monitoring Office audited seven units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting Inventory procedures.		

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- Office of Preventive Medicine	Dr. Linthicum then reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For this fourth quarter, there were 201 reports of suspected Syphilis compared with 181 in the previous quarter; 1,037 Methicillin-Resistant Staphylococcus cases were reported compared to 1,302 during the same quarter of FY 2007. There was an average of 25 Tuberculosis cases under management per month during this quarter compared to 21 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 then reported that five training sessions have been held attended by seven units so far this year with 65 medical staff receiving training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported.		
- Mortality and Morbidity	The Mortality and Morbidity Committee reviewed 141 deaths. Of those 141 deaths, 27 were referred to peer review committees and those breakdowns are found on page 107 of the agenda packet.	Ms. Frazier asked if suicides are included in the 141 deaths reported? Dr. Linthicum responded that it was and that every death in TDCJ is reviewed by the Mortality and Morbidity Committee.	
- Mental Health Services Monitoring	The Mental Health Services Monitoring and Liaison with County Jails identified 45 offenders with immediate mental health needs prior to TDCJ intake. Dr. Linthicum added that the MHMR history was reviewed for 24,679 offenders brought into TDCJ-ID/SJ through the intake process. She further noted that 396 offenders with high risk factors (very young or old or have long sentences) transferred into TDCJ-ID were interviewed which resulted in 25 referrals. The master's level psychiatrist made 20 Administrative Segregation visits this quarter and observed 4,720 offenders, interviewed 2,558 offenders and referred 20 for further evaluations.		

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- - Health Services Liaison Utilization Review	During the fourth quarter FY 2008, a total of 68 hospital discharges and 41 inpatient facility discharge audits were conducted. Dr. Linthicum stated that the summary of the audits are available in the charges provided at page 108 of the agenda packet.	Ms. Frazier asked why 100% of the facilities lacked documentation in Just as noted on the chart provided on page 108? Dr. Linthicum responded that if the discharge summary or transfer summaries are missing, it is counted as non-compliance. She further noted that this issue of not having the proper documentation when they come back from the freeworld hospitals are being looked at by the Joint Medical Director's workgroup as this information needs to be scanned into the EMR for the purpose of continuity of care. Dr. Griffin asked if the documentations are being submitted by Hospital Galveston? Dr. Linthicum responded that Hospital Galveston and TDCJ have access to EMR and the information is in place. Dr. Raimer asked if placing a checklist for the discharge nurse would help insure that these documentations are provided? Dr. Linthicum stated that both Dr. Murray and Dr. DeShields are working on getting the proper documentation from the freeworld hospitals. Dr. Griffin then asked if it was still an issue of getting the Uniform Health Services Forms as well? Dr. Linthicum responded that they are still not getting the Uniform Health Services Forms which comes from the county jails and they continue to work with the Sheriffs on this. Ms. Wilson added that the Sunset legislation was changed so that the Uniform Health Services Forms be a part of the pen packets. The problem is the lack of staffing at the county jails who fill out these forms but that they are working on getting this submitted with the pen packets.	

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	Dr. Griffin asked if there were any other comments?	Dr. Jumper noted that the Medical Director's report includes medical to include HIV and other incidences of infectious diseases; mental heath statistics then asked if there were any rape statistics? Dr. Linthicum stated that she would ask Mr. Quarterman's SAFE Prisons Program staff to provide a presentation at one of the future CMHCC meetings.	
- Accreditation	Dr. Linthicum next reported that the American Correctional Association Pane of Commissioners met in August and awarded initial accreditation to the Estelle, Skyview/Hodge, Ramsey and Wynne Unit and re-accreditation was awarded to the Halbert, Jordan/Baten, Torres/Ney, Woodman, Roach facilities and to the TDCJ Training Department. Dr. Linthicum concluded by stating that the summary of current and pending research projects as reported by the Executive Services is provided in the consent items on pages 46 – 49 of the agenda packet. Hearing no further discussions, thanked Dr. Linthicum for the report.		
- Medical Director's Report (TTUHSC) - Denise DeShields, M.D.	Dr. Griffin next called on Dr. DeShields to provide the TTUHSC Medical Director's Report		

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- Medical Director's Report (TTUHSC – Cont.)	Dr. DeShields reported that personnel vacancy rates were discussed earlier but added that the nursing vacancies rates are at 22% in West Texas where historically they have been between 10% – 13%. Texas Tech also continue to face challenges due to significant nursing shortages and noted that a full time employee costs 1 ½ to 2 times less than what the contractors are being paid to fill these vacant positions. Dr. DeSheilds then reported on the impact of Hurricane Ike in West Texas. She stated that the EMR system went down in West Texas for two weeks after Hurricane Ike hit Galveston and that they had no access to medical records for 32,000 offenders during that time. This was then compounded with the time being spent to scan the medical data for those two weeks once the EMR came back on line. Dr. DeShields further reported that 25 patients from Hospital Galveston were transferred to the Montford Facility which brought it to its full capacity medically for the first time and it was a little over a week before they were able to transfer those patients to the infirmary beds. She concluded by noting that Texas Tech still maintain 21 of those offender patients. Hearing no further discussion, Dr. Griffin thanked Dr. DeShields for the update.	Dr. Linthicum thanked Dr. DeShields and Texas Tech for taking those 25 acute care offender patients as the Montford facility is the only unit in TDCJ system that provides the highest level of medical care. Mr. Hightower added that the committee will need to inform the legislators the difference between acute beds and infirmary beds and how many are needed. Dr. Linthicum stated that she had that information broken down and will make those available to the committee.	

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- **Medical Directors Report (UTMB) Cont.** **- Owen Murray, D. O.**	Dr. Griffin then called on Dr. Owen Murray to provide the UTMB Medical Director's Report. Dr. Murray stated that he was asked to update the committee on the recovery phase after Hurricane Ike. Dr. Murray reported that the Hospital Galveston building did remarkably well with only damages to the elevators but the question still remain as to what extent UTMB will resume in terms of prison healthcare on the island. Staff in Galveston from the specialist standpoint are ready to deal with the level of needed hospital care but Dr. Murray stated that they are being very cautious as to not jeopardize patient medical care. He further noted one of the lessons learned is that offender healthcare in the freeworld is difficult to come by even on short term basis and this is not related to patient care or availability of beds but due to security and PR issues. Dr. Murray again thanked Texas Tech, UT Tyler, Huntsville Memorial Hospital, Conroe Regional Medical, Mainland Hospital in Texas City for taking in offender patients during this time. Dr. Murray next reported that they are looking at other avenues for patient care such as ambulatory surgery at the Dickenson Surgery Center and using Hospital Galveston to holdover patients prior to them having their procedures done. Huntsville Memorial Hospital also stepped forward and are finishing the last phases of getting a 9 unit bed which is the starting point as the census for the TDCJ units in the Huntsville area goes anywhere from zero to five patients at any given time. Initially, those 9 beds will take those patients who are in the Houston Hospitals. Dr. Murray did note that the key is to balance out their census by knowing what the needs for the Huntsville area will be; then use the other available beds for offender patients from other areas. Dr. Murray further reported that the two Cancer Centers in Huntsville are providing radiation and oncology care and chemotherapy is being provided at the Estelle Unit. He further reported that the Obstetrics and Gynecology patients were moved from Texas City to Gatesville where Hillcrest Hospital stepped up to care for their obstetrics patients.	Dr. Linthicum added that fifty babies were delivered within a two month period.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Medical Directors Report (UTMB) Cont.	Dr, Murray concluded by stating that UTMB will be moving some of the lower risk pregnancies back to Texas City and have the OB staff from UTMB freeworld side care for these patients in the interim and deliver the babies at the Mainland Hospital.	Dr. Sexton reiterated that so many people stepped up to help meet UTMB's commitment of providing inpatient care to the offender population and expressed her appreciation also to TDCJ for providing security during this transitional period. She again noted that the elevators are critical in providing patient health care and will start slowly by bringing 32 patients back at this time. Dr. Sexton further stated that the University of Texas Board of Regents hired a consulting group to look at the situation in Galveston as it relates to correctional health care business; their educational programs, and then make recommendations on the future of UTMB in relation to their clinical programs. She noted that this report will come out in Janauary. Ms. Frazier asked if the John Sealy beds will be opening the same time with Hospital Galveston? Dr. Sexton responded that their plan is to open all of their inpatient services which include both the correctional managed care and freeworld side. Dr. Raimer added that most people forget that the TDCJ Hospital does not have an operating room or other equipment needed for patient care. Dr. Sexton agreed that there is some misconception that Hospital Galveston is a free standing prison hospital but it is simply just beds and does not support inpatient care which is handled on the freeworld side. Dr. Griffin asked what the cost estimate would be in terms of the impact of Hurricane Ike? Dr. Sexton responded that they are looking at about $710M dollars. She further noted that the maximum insurance that they were able to get was	

Agenda Topic / Presenter	Presentation	Discussion	Action
- UTMB Medical Director's Update (Cont.)		for $100M with a $50M dollar deductable. She noted that they will be asking for assistance from the state leadership to provide the cash needed to start rebuilding with the FEMA promised dollars which they will be getting within the next three to five years. Dr. Sexton added that not only has this impacted Galveston but hospitals in the Houston area and beyond are also feeling the impact as they are having to receive patients that would have normally gone to UTMB. Dr. Griffin noted that it would help the committee staff to have not only have costs but the strategies needed to deliver health care so that they can bring it up at the upcoming Legislative hearings.	
	After further discussions, Dr. Griffin thanked Dr. Murray for the update.		
- **XIV. Financial Report** - **Lynn Webb**	Dr. Griffin next called on Lynn Webb to provide the CMHC Financial Report. Mr. Webb stated that the Fourth Quarter FY 2008 Financial Report is found at Tab J of the agenda packet. As represented at Table 2 on page 145, Mr. Webb stated that the average offender population has remained stable at 151,712 for FY 2008. Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 10,361 as of FY 2008. This is an increase of 572 or 5.8% compared to this same quarter a year ago. Mr. Webb next reported that the overall HIV+ population has remained stable throughout the last two years at 2,503 through FY 2008 or about 1.6% of the population serviced. Overall health care costs through the fourth quarter FY 2008 totaled $477.5M. On a combined basis, Mr. Webb noted that this amount exceeded overall revenues earned by the university providers by approximately $14.7M or 3.2%.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Financial Updates (Cont.)	He then reported that UTMB's total revenue through the quarter was $366.3M; expenditures totaled $381M, resulting in a net loss of $14.7M. Texas Tech's revenue through this quarter was $96.5M; expenditures totaled $96.5M, resulting in a net gain of $39.296. Mr. Webb further reported that of the $477.5M in expenses reported through the fourth quarter, onsite services comprised $228.7M or about 47.9% of the expenses; pharmacy services totaled $46.8M or 9.8% of total expenses; offsite services accounted for $141.6M or 29.6% of the total expenses; mental health services totaled $43.7M or 9.2% and indirect support expenses accounted for $16.7M or about 33.5% of the total costs. He then noted that Table 5 on page 149 of the agenda packet shows that the total cost per offender per day for all health care services statewide through the fourth quarter 2008 was $8.60, compared to $7.76 for the same quarter FY 2007. The average cost per offender per day for the last four fiscal years was $7.56. Mr. Webb further reported at Table 6 on page 150 shows that older offenders had a documented encounter with medical staff a little under three times as often as younger offenders. Hospital costs received to date this fiscal year for older offenders averaged approximately $4,040 per offender vs. $671 for younger offenders. He then stated that older offenders were utilizing health care resources at a rate more than six times higher than the younger offender. While comprising only about 6.8% of the overall service population, older offenders account for 30.6% of the hospitalization costs received to date. Older offenders are represented over four times more often in the dialysis population than younger offenders and dialysis costs continue to be significant, averaging about $21.6K per patient per year. Mr. Webb added that providing dialysis treatment for an average of 188 patients through all of FY 2008 cost $4.1M. Table 9 on page 153 shows that the total drugs costs through this quarter totaled $35.6M. Of this, $17.1M or just over $1.4M per month was for HIV medication costs which was about 48.2% of the total drug cost. Psychiatric drug costs were approximately $1.3M or about 3.7% of overall drug costs and Hepatitis C drug costs were $1.6M and represented 4.6% of the total drug costs.		

Agenda / Presenter	Presentation	Discussion	Action
- Financial Update (Cont.)	Mr. Webb again noted that it is a legislative requirement that both UTMB and Texas Tech 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 shortfall of $14,720,961 through the end of FY 2008. UTMB stated that with the current trends, they expect to have a $10.5M shortfall for FY 2008 and this projection was used in forecasting budget numbers in the submitted LAR. Texas Tech reports that they hold no such reserves and report a total operating gain of $39,296 through the end of FY 2008, however, TTUHSC forecasted a breakeven bottom line for FY 2008 which was used in the submitted and forcasted budgeted LAR numbers. A summary analysis of the ending balances revenue and payments through August 31, 2008 for all CMHCC accounts are included in this report on page 154 at Table 10. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2007 was $85,531.94. Mr. Webb noted that this amount has lapsed back to the State Treasury according to Rider 69 of Senate Bill 1 of the 79th Legislature and paid back in November 2008. 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. The testing of detail transactions performed on UTMB's financial information for July and August 2008 found most of the back-up documentation not recoverable due to the flooding at UTMB from Hurricane Ike. The remaining recoverable transactions selected which had documentation have not been sent due to office relocation issues. Mr. Webb further reported that the testing of detail transaction performed at TTUHSC's financial information for July and August, 2008 found no discrepancies and all transactions selected had appropriate documentation sent for verification. Mr. Webb concluded by stating that he would be happy to entertain any questions.		.

Agenda / Presenter	Presentation	Discussion	Action
- Financial Update (Cont.)	Dr. Griffin asked if there were any comments or questions. Hearing none, thanked Mr. Webb for the report.		
XV. Public Comment **- James Griffin, M.D.**	Dr. Griffin stated that the next agenda is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.		
XVI. Date / Location of Next Meeting **- James Griffin, M.D.**	Dr. Griffin then noted that the next CMHCC meeting is scheduled for 9:00 a.m. on March 27, 2009 to be held at the Dallas Love Field Main Terminal Multi-Purpose Conference Room unless otherwise noted.		
XVI. Adjournment	Dr. Griffin asked if there were any other comments, hearing none, adjourned the meeting.		

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

03/27/2009

Date:

ATTACHMENT 1

Resolution of Appreciation

Linda M. Cooper, RN, MSN

WHEREAS, Linda M. Cooper, RN, MSN, began her career with the Texas Department of Criminal Justice on April 20 of 1987 and has been actively involved in leadership roles within the Health Services Department; and

WHEREAS, Mrs. Cooper excelled academically having attained an Associate Degree in Nursing from Cardinal Strich University, Milwaukee, Wisconsin, Bachelor of Science Degree in Nursing, and a Masters Degree of Science Degree in Nursing from Regis University in Denver, Colorado; and

WHEREAS, Mrs. Cooper had worked for more than 21 years in a variety of progressively responsible clinical and administrative positions in the health care field; and

WHEREAS, Mrs. Cooper has served as Nurse Manager of Clinical Contract Monitoring and Director of Clinical Services. In that capacity, she supervised all aspects of the Quality Improvement and Contract Monitoring Services. She was also responsible for the oversight of the auditing and monitoring offender patient healthcare provided by the University of Texas Medical Branch and Texas Tech University Health Sciences Center, and held various nursing positions to include State Coordinator of Infectious Diseases; and

WHEREAS, Mrs. Cooper has served on a variety of workgroups and standing committees including the Joint Nursing Committee, Policy and Procedures Committee, Joint Mortality and Morbidity Committee, Pharmacy and Therapeutics Committee, and the System Leadership Committee; to name a few; and

WHEREAS, the Texas Correctional Health Care Program has greatly benefited from her demonstrated leadership, clinical expertise, and dedication both on a professional and personal basis; and

WHEREAS, the Correctional Managed Health Care Committee, its staff and its partner agencies wish to gratefully acknowledge the many contributions and distinguished professional career of Mrs. Cooper and she will be greatly missed by her peers, colleagues and friends.

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 family a framed copy of this resolution.

Adopted this 9th day of December in the Year 2008, by the Correctional Managed Health Care Committee

James D. Griffin, M.D.
Chairman, CMHCC

Allen R. Hightower
Executive Director, CMHC

ATTACHMENT 2

Joseph V Penn, MD CCHP
Director, Mental Health Services UTMB CMC

Dana Butler, MD
Director, Mental Health Services, Texas Tech Health Sciences Center CMC

Mental Health Update: Suicide Prevention Efforts, Planning, and New Recommendations

1. TOCJ suicide statistics 2000 - 2008 -
   32 completed suicides in 2007
   - 18 completed suicides in 2008 (as of 12/05/08)

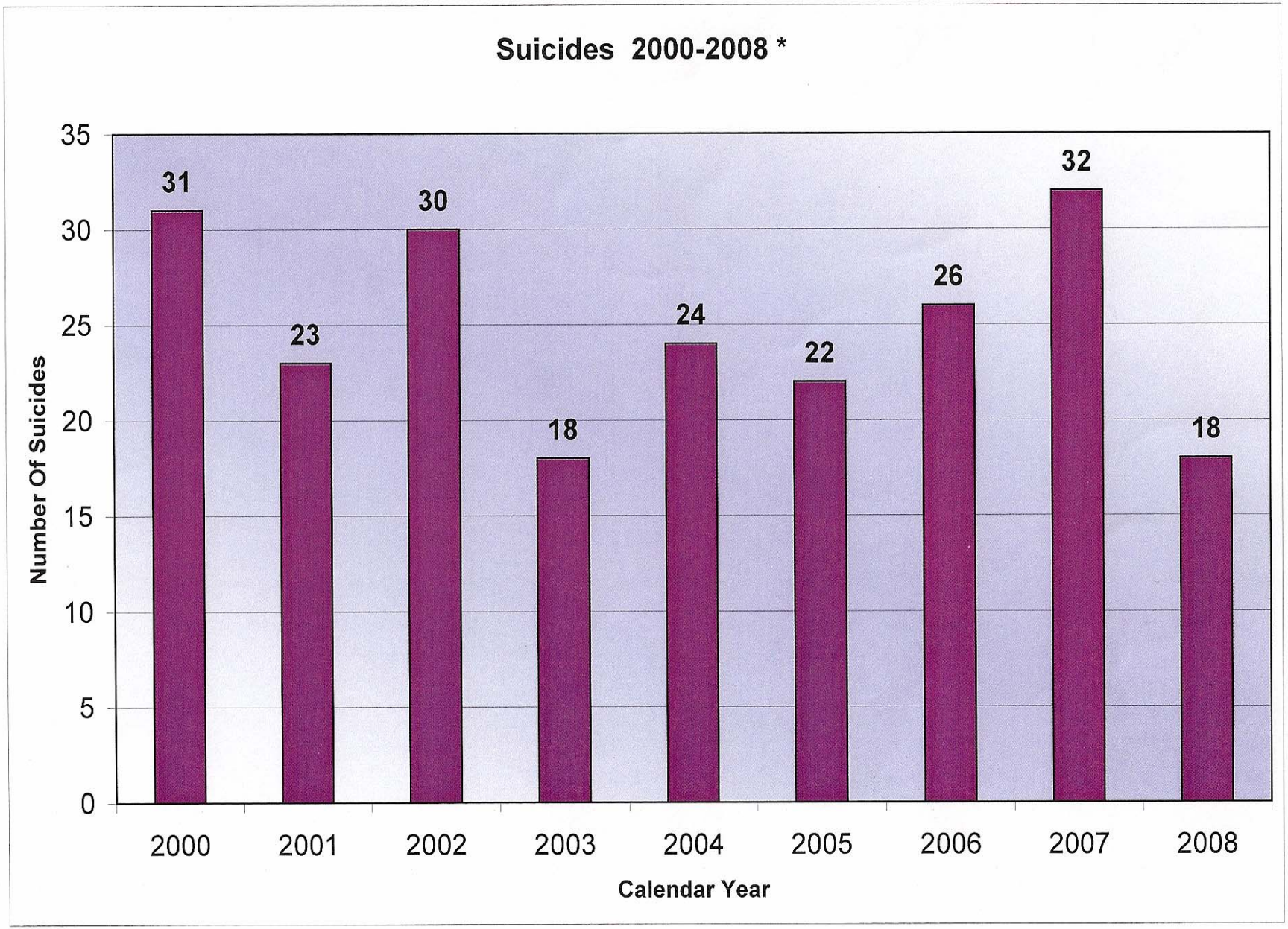
2. Risk factors for suicide attempts/completed suicide

3. Components of an effective correctional suicide prevention program (NCCHC Prison Health Standards 2009 Handout)

4. UTMB/TOCJ/Texas Tech Suicide Retreats
   - Buffalo Ranch, TX, April 8 & 9, 2008 and Rusk, TX, July 30 & 31, 2008
     Acknowledgments/recognition: Dr. Linthicum and Mr. Quarterman
     Bed crunch: Lack of inpatient psychiatric beds (Jester IV and Skyview)
     Revisions to policies and procedures (inpatient versus outpatient TDCJ units)

5. Joint Mental Health Committee UTMB/Texas Tech/TOCJ

6. Recommendations for approval/approval of funding for independent consultant(s) or team of consultants


Suicides 2000-2008 *
Number Of Suicides
35
30
25
20
15
10
5
0
31
23
30
18
24
22
26
32
18
2000
2001
2002
2003
2004
2005
2006
2007
2008
Calendar Year

*As of 12/5/08

P-G-05 **SUICIDE PREVENTION PROGRAM**

essential

Standard

The facility identifies suicidal inmates and intervenes appropriately.

Compliance Indicators

1. A suicide prevention program includes the following outcomes:
   a. facility staff identify suicidal inmates and immediately initiate precautions,
   b. suicidal inmates are evaluated promptly by the designated health professional who directs the intervention and assures follO\v-up as needed,
   c. actively suicidal inmates are placed on constant observation, and
   d. *potential/."v suicidal* inmates are monitored on an irregular schedule with no more than 15 minutes between checks. If, however, the potentially suicidal inmate is placed in isolation, constant observation is required.
2. Key components of a suicide prevention program include the follo\ving:
   a. training,
   b. identification,
   c. referral,
   d. evaluation,
   e. treatment,
   1'. housing and monitoring.
   g. communication.
   h. intcn'ention.
   1. notification.
   J. rev1cw. and
   k. debriefing.
3. The use of orher inmal<.:s in any \vay (c.g .. ..:ompanions, suicide-pre';cntion aides) is not a substitute for staff supen'ision.

4. Treatment plans addressing suicidal ideation and its reoccurrence are developed, and patient follow-up occurs as clinically indicated.
5. The responsible health authority approves the facility's suicide prevention plan; training curriculum for staff, including development of intake screening for suicide potential and referral protocols; and training for staff conducting the suicide screening at intake.
6. All aspects of the standard are addressed by written policy and defined procedures.

Definition

Potentially suicidal inmates are not actively suicidal but express suicidal ideation and/or have a recent history of self-destructive behavior. They should be observed at staggered intervals not to exceed every 15 minutes (e.g., 5,10,7 minutes).

Discussion

This standard is intended to ensure that suicides are prevented if at all possible. When suicides do occur, appropriate corrective action is identified and implemented to prevent future suicides. \Vhile inmates may become suicidal at any point during their stay, high-risk periods include immediately upon admission; following new legal problems (e.g., new charges, additional sentences, institutional proceedings, denial of parole); after the receipt of bad news regarding self or family (e.g., serious illness, the loss of a loved one); after suffering humiliation (e.g., sexual assault) or rejection; or pending release after a long period of incarceration. Inmates in specialized single-cell housing are also at increased risk of suicide. In addition, inmates in the early stages of recovery from severe depression may be at risk. Recent research points out that adolescent suicides in correctional settings have different high-risk periods compared to adults.

Key components of a suicide prevention program include the following:

1. Training. All staff members who work with inmates are trained to recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately. Initial and at least biennial training are provided, although annual training is highly recommended.
2. Identification. The receiving screening form contains observation and interview items related to potential suicide risk. If a staff member identifies someone who is potentially suicidal. the inmate is placed on suicide precautions and is referred immediately to mental health staff.
3. Referral. There are procedures for referring potentially suicidal inmates and those who have attempted suicide to mental health care clinicians or facilities. The procedures specify a time frame for response to the referral.
4. Evaluation. An evaluation. conducted by a qualified mental health profes-sional, determines the level of suicide risk, level of supervision needed, and

need for transfer to an inpatient mental health facility or program. Patients are reassessed regularly to identify any change in condition indicating a need for a change in supervision level or required transfer or commitment. The evaluation includes procedures for periodic follo\v-up assessment after the individual's discharge trom suicide precautions.

5. Treatment. Strategies and services to address the underlying reasons (e.g., depression, auditory commands) for the inmate's suicide ideation are to be considered. The strategies include treatment needs when the patient is at heightened risk to suicide as \vell as follow-up treatment interventions and monitoring strategies to reduce the likelihood of relapse.
6. Housing. Unless constant supervision is maintained, a suicidal inmate is not isolated but is housed in the general population, mental health unit, or medical infirmary, and located in close proximity to staff. All cells or rooms housing suicidal inmates are as suicide-resistant as possible (e.g., without protrusions of any kind that would enable hanging).
7. Monitoring. There are procedures for monitoring an inmate identified as potentially suicidal. Regular, documented supervision is maintained, usually every 15 minutes or more frequently if necessary. Although several protocols exist for monitoring suicidal inmates, when an actively suicidal inmate is housed alone in a room, supervision through continuous monitoring by staff should be maintained. Other supervision aids (e.g., closed circuit television, inmate companions or watchers) can be used as a supplement to, but never as a substitute for, staff monitoring.
8. Communication. Procedures for communication between mental health care, health care, and correctional personnel regarding inmate status are in place to provide clear and current information. These procedures include communication between transferring authorities (e.g., county facility, medical/psychiatric facility) and facility correctional personnel.
9. Intervention. There are procedures addressing how to handle a suicide attempt in progress, including appropriate first-aid measures.
10. Notification. Procedures state v,:hen correctional administrators, outside authorities, and family members are notified of potential, attempted, or completed suicides.
11. Reporting. Procedures for documenting the identification and monitoring of potential or attempted suicides are detailed, as are procedures for reporting a completed suicide.
12. Review. There are procedures for mental health, medical, and administrative review if a suicide or a serious suicide attempt (as defined by the suicide plan) occurs. See P-A-l 0 Procedure in the Event of an Inmate Death for details.
13. Debriding. There are procedures for otIering timely debriefing to all affected personnel and inmates. Debriefing is a process \vhereby individuals are given an opportunity to express their thoughts and feelings about an incident (e.g., suicide or attempt), develop an understanding of stress symptoms resulting from the incident, and de\dop ways to deal \vith those

symptoms. Debriefing can be done by an in-house response team or outside consultants prepared to handle these highly stressful situations. There are different approaches to the debriefing process, including some highly confrontational or "forced interventions" methods. Such methods are not intended under this standard.

A psychological autopsy for each suicide should be completed within 30 days of the event. The typical psychological autopsy is based on a detailed review of all file information on the inmate, a careful examination of the suicide site, and intervic\vs with staff, inmates, and family members familiar \vith the deceased. (See P-A-I 0 Procedure in the Event of an Inmate Death and Appendix C Guide to Developing and Revising Suicide Prevention Protocols.)

Optional Recommendations

Because suicide is a leading cause of death in correctional facilities nationwide, an active approach to the management of suicidal inmates is recommended. In facilities where 24-hour mental health staff coverage is not present, designated health and/or custody staff should be able to initiate suicide precautions until the mental health clinician on call can be contacted for further orders. On the other hand, only designated qualified mental health care professionals should be authorized to remove an inmate from suicide precautionary measures.

\\lhere feasible, persons trained in debriefing procedures should be used. Practical guidelines on the debriefing process are available from organizations such as the International Critical Incident Stress Foundation.