

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
March 8, 2011**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Elmo Cavin, Bryan Collier, William Elger, Gerard Evenwel, Margarita de la Garza-Graham, M.D., Cynthia Jumper, M.D., Lannette Linthicum, M.D., Ben G. Raimer, M.D.

Partner Agency Staff Present: Owen Murray, D. O., Steve Alderman, Anthony Williams, John Pulvino, M.D. Steve Smock, Joe Penn, M.D., Lauren Sheer, The University of Texas Medical Branch; Denise DeShields, M.D., Texas Tech University Health Sciences Center; Ron Steffa, Robert Williams, M.D., Dee Wilson, April Zamora, Bobby Lumpkin, Jim Montrose, M.D., Kate Hendricks, M.D., Kathryn Buskirk, M.D., Erica Minor, Rick Thaler, Paula Reed, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

Others Present: Brian K. Jammer, UT System; Sue Evenwel, Spouse of Committee Member, Steve Timmons, MHM Services, Inc.;

Location: 8610 Shoal Creek Boulevard, 7 West Building, Conference Room 112, Austin, 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. 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 thanked everyone for being in attendance then introduced the newest CMHCC member, Margarita de la Garza-Graham, M.D., appointed by the Governor to serve as the public physician member of the Committee. Dr. de la Garza-Graham is replacing Desmar Walkes, M.D. whose term expired on February 2011. Dr. Griffin further noted that Dr. de la Garza-Graham has been in practice in Tyler, Texas for over twenty years in general surgery. She performed her residency in Phoenix, Arizona and previously served as a committee member of the Stephen F. Austin Board of Regents. Dr. Griffin on behalf of the Committee and staff welcomed and congratulated Dr. de la Garza-Graham on her appointment to the CMHCC.		
III. Approval of Excused Absence James D. Griffin, M.D	Dr. Griffin stated that he would next entertain a motion to approve the excused absence of Desmar Walkes, M.D. who was unable to attend the December 7, 2010 CMHCC meeting due to scheduling conflicts.		Mr. Evenwel moved to approve Dr. Desmar Walkes absence from the December 7, 2010 CMHCC meeting. Dr. Raimer seconded the motion which prevailed by unanimous vote.

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<p data-bbox="100 253 390 310">IV. Approval of Consent Items</p> <p data-bbox="128 345 405 370">- James Griffin, M.D.</p>	<p data-bbox="489 253 1014 524">Dr. Griffin noted that the next agenda item is for the approval of the consent items to include the Minutes from the CMHCC Meeting held on December 7, 2010; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. He then asked the members if they had any specific consent item(s) to pull out for separate discussion?</p>	<p data-bbox="1039 467 1587 708">Mr. David Nelson noted that on page 59 of the agenda packet; UTMB Medical Director reports that the nursing encounter rates per offender per month as being 3.3 encounters rates compared to 1.95 nursing encounter rates for the same quarter reported by TTUHSC on page 62. He then asked why the nursing encounter rates varied between the two university sectors?</p> <p data-bbox="1039 743 1587 951">Dr. Murray responded that was due to UTMB sector having more medical and mental facilities then TTUHSC which would generate more nursing encounters. He further stated that the difference in the traditional and acuity type of services performed would also drive those encounter numbers for UTMB.</p> <p data-bbox="1039 987 1587 1044">Mr. Nelson then asked if the accounting criteria were consistent between UTMB and TTUHSC?</p> <p data-bbox="1039 1079 1398 1104">Dr. Murray responded that it was.</p> <p data-bbox="1039 1140 1587 1380">Mr. Nelson further noted that UTMB reported the average length of stay was 6.14 days as shown on page 60 of the agenda book compared to TTUHSC's reporting of their average length of stay for the month of October at 11.7 days on page 64. He then asked why the numbers reported for the average length of stay varied between the two university providers?</p> <p data-bbox="1039 1416 1587 1472">Dr. DeShields responded that TTUHSC sector also include the long-term-care facility.</p>	

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<p>Approval of Consent Items (Cont.)</p>	<p>Dr. Griffin hearing no further discussions, stated that he would entertain a motion to approve the consent items as presented.</p>	<p>Dr. Murray added that the UTMB sector numbers reflects those Hospital Galveston discharge numbers whereas Texas Tech reports on the Montford infirmary bed discharge numbers.</p> <p>Ms. Lord then asked if encounter rates included telemedicine?</p> <p>Dr. Murray responded that it did not include telemedicine.</p> <p>Dr. Griffin further noted that using telemedicine requires specialized physicians to perform those functions.</p> <p>Dr. Linthicum agreed and added that there are misconceptions where people assume that everything can be done over telemedicine which is not the case.</p> <p>Dr. Raimer added that telemedicine use is increasing and agreed with Dr. Griffin that it requires well-trained physicians but it also requires a team of practitioners such as the advance practice extender who gets information on the patient onsite. He further stated that the best example for the use of telemedicine for UTMB is for the management of the HIV population. Dr. Raimer then reported that one infectious disease physician together with a group of trained practitioners and nurses are able to manage approximately 2400 patients.</p>	<p>Mr. Elmo Cavin moved to approve the consent items as provided at Tab A of the agenda packet. Mr. Bryan Collier seconded the motion. The motion passed by unanimous vote.</p>

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<p>V. Executive Director's Report</p> <p>- Allen Hightower</p>	<p>Dr. Griffin next called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower reported that the Correctional Managed Health Care appropriations request has been presented to both the full Senate Finance Committee and to the House Appropriations Committee on Criminal Justice.</p> <p>He further reported that both HB1 and SB1 were identical in funding and that both bills recommends transferring CMHCC function back to the Texas Department of Criminal Justice (TDCJ). The breakout of funding is provided on page 77 of the agenda packet.</p> <p>Mr. Hightower then reported that HB1 and SB1 also recommend that payments for health care providers for hospital care are limited to Medicaid rates.</p> <p>Mr. Hightower concluded by stating that he and the committee staff would continue to perform the CMHCC function if funding is restored. If the funding is not restored to CMHCC, he would do whatever is necessary for a smooth transition of the role back to TDCJ in a way that the people of the State of Texas would be proud in terms of how state agencies perform. He then stated that he would be happy to answer questions.</p>	<p>Mr. Evenwel asked if health care services were provided by TDCJ prior to Correctional Managed Health Care?</p> <p>Mr. Hightower responded that back in the early 90's the function of the delivery of health care was transitioned from TDCJ through refinement of legislative authority during which time he was the Chairman of the Corrections Committee. The primary purpose was to insure that the offender patients have access to quality health care; access to licensed practitioners as part of the Estelle v Gamble case. The Legislators back then thought that by putting the health care component together with the state's medical schools would be the best way to provide cost-effective health care.</p>	
<p>VI. Performance and Financial Status Report</p> <p>- David McNutt</p>	<p>Hearing no further questions, Dr. Griffin thanked Mr. Hightower for the report and called on Mr. McNutt to present the Performance and Financial Status Report.</p> <p>Mr. McNutt noted that the Performance Dashboard for the first quarter, FY 2011 is provided at Tab C of the agenda packet.</p>		

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<p>Performance and Financial Status Report (Cont.)</p>	<p>He then reported that the average offender population was 152,386 at the end of this first quarter FY 2011 compared to 151,551 for the same time period a year ago which is an increase of 835 or 0.6%.</p> <p>The aging offenders continue to rise at a steady rate and Mr. McNutt reported that the number of offenders 55+ at the end of the first quarter FY2011 was 12,410 compared to 11,574 the same quarter in FY 2010 which is an increase of approximately 7.2%.</p> <p>The psychiatric inpatient census remained consistent at the 1,928 compared to 1,927 the same quarter of FY 2010. Through the first quarter of FY 2011, the average number of psychiatric outpatient visits was 20,025 representing 13.1% of the service population.</p> <p>He then reported that the medical access to care indicators remained within the 90% - 97% range; the mental health access to care stayed within the 98-99% range; and dental access to care remained consistently between 98% - 99% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 17.46%; mid-level practitioners at 13.79%; RN's at 1.56%; LVN's at 2.79%, dentists at 10.45% and psychiatrists at 13.64%.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 19.82%; mid-level practitioners at 18.56%; RN's at 19.59%; LVN's at 11.36%; dentists at 15.62%, and psychiatrists at 18.59%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was 89% in September, 2010 but went up to 91% in October then back down to 85% in November, 2010.</p> <p>Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 94 of the agenda packet shows that the expenses again exceeded the revenue for this quarter.</p>		

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	<p>He then reported on the cost per day for the four strategies in FY2010 compared to what was appropriated in HB1; (1) Psychiatric: FY 2010 at \$.90 / HB 1 at \$.77; (2) Unit Care: FY 2010 at 4.59 / HB1 at \$3.76; (3) Hospital Care: FY 2010 at \$3.22 / HB1 at \$2.37; (4) Pharmacy: FY 2010 at \$.95 / HB1 at \$.82. The total cost per day in FY 2010 being \$9.89 compared to HB1 totaling \$7.72.</p> <p>Mr. McNutt concluded by reporting that the overall health care costs through the first quarter of FY 2011 totaled \$133.1M. On a combined basis, this amount is above overall revenues earned by the university providers by \$5,077.035 or 4.0%.</p> <p>Dr. Griffin thanked Mr. McNutt for the report then asked if there were any comments or question?</p>	<p>Mr. Nelson asked if the lower percentage of nursing vacancies for TTUHSC compared to UTMB is due to higher number of reduction in force (RIF) being seen at UTMB?</p> <p>Mr. McNutt responded to calculate vacancies for any particular position, you take how many positions are available in that particular position then see how many positions are actually filled. The reason Texas Tech's percentage number may look higher is because their total numbers for those particular positions are lower so that even having 2 or 3 vacancies would result in higher percentage rate.</p> <p>Mr. Cavin added that Texas Tech already have difficulties retaining and recruiting qualified health care providers and it would make it that much more difficult once you start the RIF process.</p> <p>Mr. McNutt further added that qualified health care providers most likely will start looking for a more secure job elsewhere with the uncertainty of whether their</p>	

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<p data-bbox="92 1045 390 1101">VII. Summary of Critical Personnel Vacancies</p> <p data-bbox="92 1198 352 1284">VIII. Open Discussion - CMHC Audit</p>	<p data-bbox="489 1045 1180 1166">Dr. Griffin then noted that the Agenda Item VII is the reporting of the critical personnel vacancies. He then asked that this update be provided with the Medical Director's Report later on the agenda.</p> <p data-bbox="489 1198 1180 1349">Dr. Griffin stated that the next agenda item is the open discussion on the CMHC Audit and the update on the Governor's CMHC Workgroup. He then asked if the university partners had any comments on the response to the State Auditor's Report.</p>	<p data-bbox="1205 164 1451 188">position will be RIF'd.</p> <p data-bbox="1205 225 1661 402">Dr. Linthicum then noted that she frequently gets asked by State Leadership if the department may still be overstaffed as the access to care numbers reported are consistently maintained at the 90% range even after the reduction of force.</p> <p data-bbox="1205 440 1661 675">She added that access to care is just for sick call requests and is only a small component of their operation. It does not deal with other operations for example, chronic care program; preventive health care program; rounds made to offenders in administrative segregation and nursing encounters.</p> <p data-bbox="1205 712 1661 919">Dr. Raimer agreed with Dr. Linthicum and stated that it is not just about access to care but includes the total health care being provided to the offender patients. With the budget shortfalls you have fewer staff on the units who provide those services.</p> <p data-bbox="1205 956 1661 1013">After further discussions, Dr. Griffin thanked Mr. McNutt for the report.</p> <p data-bbox="1205 1200 1661 1318">Mr. Cavin noted that Texas Tech respectfully disagreed with every item listed on the State Auditor's recommendation.</p> <p data-bbox="1205 1356 1661 1474">Dr. Raimer stated that UTMB also respectfully disagreed with the State Auditor's recommendation. He further noted that there were a number of</p>	

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<ul style="list-style-type: none"> <li data-bbox="121 164 415 191">_ Open Discussion (Cont.) 		<p data-bbox="1205 164 1608 191">references made that were inaccurate.</p> <p data-bbox="1205 225 1661 402">Dr. Griffin noted the need to have on record a simple rebuttal from the Committee to state that many parts of the audit was inaccurate as a number of decision making authorities and elected officials view the audits.</p> <p data-bbox="1205 436 1661 678">He further stated that Texas has one of the lowest appropriations per offender per day than any other states. Dr. Griffin added that both university partners have done a great job delivering constitutional health care but with the budget shortfalls, it would put the State of Texas in jeopardy in providing those services.</p> <p data-bbox="1205 712 1661 922">Dr. Raimer also expressed his concern for the Committee's ability to provide those health care services without appropriate funding. He then stated that the audit's inaccurate findings may influence the way the budget is appropriated by the Legislative Budget Board (LBB).</p> <p data-bbox="1205 956 1661 1472">Dr. Raimer then noted for example, at a meeting with the LBB, they saw the going rate the university charged was 135% of the Medicare rates. An incorrect assumption was then made that the university was charging 35% above Medicare, and reduced that budget amount by 35%. He further added that Mr. Elger provided testimony that their rates are set by the information compiled by the Medicare and Medicaid Cost Reports and that they only charged CMC patients 81% of the allowable cost. Each hospital in Texas has different Medicare rates based on their own cost reports and finding a private physician to see a patient at less than 135% of the Medicare</p>	

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<p>- Open Discussion(Cont.)</p>		<p>rates are becoming more difficult. Dr. Raimer also noted that the audit report questioned the expenditures made for such items as meals for Correctional Officers, funeral and autopsy expenses even when it is noted as being appropriate to pay according to the contracts with university providers.</p> <p>He further stated that UTMB provided a letter in accordance with the termination provisions in the contract which states that a written notice of termination must be sent to the Committee 180 days prior to the termination of the agreement. Dr. Raimer noted that UTMB does not want to leave the contract but can not provide the services at the expense of their academic mission. The University of Texas Board of Regents made it clear that UTMB can not continue with substantial losses.</p> <p>Dr. Griffin agreed and stated that because the three partner agencies have over 20 years of working history together that there is an unwritten understanding that someone from the outside may not comprehend. The threshold or the key to future negotiation is the specificity of the contract.</p> <p>Mr. Cavin added that it is difficult to detail every single expenditures in a contract. Texas Tech contracts with the Federal Government to do research without specifying each single expenditure. The main reason for a contract is to insure those particular services are provided by whatever means</p>	

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<p>- Overview of Nursing Care Model (Cont.)</p>		<p>it takes. Mr. Cavin further noted that he disagrees with the State Auditors when they say that the services delivered was for the offender's health care, because it was not specifically outlined in the contract whereby making it a non-allowable expense.</p> <p>Dr. Raimer added that the indirect costs have gone down for both Texas Tech and UTMB, and recall that these costs were lower than the ones approved four years ago by the State Auditor's Office who noted that those costs were appropriate.</p> <p>Mr. Cavin then added that the employees under this contract who work for Texas Tech and UTMB are employees of that institution. As such, follow the Human Resource Policies of those institutions. He further stated that if he recalled correctly, during the 81st Legislative Session, funds were appropriated specifically for salary increases, but were criticized in the recent audit report.</p> <p>Dr. Griffin noted that in order to assist the audit review; the mechanism by which those services were reviewed and verified may be what is necessary when negotiating future contracts.</p> <p>After further discussions, Dr. Griffin stated that a meeting was held with the Governor's Office with both university Chancellors', Chairs of the Texas Tech Board of Regents and the University of Texas System Board of Regents, Vice Chancellor for Health Affairs, Chair of the Texas Board of Criminal Justice, the Executive Director of TDCJ, and other representatives of the three partner agencies to form a workgroup to provide</p>	

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<p>- Open Discussion (Cont.)</p>		<p>the State Leadership information for determining the appropriation funding level for the Correctional Managed Health Care Committee; find innovative strategies to provide health care more effectively; and look into the potential use of subcontracting or privatizing different areas of service.</p> <p>Mr. Cavin stated that he too had met with the Texas Tech System Board of Regents and was also told that Texas Tech can not continue the contract without the appropriate funding to provide those specific services as Dr. Raimer mentioned earlier for his sector.</p> <p>Dr. Raimer asked if there would be an opportunity to revisit the Offender Health Plan as to what services will be provided to the offenders? He also asked if there would be an opportunity to look into possibly charging offenders who have money in their trust funds a premium charge of about \$100.00 - \$300.00 to help offset the cost?</p> <p>Dr. Linthicum responded that other states pay for offender labor but the State of Texas does not and over 50% of those incarcerated are indigent. This would then shift the cost to the offender's family which will get the attention of the offender family advocates.</p> <p>Dr. Linthicum further reminded the Committee that offenders and prisoners are the only group in the United States that currently have a constitutional right to health care and the standard of that is the deliberate indifference to serious medical needs. She then stated that if a Federal Judge determines that you are</p>	

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<p data-bbox="128 164 394 188">Open Discussion (Cont.)</p>		<p data-bbox="1108 164 1661 402">deliberately indifferent to a serious medical needs, you will be unconstitutional whether that care relates to sick call, preventive care, chronic care or elective care. She further cautioned not to get the State back into another class action lawsuit. The State of Texas is responsible for running and operating a constitutional prison system with health care being one of the components.</p> <p data-bbox="1108 440 1661 586">Dr. Griffin added for example, California under Federal Receivership went from \$16.00 to \$28.00 on the cost of offender per day. That change of \$12.00 is around 30% more than what Texas currently spends.</p> <p data-bbox="1108 623 1661 829">Mr. Cavin then noted that it was his understanding that the Governor’s Workgroup would consist of representatives from the three partner agencies and two legislative staffers to look into this issue. He further asked why a separate workgroup was appointed instead of having the CMHCC tasked for this mission?</p> <p data-bbox="1108 867 1661 1284">Dr. Griffin responded that at the Governor’s Workshop meeting, the State Leadership thought it would be important to have representation from the three partner agencies as well as from the Legislative staff. He further noted that he is currently waiting on feedback from TDCJ, UTMB, TTUHSC and that the draft will be provided for their review and input prior to it being sent to the Governor’s staff. Dr. Griffin however noted that there are some things beyond their control such as the Pharmacy; whether it be the state providing meds or through privatization, the cost of the drug is what it is and these are the types of issues that will be presented to the State Leadership.</p> <p data-bbox="1108 1321 1661 1438">Mr. Collier added that he would also like to comment that regardless of new models that may make it better or with new innovations; at the end of the day you will still be \$226M short. He added</p>	

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<p data-bbox="92 224 380 250">- Open Discussion (Cont.)</p> <p data-bbox="149 440 365 526">IX. Medical Director's Report</p> <p data-bbox="247 594 422 680">- Lannette Linthicum, M.D (TDCJ)</p> <p data-bbox="92 743 436 797">- Operational Review Audit</p> <p data-bbox="92 1049 369 1102">- Capital Assets Monitoring</p> <p data-bbox="92 1354 380 1440">- Chronic Disease Audit / Seizure Disorders</p>	<p data-bbox="466 440 1083 493">Dr. Griffin then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p> <p data-bbox="466 529 1083 583">Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 99 of the agenda packet.</p> <p data-bbox="466 618 1083 829">During the first quarter of FY 2011, Dr. Linthicum reported that ten operational review audits were conducted. The summary of the items found below 80 percent compliance during those ten operational review audits and the corrective action to ensure future compliance are found on pages 100 and 101 of the agenda packet.</p> <p data-bbox="466 865 1083 1044">Dr. Linthicum further reported that the Fixed Assets Contract Monitoring officer audited the same ten units and that these audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting Policy. All ten units were within the required compliance range of 80% or greater.</p> <p data-bbox="466 1079 1083 1291">During this quarter, the TDCJ Health Services conducted a Chronic Disease Quality of Care Audit which assessed the primary care management of offenders with seizure disorders in facilities contracted by the CMHCC. Dr. Linthicum noted that Dr. Buskirk will provide a presentation on the quality of care audit for seizure disorders later on the agenda.</p>	<p data-bbox="1108 224 1661 310">that being \$226M short in funding would make it very difficult to provide for a constitutional offender health plan.</p> <p data-bbox="1108 345 1661 399">After further discussions, Dr. Griffin thanked everyone for their input.</p>	

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<ul style="list-style-type: none"> - Quality of Care Audit: Dental - Grievances and Patient Liaison Correspondences. - Quality Improvement / Access to Care Audits - Office of Public Health 	<p>Dr. Linthicum then reported that 15 dental quality review audits were conducted this quarter. The summary of the items found to be most frequently below 80% compliance is provided on pages 102 – 103 of the agenda packet but noted that the facilities are preparing corrective actions to assure future compliance.</p> <p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 3,758 correspondences. Of the total number of correspondences received, 384 or 10.22% action requests were generated.</p> <p>The Patient Liaison Program nurses and investigators performed 118 sick call request verification audits. A random sample of sick call requests were also audited by the Office of Professional Standards staff. She then added that of the 113 facilities representing a total of 1,062 indicators being reviewed, 40 of them fell below the 80% threshold.</p> <p>Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the first quarter of FY 2011, there were 224 cases of suspected syphilis; 352 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 549 during the same quarter of FY 2010. There was an average of 14 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 20 per month during the first quarter of the FY 2010.</p> <p>During this quarter, the Peer Education Coordinator audited 122 facilities housing CID offenders and determined that 98 of those facilities now have peer education programs.</p>		

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<ul style="list-style-type: none"> <li data-bbox="94 162 399 219">- Office of Public Health (Cont.) <li data-bbox="94 495 399 552">- Mortality and Morbidity Committee <li data-bbox="94 673 399 730">- Mental Health Services Monitoring and Liaison <li data-bbox="94 1258 399 1347">- Quality of Care Audit / Major Depressive Disorder 	<p data-bbox="466 162 1081 373">She then reported that TDCJ recently collaborated with the Department of State Health Services (DSHS) to develop a Shellbook Program to enhance HIV medication adherence in offenders releasing into the community. Dr. Linthicum stated that Dr. Kate Hendricks who is the TDCJ Infection Control Director will provide a brief overview of the Shellbook Project later on the agenda.</p> <p data-bbox="466 406 1081 519">The Mortality and Morbidity Committee reviewed 105 deaths. Of those 105 deaths, 16 were referred to peer review committees and one was referred to utilization review.</p> <p data-bbox="466 560 1081 673">The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 43 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p data-bbox="466 714 1081 893">Dr. Linthicum added that the MHMR history was reviewed for 15,233 offenders brought into TDCJ-ID/SJD. She further noted that 3,275 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities.</p> <p data-bbox="466 925 1081 1039">She then noted that 23 cases of compelled psychoactive medications were reviewed to ensure the criteria for compelling such medication was documented in each case.</p> <p data-bbox="466 1079 1081 1291">During this quarter, the Office of Mental Health Services Monitoring and Liaison Office conducted Psychiatric Disorder Management Quality of Care Audit to assess the management of offenders diagnosed with major depressive disorder on outpatient facilities contracted by the CMHCC. The overall performance is provided on pages 106 – 107 of the agenda packet.</p>		

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- Clinical Administration	<p>During the first quarter of FY 2011, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. The breakout of the summary of the audits are provided at page 107 of the agenda packet.</p>		
- Accreditation	<p>Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to Dominguez, Eastham, Hightower, Hilltop, McConnell, Michael, Mountain View, Plane / Henley, Robertson and the Sanchez facilities. The Byrd, Clements, Goodman, Halbert, Johnston, Kegans/Lyncher and the Travis Unit will be presented at the correctional Accreditation Managers Association Conference in Miami, Florida in May, 2011.</p>		
- Biomedical Research Projects	<p>Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items on pages 53-55 of the agenda packet.</p>		
- Medical Director's Report	<p>Dr. Griffin thanked Dr. Linthicum for the update then called on Dr. Murray to provide the UTMB Medical Director's Report.</p>		
- Owen Murray, D. O. (UTMB)	<p>Dr. Murray reported that the American Correctional Association announced that they will be awarding Dr. Linthicum a Lifetime Achievement Award at their upcoming conference. He then acknowledged Dr. Linthicum's contribution to the CMHCC program and congratulated her on being selected for this honor.</p> <p>He then reported that UTMB is coordinating with TTUHSC and TDCJ to respond to rule change by the Board of Medical Examiners primarily with the mid-level oversight issue. The standard in place now requires physicians to be onsite to review medical records. They are looking at ways to lessen the frequency of having physicians onsite through the use of electronic medical records as another way for the oversight of mid-level health care staff. Dr. Murray concluded by stating that he would keep the Committee updated on this issue.</p>		

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<p>- Medical Director's Report</p> <p>- Denise DeShields, M.D. (TTUHSC)</p>	<p>Dr.Griffin thanked Dr. Murray for the update then called on Dr. DeShields to provide the TTUHSC Medical Director's Report.</p> <p>Dr. DeShields reported that the TTUHSC Medical Director's Report is provided on pages 62-64 of the agenda packet.</p> <p>On behalf of Texas Tech, Dr. DeShields also congratulated Dr. Linthicum on being selected by ACA to receive the Lifetime Achievement Award and thanked her for the work she has done for the correctional health care system.</p> <p>She further noted as Mr. McNutt reported earlier, TTUHSC continues to have difficulties recruiting and retaining health care providers. The PAMIO Medical Director's position still needs to be filled and currently have vacancies for correctional physician, staff psychiatrists, extenders and dentist. Dr. DeShields concluded by stating that TTUHSC continues to advertise in local and national publications and have expanded recruiting agency utilization.</p>		
<p>X. MRIS FY 2010 Annual Report</p> <p>- Dee Wilson</p>	<p>Dr. Griffin thanked Dr. DeShields for the report. He then called on Dee Wilson to provide the update on the TDCJ Medically Recommended Intensive Supervision (MRIS) FY 2010 Annual Report.</p> <p>Ms. Wilson noted that the MRIS FY 2010 Annual Report is provided at Tab F of the agenda packet.</p> <p>The year end report on MRIS shows an increase in approval rates of 102 at the end of FY 2010 compared to 59 for the end of FY 2009. Ms. Wilson further reported that the two highest MRIS categories for approvals are for long term care and terminally ill patients as noted in the chart provided on page 111.</p> <p>Of those 102 offenders approved during FY 2010, 80 were Correctional Institution Division (CID) offenders approved by the Texas Board of Pardons and Paroles with the remaining 22 being state jail confinees approved by the sentencing judge.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- MRIS Annual Report (Cont.)</p>	<p>Ms. Wilson further reported that since the MRIS program's inception back in December, 1991; there were 1356 offenders who had been released. She noted that seven of those have been released twice for a total of 1363 actual releases.</p> <p>Ms. Wilson concluded by noting that the current status of all offenders released on MRIS are provided on page 113.</p>	<p>Dr. Griffin asked about costly offenders such as the one on a ventilator in the UTMB sector as to whether he was being considered for MRIS?</p> <p>Ms. Wilson responded that he was not eligible for referral due to the offense category.</p> <p>Mr. Collier added that the LBB recommended broadening the offense categories for MRIS consideration to include elderly offenders who are currently not eligible because of the nature of their offense in their annual performance report.</p> <p>Dr. Griffin asked if that would be more like a disease based MRIS?</p> <p>Dr. Murray responded that by expanding the current criteria to disease based would help limit the incarceration time for example, dialysis or HIV patients by getting them out sooner as they are taking up significant available resources.</p> <p>Dr. Linthicum added that perhaps another option would be to work with the courts to see if those offenders can be placed at another facility. She further noted that she would agree that disease based offenders are costly but those offenders may still be considered public safety risks. There have been many cases of offenders continuing to commit crimes while being diagnosed with cancer or on dialysis.</p> <p>Hearing no further comments, Dr. Griffin thanked Ms. Wilson for the update.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XI. Chronic Disease Quality Of Care Audit – Seizures</p> <p>_ Kathryn Buskirk, M.D.</p>	<p>Dr. Griffin next called on Dr. Buskirk to provide the Chronic Disease Quality of Care Audit on Seizure Disorders.</p> <p>Dr. Buskirk thanked the Committee staff for the opportunity to report on the audit then noted that the presentation is provided at Tab G of the agenda packet.</p> <p>She reported that the audit is supported by two Texas Government Codes, Section 501.145 which mandates TDCJ to provide chronic disease management services which meet standards of care, and Section 501.150 which mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.</p> <p>Dr. Buskirk further reported that the chronic disease audit tool questions are based on standards established by the Centers for Medicare and Medicaid Services (CMS), American Diabetes Association (ADA), National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), CMHC Policies, and the Disease Management Guidelines (DMGs) form the CMHC Pharmacy and Therapeutics Committee. Seizure disorders specific questions are provided on page 120 of the agenda packet.</p> <p>She then noted that 110 TDCJ facilities were audited using the Seizure Disease Audit Tool during the first quarter of FY 2011. A total of 919 charts were audited of which 731 were UTMB and 188 were TTUHSC charts. This represents 23% of the 3,969 offenders diagnosed with seizure disorders in the TDCJ system. Accumulatively, this yields a 99% confidence level that sample population scores are within 2.3 points of the actual score of the entire diabetic population served by CMHC.</p> <p>The graph on page 124 demonstrates the performance percent for the overall system for those five common questions represented by the individual bars. The graph on page 125 demonstrates performance percent for those seizure disorder specific questions.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 162 399 219">- Audit: Seizure Disorder (Cont.)</p> <p data-bbox="121 617 436 706">XII. TDCJ Health Services Psychiatric Disorder Management Guideline</p>	<p data-bbox="466 162 1108 462">In keeping with legislative expectations, TDCJ Health Services developed and initiated Chronic Disease Quality of Care Audit to monitor and assess the management of seven chronic diseases. The audit tool quests are evidence based and are consistent with minimum standards of care. Dr. Buskirk further noted that a system-wide assessment will be completed for one to two chronic diseases per quarter and that the reports will be provided to the health care providers as a resource to assist with their clinical oversight of quality of care issues.</p> <p data-bbox="466 495 1108 584">Dr. Buskirk concluded by stating that the results will be communicated to the CMHCC and to the Texas Board of Criminal Justice.</p> <p data-bbox="466 617 1108 673">Dr. Griffin thanked Dr. Buskirk for the update then called on Dr. Linthicum to introduce Dr. Montross.</p> <p data-bbox="466 706 1108 860">Dr. Linthicum introduced Jim Montross, Ph.D. who serves as the TDCJ Director of Health Services Resource Management who will be providing the Quality of care Audit on Major Depressive Disorder and Anxiety and Panic Disorder Report.</p> <p data-bbox="466 893 1108 1071">Dr. Montross thanked the Committee for the opportunity to provide the report. He then noted that the TDCJ Health Services has developed quality of care audit tools to assess the management of psychiatric disorders based on the Disease Management Guidelines (DMG's) established by the CMHC Pharmacy and Therapeutics Committee.</p> <p data-bbox="466 1104 1108 1258">He further reported that the quality of care audit tool was developed for the following six psychiatric disorders: 1) major depressive disorder; 2) anxiety / panic disorder; 3) psychosis; 4) post traumatic stress disorder; 5) bipolar disorder; and 6) impulse control disorder.</p> <p data-bbox="466 1291 1108 1412">The list of those by which the standards for the CMHC Pharmacy and Therapeutics Disease Management Guidelines for Psychiatric Disorders are established are provided on page 132 of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 162 399 251">- Psychiatric Disorder Management Guideline (Cont.)</p> <p data-bbox="136 950 420 1039">XIII. TDCJ Health Services Shellbook Project</p> <p data-bbox="136 1071 420 1104">- Kate Hendricks, M.D.</p>	<p data-bbox="462 162 1113 495">Dr. Montross noted that there are seven questions specific to the management of the major depressive disorder audit tool that is provided on pages 134 and 135. He then reported that 252 offender medical records were reviewed which represents 5% of the 4,894 offenders diagnosed with major depressive disorder. This provides a 95% confidence that the sample score is within plus or minus 4.8 of the score if the entire population of offenders diagnosed had been reviewed. The graph on page 137 demonstrates the percent of performance for those seven questions for the first quarter FY 2011.</p> <p data-bbox="462 527 1113 771">Dr. Montross then stated that there are also seven questions specific to the management of anxiety and panic disorder in the audit tool that is provided on pages 139 and 140. He further reported that 201 offender medical records were reviewed which represents 24% of the 815 offenders diagnosed with anxiety and panic disorders. The graph on page 142 provides the percent of performance for those seven questions for the first quarter FY 2011.</p> <p data-bbox="462 803 1113 917">Dr. Montross concluded by noting that the six common questions for the major depressive disorder and the anxiety and panic disorder pathways are provided on page 144 - 145.</p> <p data-bbox="462 950 1113 1015">Dr. Griffin thanked Dr. Montross for the presentation then called on Dr. Linthicum to introduce Kate Hendricks, M.D.</p> <p data-bbox="462 1047 1113 1136">Dr. Linthicum introduced Kate Hendricks, M.D., who serves as the TDCJ Director of Infection Control who will give an update on the Shellbook Project.</p> <p data-bbox="462 1169 1113 1437">Dr. Hendricks stated as noted by Dr. Linthicum earlier that TDCJ recently collaborated with the Department of State Health Services (DSHS) to develop a Shellbook program to enhance HIV medication adherence in offenders releasing into the community. She then noted that Shellbooks are highly illustrated, low grade level stories created by the target audience to convey life-crucial concepts. As the stories are written by offenders, they take into account relevant cultural and other differences among inmates.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="121 164 342 188">- Shellbook Project</p>	<p data-bbox="464 164 1108 280">Dr. Hendricks reported that a little less than 2/3 of the 2,400 HIV-infected offenders at TDCJ are on antiretroviral therapy (ART) and 5% of those offenders filled a script within 10 days following release and 30% within 60 days.</p> <p data-bbox="464 318 1108 524">Measures to improve medication adherence post-incarceration was to update the HIV policy with more emphasis on discharge planning and educate offenders regarding why and how to take medications and access resources. Dr. Hendricks also stated that TCOOMMI will hire three staff funded by DSHS contract to provide pre-release continuity of care.</p> <p data-bbox="464 591 1108 768">The Shellbook focus on patient attention, recall and adherence by the graphic content of materials by using both text and pictures. Characteristics of good illustrations for health education include but not limited to being culturally relevant; using color versus black and white and being simple is better.</p> <p data-bbox="464 834 1108 979">Dr. Hendricks further reported that the key concepts from the focus groups shows that drug use takes you away from being healthy; sobriety is good; builds up self-esteem; and to note that there are support services and resources that are available through local, state and federal agencies.</p> <p data-bbox="464 1045 1108 1222">Dr. Hendricks then reported that the offenders co-wrote and produced the story during a 2-day writing session with male offenders at the Huntsville Unit; a 1-day writing session with female offenders at the Crain Unit; professional illustrator made scenes from photos; and the editors checked on the stories with illustrations.</p> <p data-bbox="464 1260 1108 1437">She further noted that the Shellbooks are simple enough to comprehend through illustrations that even those with a 5th grade reading skill can participate then provided staff with a copy of the Facilitators Book. Dr. Hendricks concluded by reporting that there are currently four books available, two for men and two for the women.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XIV. Financial Reports</p> <p>- Lynn Webb</p>	<p>Dr. Griffin hearing no other comments, thanked Dr. Hendricks for the report and called on Mr. Webb to provide the FY 2011 First Quarter Financial Report.</p> <p>Mr. Webb stated that the financial summary will cover all data from the First Quarter FY 2011 ending November 30, 2010. The report is found at Tab J of the agenda packet.</p> <p>As represented at Table 2 on page 188, Mr. Webb reported that the average daily offender population has increased slightly to 152,386 for this quarter compared to 151,551 the same quarter a year ago which is an increase of 835 or 0.55%.</p> <p>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 12,410 as of 1st Quarter of FY 2011 compared to 11,574 for the same quarter FY 2010. This is an increase of 836 or about 7.2% .</p> <p>The overall HIV+ population remained stable throughout the last two years at 2,403 through this quarter or about 1.58% of the population served.</p> <p>The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system at 1,928 through this quarter and Mr. Webb again noted that the inpatient caseload is limited by the number of available inpatient beds in the system. The average number of mental health outpatient visits was 20,025 representing 13.1% of the service population.</p> <p>Mr. Webb further reported that the overall health costs through the First Quarter of FY 2011 totaled \$133.1M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$5.08M or 4.0%.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>He next noted that UTMB's total revenue through the first quarter was \$101.4M and the expenditures totaled \$105.8M resulting in a net shortfall of \$4.4M.</p> <p>Texas Tech's total revenue through the first quarter was \$26.7M and the expenditures totaled at \$27.3M resulting in a net shortfall of \$643K.</p> <p>Examining the healthcare costs in further detail on Table 4 and 4a provided on pages 192 and 193 indicates that of the \$133.1M in expenses reported through the 1st Quarter of FY 2011, onsite services comprised \$57.7M or about 43.3% of the total expenses; Pharmacy Services totaled \$13.1M or about 9.9% of total expenses; offsite services accounted for \$47.2M or 35.4% of total expenses; Mental Health Services totaled \$11.5M or 8.7% of the total costs; and, indirect support expenses accounted for \$3.6M or about 2.7% of the total costs.</p> <p>As requested during last year's quarterly meeting, Mr. Webb noted that Table 4a was constructed to provide the breakout of expenses by the UTMB and Texas Tech sectors.</p> <p>Mr. Webb further reported that Table 5 on page 194 shows that the total cost per offender per day for all health care services statewide through the First Quarter FY2011 was \$9.60, compared to \$10.14 through the same quarter FY 2010. The average cost per offender per day for the last four fiscal years was \$8.94. As a point of reference, he noted that the healthcare cost was \$7.64 per day in FY03. This would equate to a 25.7% increase since FY03 or approximately 3.7% increase per year average which he notes is well below the national average.</p> <p>Older offenders continue to access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 195 shows that encounter data through this quarter indicates that older offenders had documented encounter with medical staff a little under three times as often as younger offenders.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Table 7 on page 196 indicates that hospital costs received to date this fiscal year for older offenders averaged approximately \$974 per offender vs. \$176 for younger offenders.</p> <p>Hospitalization costs provided at Chart 15 shows that the older offenders were utilizing health care resources at a rate more than five times higher than the younger offenders. While comprising only about 8.1% of the overall service population, older offenders accounted for 32.9% of the hospitalization costs received to date.</p> <p>Table 8 on page 197 shows older offenders are represented six times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$21.2K per patient per year. Providing dialysis treatment for an average of 199 patients through the first quarter of FY 2010 cost \$1,059,487.</p> <p>Total drug costs through the 1st Quarter FY 2011 totaled \$10.6M as provided at Table 9 on page 198. Of this total, \$4.3M or over \$1.4M per month was for HIV medical costs which was about 41.0% of the total drug cost; psychiatric drug costs were approximately \$0.5M or about 4.6% of the overall drug costs; Hepatitis C drug costs were \$0.5M and represented about 4.7% of the total drug cost.</p> <p>Mr. Webb again noted that it is a legislative requirement that both UTMB and TTUHSC are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$4.4M through the end of the 1st Quarter of Fiscal Year 2011.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>TTUHSC reports that they hold no such reserves and report a total operating shortfall of \$643,336 through the 1st Quarter FY 2011.</p> <p>He then reported that a summary analysis of the ending balances revenue and payments through November 30, 2010 provided at Table 10 on page 199 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC account on November 30, 2010 was \$98,669.83 due to CMHCC Operating Account personnel changes as compared to budget allocations. The FY 2010 unencumbered ending fund balance of \$100,661.14 has lapsed back to the State Treasury according to Rider 61 of HB1 of the 81st Legislature and paid back in November 2010.</p> <p>Mr. Webb next reported that the detailed transaction level data fro both providers is being tested on a monthly basis to verify reasonableness, accuracy and compliance with policies and procedures.</p> <p>The testing of detail transactions performed on TTUHSC's financial information for September 2010 through November 2010 found all tested transactions with appropriate backup and found that all tested transactions to be verified.</p> <p>The testing of detail transactions performed on UTMB's financial information for September 2010 through November 2010 found all tested transactions with appropriate backup and found all tested transactions to be verified.</p> <p>Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions?</p> <p>Hearing none, thanked Mr. Webb for the update.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
XI. Public Comments - Dr. Griffin	Dr. Griffin noted that the next agenda item 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.		
XII. Date / Location of Next CMHCC Meeting - Dr. Griffin	Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on June 7, 2011. to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue in Dallas.		
XVI. Adjourn	Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.		



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

Date: 6/7/2011