MINUTES
CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

October 20, 2011

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: Gerard Evenwel, Margarita de la Garza-Grahm, M.D.

Partner Agency Staff Present: Eric Gambrell, Texas Board of Criminal Justice; Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Rick Thaler, Dee Wilson, Robert Williams, M.D., George Crippen, RN MSN, Kathryn Buskirk, M.D., Texas Department of Criminal Justice; Gary Eubank, Kelly Coates, Keith Hardcastle, Anthony Williams, John Pulvino, M.D., Lauren Sheer, Dr Owen Murray, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

Others Present: Kelly Kennedy, Sunset Advisory Commission

Location: Frontiers of Flight Museum, 6911 Lemmon Ave., Conference Rm #1, Dallas, Texas

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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 and asked everyone to introduce themselves for the record. I wanted to point out a couple of individuals in attendance, Kelly Kennedy with the Sunset Advisory Commission and Mr. Eric Gambrel with the Texas Board of Criminal Justice.		
III. Approval of Excused Absence - **James D. Griffin, M.D.**	Gerard Evenwel (absent Oct. 4th and 20th) and Margarita de la Garza-Grahm, M.D. (absent Oct. 20th)		

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IV. Approval of Consent Items - **James D. Griffin, M.D.**	Dr. Griffin stated next on the agenda is the approval of the Minutes from the meeting held on October 4, 2011: revised Offender Health Services Plan, Exhibit A, (reviewed and updated September 2011) to the TDCJ Contract and the Minutes from the October 20, 2011 CMHCC meeting: 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 items(s) to pull out for separate discussion. Hearing no further comments, Dr. Griffin stated that he would now entertain a motion on approving the consent items.		Dr. Ben Raimer moved to approve the consent items as presented at Tab A of the agenda booklet. Mr. Elmo Cavin seconded the motion. The motion passed by unanimous vote.
V. Executive Director's Report - **Allen Hightower**	Dr. Griffin then called on Mr. Hightower to provide the Executive Director's report. Thank you Mr. Chairman, committee staff since our last meeting has continued to assist with whatever the partners need in providing them with necessary historical or current data whether it be in regards to contractual negotiations or historically policies from the past. Everybody knows that there is a great deal of change that went on during the last legislative session in roles of responsibility for committee and its members separately. I did as best I could, if there is a mistake in it we will correct it. It only applies to the government code as it outlines what correctional managed health care roles and responsibilities are. Integrated into it will be changes and I know everybody here is used to reading legislation. I took everything that got changed in SB1 and the government code and the things that didn't get changed in the right order and the things that did get changed in the right order. The government code that comes out in January should look similar to this except for the fact is I left the legislative language which marks the old and underlined the new so that it will give you a contrast between what the old was and what the new now is. I said two meetings ago that I would put this together and I'm sure if this is not correct someone will let me know.		

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V. Executive Director's Report (Cont'd)	We have been contacted by Sunset staff and have met with the Sunset staff last week, Chloe is the staff coordinator and Kelley has been assigned to oversee the interval parts of what we do, who we are, and to make recommendations or non-recommendations back to staff coordinator and the rest of the Sunset Commission. Mr. Chairman I don't have anymore information to lay out and I know everybody is in transition and running at 100 miles an hour to get their new roles and assignments accomplished. I will end my presentation unless there are any questions from membership. Dr. Griffin asked if there were any questions or comments. Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report. We have moved Mr. Webb's financial report which is sometimes rushed from the last item to a more prominent place.		
VI. Performance and Financial Status Report **- Lynn Webb**	Mr. Webb began with you will note that there is a Tab C in your binder which is the Financial Summary of the data covering the 3rd Quarter FY 2011 ending May 31, 2011. I will not be addressing this financial data since we now have more recent financial data covering the 4th Quarter FY 2011 ending August 31, 2011 which I will covering in my report. Therefore, the financial summary I will cover is data for the 4th Quarter FY 2011 ending August 31, 2011 which is a report found in a separate Handout. There are also exhibits and graphs that would normally be covered by Mr. David McNutt in his report, but since he has retired you are welcome to review this information at your leisure. Population Indicators on pages 12 and 13 As represented on (Table 2 & pg 12), the average daily offender population has increased slightly to 152,836 for the Fourth Quarter Fiscal Year 2011. Through this same quarter a year ago (FY 10), the daily population was 151,225, an increase of 1,611 or (1.06%).		

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VI. Performance and Financial Status Report (Cont'd)	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 12,814 as of 4th Quarter FY 2011. This is an increase of 1,011 or about 8.6% from 11,803 as compared to this same fourth quarter a year ago. The overall HIV+ population has remained relatively stable throughout the last few years at 2,374 through 4th Quarter FY 2011 (or about 1.55% of the population served). The two mental health caseload measures have remained relatively stable: 1). The average number of psychiatric inpatients within the system was 1,943 through the Fourth Quarter of FY 2011. This inpatient caseload is limited by the number of available inpatient beds in the system. 2). Through the Fourth Quarter of FY 2011, the average number of mental health outpatient visits was 20,243 representing 13.2% of the service population. <u>Health Care Costs (Table 3 and page 14 and 15)</u> Overall health costs through the Fourth Quarter of FY 2011 totaled $542.6M. On a combined basis, this amount is below overall revenues earned by the university providers by approximately $27.9M. This is due to the $57.0 Million SAR which resulted in the Biennium Surplus of $6,280,751 for both University Providers. Exhibit A on page 24 Summarizes SAR Funding and significant expense spending variances as compared to the prior Fiscal Year 2010. UTMB's total revenue without the SAR through the fourth quarter was $406.2M; expenditures totaled $432.3M, resulting in a net shortfall of $26.1M. However, with their $51.1 Million SAR the Biennium UTMB Surplus is $6,262,724. Texas Tech's total revenue without the SAR through the fourth quarter was $107.3M; expenditures totaled $110.3M, resulting in a net shortfall of $3.0M. However, with their $5.9 Million SAR the Biennium TTUHSC Surplus is $18,027. Examining the healthcare costs in further detail on		

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VI. Performance and Financial Status Report (Cont'd)	(Table 4 of page 16) indicates that of the $542.6M in expenses reported through the Fourth Quarter of FY 2011: Onsite services comprised $233.3M, or about 43.0% of expenses: Pharmacy services totaled $52.2M, about 9.6% of total expenses: Offsite services accounted for $194.2M or 35.8% of total expenses: Mental health services totaled $46.7M or 8.6% of the total costs: and Indirect support expenses accounted for $16.2M, about 3.0% of the total costs. Table 5 and page 18 shows that the total cost per offender per day for all health care services statewide through the Fourth Quarter FY 2011, was $9.73, compared to $9.98 through the Fourth Quarter of the FY 2010. The average cost per offender per day for the last four fiscal years was $8.94. As a point of reference healthcare costs was $7.64 per day in FY03. This would equate to a 27.4% increase since FY03 or approximately 3.4% increase per year average, well below the national average. Aging Offenders Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 and page 19 shows that encounter data through the 4th Quarter indicates that older offenders had a documented encounter with medical staff 2.6 times as often as younger offenders. Table 7 and page 20 indicates that hospital and outpatient clinic costs received to date this Fiscal Year for older offenders averaged approximately $5,305 per offender vs. $874 for younger offenders. Regarding hospitalization and specialty clinic costs shown in Chart 15, the older offenders were utilizing health care resources at a rate of 6.1 times higher than the younger offenders. While comprising only about 8.4% of the overall service population, older offenders account for 35.7% of the hospitalization and outpatient clinic costs received to date.		

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VI. Performance and Financial Status Report (Cont'd)	Also, per Table 8 and page 21, older offenders are represented 5.3 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $20.5K per patient per year. Providing dialysis treatment for an average of 204 patients through the Fourth Quarter of FY 2011 cost $4,187,735. Drug Costs Please note that Table 9 and page 22 shows that total drug costs through the 4th Quarter FY 2011 totaled $39.9M. Of this, $18.7M (or under $1.6M per month) was for HIV medication costs, which was about 46.8% of the total drug cost. Psychiatric drugs costs were approximately $1.8M, or about 4.7% of overall drug costs. Hepatitis C drug costs were $3.1M and represented about 7.8% of the total drug cost. Reporting of Reserves It is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total operating gain of $24,970,924 through the end of the 4th Quarter of Fiscal Year 2011. Texas Tech reports that they hold no such reserves and report a total operating gain of $2,882,174 through the 4th Quarter FY 2011. A summary analysis of the ending balances of revenue and payments through August 31st FY 2011, on (Table 10 and page 23) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2011 is $34,536.01. In accordance with Rider 61, TDCJ Appropriations, Senate Bill 1, 81st Legislature, the CMHCC end of year balance will be returned to TDCJ for return to the State General Revenue Fund. Financial Monitoring Detailed transaction level data from both providers is		

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VI. Performance and Financial Status Report (Cont'd)	being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. The testing of detail transactions performed on TTUHSC's financial information for June 2011 through July 2011 found all tested transactions to be verified with appropriate backup documentation. The August 2011 detailed audit is still in process. The testing of detail transactions performed on UTMB's financial information for June 2011 through July 2011 found all tested transactions to be verified with appropriate back-up documentation. The August 2011 detailed audit is still in process. Dr. Griffin asked if there were any questions.	Mr. Collier wanted to verify that on the 6.2 remaining on balance on the supplemental that UTMB has includes dialysis equipment that was purchased. Has that been subtracted out of that? Lynn Webb responded that all he knew was that on last months capital expenditures increased by $800,000 just in that last audit. I'm not sure. Further discussion was had between Mr. Collier and Mr. Elger. Dr. Griffin added that there were three funds that have a surplus, and I just want to be clear on where those funds go from here. The committee funds that go back to TDCJ that go back to the General Revenue Fund. And the universities surplus 18 thousand for Texas Tech and the 6.2 million, let's be very clear where that goes. Mr. Webb stated that is determined by the state legislature. Mr. Collier stated that we have the ability to carry that money forward; I don't think the university would. Dr. Griffin added to the next biennium. Mr. Collier what we would intend to do is use that within the correctional managed funds to carry forward. Potentially in the short term agreement we had with UTMB we had a provision that allowed for if we had left over	

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VI. Performance and Financial Status Report (cont'd)		supplemental funds that we would use to cover any shortfall during that agreement. Dr. Griffin added that the LBB would be aware of this agreement and that UTMB had a meeting with LBB yesterday and ya'll are trying to work thru that and report back on that issue. We have a scheduled meeting early December, so that the committee can be updated on where these funds actually ended up. Dr. Raimer stated that not this committee will be meeting. Dr. Griffin responded it will be a new formulation of this committee. Some members of this committee will be here. The committee will meet and some of the members may be different. We will get some clarity of these funds. There were comments and further discussion of the committee and who would be meeting. Dr. Griffin added that the current committee members will go away however there will be reappointments and Mr. Hightower's report will talk about who those individuals will be and they will carry the work of this committee. And just to be clear, one of the things at least in my conversations is that this committee is still the body that will look at health care policy specifically and not have management of the day to day physical issues but still have sensitivity to the economic environment. And to ensure the care that is delivered in El Paso is the same across our enterprise that is delivered near Texarkana. So, no matter where someone may be incarcerated that we deliver care that we think that is medically necessary. And so I think that is the goal of the new reformulated committee with the financial aspects drift away, but still sensitivity to those. I think that's a pretty reasonable interpretation to all	

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VI. Performance and Financial Status Report (Cont'd)		the conversations that I have had. Dr. Griffin added that Dr. Linthicum will give some clarity too. Dr. Linthicum said that she would just add right now if he had read Mr. Hightower's e-mail on the Government Code that talk about the new committee. On page one it reads The committee consists of give voting members and one nonvoting member as follows: one member employed full-time by the department (TDCJ), appointed by the executive director; one member who is a physician and employed full-time by the University of Texas Medical Branch at Galveston, appointed by the president of the medical branch; one member who is a physician and employed full-time by the Texas Tech University Health Sciences Center, appointed by the president of the university; two public members appointed by the governor who are not affiliated with the department (TDCJ) or with any entity with which the committee has contracted to provide health care services under this chapter, at least one of whom is licensed to practice medicine in this state, and the state Medicaid director, to serve ex officio as a nonvoting member. And on page four under Section 501.137 it states the governor shall designate a public member of the committee who is licensed to practice medicine in this state as presiding officer. Dr. Griffin thanked Dr. Linthicum. Dr. Griffin asked about the dialysis equipment brought up a couple of meetings ago. The state of our continued accreditation, could someone update us on that. Dr. Linthicum said that she could add that legislation had passed by the 82nd legislature that exempted TDCJ from the state licensure requirements and requiring state health services to licensing outpatient dialysis. Legislation passed and I can't remember the citation off hand but it exempted us from the licensing	

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VI. Performance and Financial Status Report (Cont'd)		requirements and also the hospital that would do outpatient dialysis services for offenders that we sent. Part of our problem we were having at TDCJ it started and in Lynn's report we were over 200 chemo dialysis patients where we exceeded capacity at the Estelle Unit and at Montford and we had an overflow into a hospital setting and hospitals are not licensed to do outpatient dialysis. The way this bill helps us is not the hospitals are exempt from being licensed for outpatient dialysis. Dr. Griffin asked that the TDCJ facilities were running dialysis how many hours out of the day? Dr. Linthicum answered well they run 6 days a week, three shifts a day. Dr. Griffin replied, pretty much 24 hours a day to take care of 204 patients at over 20,000 per year. Dr. Linthicum added that on an average they are on dialysis three hours at a time for their dialysis. Dr. Griffin added these county facilities are their costs, are we going to see an elevation in the cost per year on those or can they do it more efficiently is one of the questions going forward as we have different vendors impact the system. Dr. Linthicum noted that we are not there yet. Dr. Griffin said there were some contracts written and maybe Mr. Collier can answer. Mr. Collier added that we have had several discussions within the UTMB sector with other hospitals, the same hospitals we have had for UTMB contracts for emergency services. We've asked if they have additional services that may be able available with the thought that	

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VI. Performance and Financial Status Report (Cont'd)		some of the specialty services might be manned at those locations to offset the transportation and potentially a lower cost. Additional discussions had between Mr. Collier, Dr. Linthicum and Dr. Griffin. Dr. Linthicum added we still plan to do all the quality indicator reporting, etc. Dr. Griffin added you brought up an interesting point and I guess the dialysis question brought it to light. As we transition to more vendors that are not university providers that there will be challenges from a contractual standpoint that the legislature could help us that are sticking points, might be county facilities, might be other governmental agencies or hospital districts. But this is a specific example that the community could help if we had legislative relief and as you go through these new contractual formulations that we are aware of those so that when the next session comes around that we can appropriately advocate those positions. These are things that may have limited our potential to use public and private vendors to maybe to deliver this medically necessary care at a lower rate, but we got to the sticky point that the law needed to change so that the state could actually realize those savings. So to keep like you will a running issue docket if you will I think it would be helpful twenty-two months from now the TDCJ board was made aware of that they could properly advocate from their perspective as well. Dr. Griffin noted that this was still Mr. Webb's report and his public members were not present. So the cost per day year over year went down 20 cents and think that is important going forward. But we still had issues with increases on inpatient that went up 15 percent and then indirect on the UTMB side were still things in	

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VI. Performance and Financial Status Report (Cont'd)	Dr. Griffin thanked Mr. Webb and asked if there were any questions or concerns on this report?	terms of variance. Mr. Webb added and pharmacy. Dr. Griffin added that he just wanted to highlight those things for the record so that as we transition physical responsibilities to the department that they can put in different structures to monitor those areas specifically.	
VII. Medical Director's Updates - **Denise DeShields, M.D. (TTUHSC)**	Dr. Griffin now called on Dr. DeShields to provide the medical director's report. Dr. DeShields reported that Texas Tech for the third and fourth quarter they actually saw a reduction in vacancies for the first time probably in the last three years however as we reboard with new changes we are having to implement into our physical manuals. We have subsequently reduced our force by 58 individuals. As well as reducing or at least looking at the level of medically mandatory, medically necessary. I think that some of those numbers that we collected again in third and four quarter with reduction in spending per offender per day. We had subsequently also closed four beds at the Montford and reduced the provider network that we had there covering after hours. And again as we move forward we will continue to monitor patient outcomes and make sure we provide quality care as we move forward.		
- **Owen Murray, D.O. (UTMB)**	Dr. Griffin thanked Dr. DeShields and called on Dr. Murray for UTMB. Dr. Murray began with as Denise was saying they also had to reduce our force in the middle of July around 115. We issued 106 letters to employees for a total of 155 positions were reduced. Of that time between July and September we found jobs within the UTMB system for everybody but 45 employees. 45 UTMB employees left employment September 15th. We reduced hours and made some modifications over a couple of months to come up with a fair and reasonable way to provide service, distribute medications and limit the risk to the patients and the system and we will obviously will continue that and monitor that as we move		

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VII. Medical Director's Updates (Cont'd.)	forward. On the offender premium plan, it's been a couple of weeks and I don't know on the financial side what people have seen so far but on the volume side of patients coming to the clinic we have seen a dramatic recline in the number of patients coming to the clinic. Especially at facilities like state jails where you have a lot of new offenders with short sentences. We have seen declines from 60-70 patients per day to 10-15. So we saw somewhere phenomenon when we even implemented the $3.00 co-pay, but it's something we have to continue to track. Education we have to put out there and make sure the rules haven't changed but again since the dollar figure is a little bit larger I think we want to make sure that the ones that need to come see us would try to read this letter and not misinterpreting this program and then choosing not to come in because they don't want to feel the hundred dollar pain and we miss out on the opportunity to any given point and time where an intervention might prevent something before it happens. Again, we will have to look at that and I know Dr. Linthicum has that on her list and we are going to sit down and talk about this in the new couple of weeks about what is just going on with those volumes and kind of tract to see if there are any issues coming out of that or we start to see those numbers decline a little bit.	Dr. Griffin asked so your count for a 60-70% decrease just related to an offender's perception that their financial responsibility is going up. Is that what I'm hearing? Dr. Murray added again this is only been going for about two week and we have been meeting with facilities over the last three days. I have heard from a lot of our facilities and our physicians that our volume in the clinics is down. And I think that's what Dr. Linthicum wants us to come back with is data on what is going on. Additional discussions were had between Dr. Linthicum, Mr. Hightower, Dr. DeShields, Dr. Raimer and Dr. Griffin on the offenders and how the co-pay is collected, etc. How the offenders were notified of the increase and	

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		change in their medical co-pay.	
VII. Medical Director's Updates (Cont'd.)	Dr. Griffin thanked Dr. Murray and called on Dr. Linthicum for TDCJ.		
- Lannette Linthicum, M.D. (TDCJ)	Dr. Linthicum began with report on page 120 of the agenda packet. During the third quarter of FY 2011, Dr. Linthicum reported that eight operational review audits were conducted. The summary of the 7 items found below 80 percent compliance during those seven operational review audits and the corrective action to ensure future compliance are found on pages 120.		
- Operational Review Audit			
- Capital Assets Monitoring	Dr. Linthicum further reported that the Fixed Assets Contract Monitoring officer audited the same eight units and that these audits are conducted to monitor compliance with the Health Services Policy and State		
- Chronic Disease Audit	During this quarter, the TDCJ Health Services conducted a Chronic Disease Quality of Care Audit which assessed the primary care management of offenders with coronary artery disease disorders in facilities contracted by the CMHCC. A total of 279 charts were audited (217 UTMB and 62 TTUHSC). A sample size required for each unit was maintained at a confidence level of 95 percent. 40 percent of the 685 offenders with Congestive Heart Failure served by CMHC were included in the audit, with a confidence level of 99 percent.		
- Quality of Care Audit: Dental	Dr. Linthicum then reported that 12 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 123 of the agenda packet but noted that the facilities are preparing corrective actions to assure future compliance.		
- Grievances and Patient Liaison	She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 4,106 correspondences. Of the total number of correspondences received, 666 requests were generated. The Patient Liaison Program nurses and investigators performed 36 sick call request verification audits. A random sample of sick call requests were also audited by		

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VII. Medical Director's Updates (Cont'd.)	the Office of Professional Standards staff. She then added that of the 34 facilities representing a total of 270 indicators being reviewed, 28 of them fell below the 80% threshold.		
- Quality Improvement (QI) Access to Care Audits	Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the third quarter of FY 2011, there were 229 cases of suspected syphilis compared to 211 in the same quarter of FY 2010; 209 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 348 during the same quarter of FY 2010. 312 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the third quarter of FY 2011 compared to 205 reported for FY 2010. There was an average of 16 Tuberculosis (TB) cases under management for the third quarter FY 2011, compared to an average of 20 per month during the same quarter in FY 2010.		
- Office of Public Health	During the third quarter FY 2011, 99 of the 112 facilities of the peer education programs were audited. There were 111 offenders trained to become peer educators and during the same quarter of FY 2010 there were 118 trained.		
- Mortality and Morbidity	The Mortality and Morbidity Committee reviewed 107 deaths. Of those 105, 16 were referred to peer review committees and 7 were referred to utilization review. You can see the chart on page 125.		
- Mental Health Services Monitoring and Liaison	The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 38 offenders approved for expedited admission to TDCJ due to psychiatric conditions. Dr. Linthicum added that the MHMR history was reviewed for 2,843 offenders brought into TDCJ-ID/SJID. She further noted that 508 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities. Further 18 offenders sentenced to TDCJ Boot Camp were		

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VII. Medical Director's Updates (Cont'd.)	interviewed to determine if their mental health needs could be met at the Boot Camp. All 42 offenders were found to be appropriate for Boot Camp.		
- **Clinical Administration**	Dr. Linthicum next reported that during the third quarter of FY 2011, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 185 hospital discharges and 81 infirmary discharge audits were conducted.		
- **Accreditation**	The American Correctional Association Correctional Accreditation Manager's Association Conference was held in Miami, Florida from April 29 - May 3, 2011 and the following units were awarded re-accreditation during these panel hearings: Beto, Byrd, Daniel, Goodman, Halbert, Johnston, Kegans, Lychner, Stiles, and Travis.		
- **Biomedical Research Projects**	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 of the agenda packet. Dr. Griffin thanked Dr. Linthicum for her report and asked if there were any questions?		
VIII. TDCJ Presentation - **Lannette Linthicum, M.D. (TDCJ)**	Dr. Griffin now asked Dr. Linthicum to present the Update on the TDCJ Offender Health Care Program Dr. Linthicum reminded everybody that we have already talked about actions taken by the 82nd Legislature regarding TDCJ Offender Health Care, government Code Chapter 501, Subchapter E. The bill maintained the requirement for the Committee to develop the Offender Health Services Plan. Dr. Linthicum added the hand out that Mr. Hightower had talked to you about, Section 501.146 says the committee shall develop a managed health care plan for all persons confined by the department and then it goes on to our managed health care plan. It's clear statutory that the committee is still responsible for the plan.	Dr. Griffin asked Dr. Linthicum if she would like to present this in total or if we have questions as we go address them? Ok, so if any committee member has a question we will address them as we go. Dr. Griffin added that we had just had a special meeting to adopt the new plan.	

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VIII. TDCJ Presentation (Cont'd.)	However, the bill transferred responsibility to contract for the implementation of the Offender Health Services Plan from the Committee to the TDCJ. All of the general functions of the Committee were retained except for the authority to maintain contracts and allocate funding made available through legislative appropriations. I would like to highlight on this handout page 12 of 14 Section 42.05 The committee may develop statewide policies for the delivery of correctional health care; Our health care systems are integrated through a series of joint committees, joint policies, pharmacies, mortality and morbidity, nursing, medical directors, therapeutic, infectious control, mental health services monitoring & liaison, clinical administration all those committees function under the umbrella of the correctional managed health care committee with representatives from all state agencies, TDCJ, Texas Tech, UTMB. And thru those committee structures, we formulate policies and then certain policies are brought before the health care committee for adoption. Let's go back to page 13 of 14, the committee will still retain communication with the department and the legislature regarding the financial needs of the correctional health care system; in conjunction with the department, monitor the expenditures of the UTMB, and the TTUHSC to ensure that those expenditures comply with applicable statutory and contractual requirements; and still retain the role to serve as a dispute resolution forum in the event of a disagreement relating to inmate health care services between: the department and the health care providers; or UTMB and the TTUHSC; and address problems found through monitoring activities by the department and health care providers, including requiring corrective action if care does not meet expectations as determined by those monitoring activities; identify and address long-term needs of the correctional health care system; and report to the Texas Board of Criminal Justice at the board's regularly scheduled meeting each quarter on the committee's policy recommendations, and the financial status of the correctional health care system, and corrective actions		

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VIII. TDCJ Presentation (Cont'd.)	taken by or required of the department or the health care providers. Dr. Linthicum added that there is still a lot in the statues that require the correctional managed health care to handle.	Dr. Griffin added he wanted to talk a little more about the committee. My concern is that when we have more non university vendors. What would be the method by which they have input to these committees that actually impact their contractual relationship with TDCJ? Since we will be making recommendations to the medical delivery of care but they have a separate contractual financial relationship that the contract may not specify and so what we thru that committee structure may recommend may impact them contractually on the other side. Next and I think that's what is going to be one of more in important aspects of that relationship between the committee and the department Criminal Justice that there is adequate representation from non university providers into the process. So going forward I think it's nothing that we can address here but I think that type of sensitivity when it's going to be important as we over years not a few months but over years and maybe the decades we have other non university providers that have a methodology developed that they could input on what type of care they feel that they could deliver that would still allow us to deliver necessary medical care but in a way that is financially advantages for the state and for them.	
	Dr. Linthicum added that on the Offender Health Care Program Update TDCJ is currently in negotiations with the University of Texas Medical Branch (UTMB), Texas Tech University Health Science Center (TTUHSC) as well as other hospitals and public entities to provide health care services to offenders for FY 2012. Presently, TTUHSC is operating on an interim agreement to provide offender health care services for the period of September 1, 2011 through November 30, 2011. UTMB is also operating on an interim agreement for the period	There were further discussions between Dr. Griffin and Dr. Linthicum.	

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	of September 1, 2011 through October 31, 2011.		
VIII. TDCJ Presentation (Cont'd.)	In both interim agreements, the universities have agreed to provide services that they were obligated to provide in the FY 10-11 contract with the caveat that the universities will comply with applicable provisions of relevant legislation adopted by the 82nd Texas Legislature to include, but not limited to, Senate Bill 1, 82nd Legislature, 1st Called Session, Article 42 and House Bill 1, 82nd Legislature, Regular Session, Article V, Rider 55.	Dr. Griffin asked that there are two contracts that are going to expire relatively soon. So what is the plan moving forward related to those two contracts. And we know there is a letter that UTMB said that they do not want to deliver certain aspects of the care and want to remove themselves 100%. We have not seen the letter so tell us a little about the transition of these interim contracts to a more permanent contract. Mr. Collier stated that with both universities we've been pursuing long term contracts. With Texas Tech it's perceived we would be able to achieve that hopefully before the contract is over with and we will be able to have a contract in place. With UTMB it's a little different will be a shorter term because the board of regents wanted a shorter term for the interim contract. At this point I think we will make some decisions this week to guide us on what we are going to do. But we continue to eventually work on making this a long term contract however based on events but that could change.	
	UTMB determined that a reduction in force (RIF) of approximately 145 FTEs was necessary. RIF letters were issued to the affected staff on July 19, 2011 and the reduction in force was effective September 16, 2011. As you recall in FY 2010, 296 UTMB health care employees were affected by a RIF that occurred on July 21, 2010. Registered nurses were the largest group affected with 133 positions eliminated.	Further discussions were had between Dr. Griffin and Dr. Linthicum.	

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VIII. TDCJ Presentation (Cont'd.)	TTUHSC determined that a RIF of approximately 57 FTEs was necessary. RIF letters were issued to the affected staff on August 15, 2011 and the reduction in force was effective September 15, 2011. TDCJ Health Services and Business and Finance Divisions continue to work with both universities to develop unit staffing plans and medical hours of operations that stay within appropriated funding levels and provide a constitutional level of care. Dr. Linthicum also stated that the UTMB Operated Medical Facilities. 14 units have had their medical hours of operations reduced from 12 hours per day to 8 hours per day/ 7 days per week. The remaining units have retained their current operational schedules including 24 units that are operational 24 hours per day/ 7 days per week. Also that the TTUHSC Operated Medical Facilities,1 unit has had medical hours of operations reduced from 10 hours per day to 8 hours per day/ 7 days per week. 10 units have had medical hours of operations reduced from 16 hours per day to 12 hours per day/ 7 days per week. 1 unit has had medical hours of operations reduced from 14 hours to 8 hours per day/ 7 days per week. 8 units have had medical hours of operations reduced from 16 hours of operations to 8 hours per day/ 7 days per week. 4 units continue to operate 24 hours per day/ 7 days per week. Dr. Linthicum stated on Contract Issues each agency (TDCJ, UTMB and TTUHSC) established contract review teams. The contract review teams worked independently reviewing and suggesting changes and/or deletions from the current contracts. The TDCJ contract team continues to meet with both universities to reach an agreement in principle on contract language for FY 2012. She also added that UTMB Contract Issues on October 12, 2011, UTMB requested the TDCJ facilitate a meeting with representatives of the Legislative Budget Board to		

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VIII. TDCJ Presentation (Cont'd.)	discuss two issues: the level of appropriations available to UTMB for offender health care; and a transition plan for phasing out UTMB's participation in correctional managed health care. On TTUHSC Contract Issues statewide unit based dental services program. Dr. Linthicum added that discussions are being held with potential new partners. TDCJ is exploring the option of contracting with other state medical schools and/or established hospitals that are already currently in the offender provider network. TDCJ is also working to broaden the scope of services provided by entities within the network. Health Services, Business and Finance, and the Correctional Managed Health Care Committee staff met with representatives from Health and Human Services Commission (HHSC). Discussions included the TEFRA rate structure, and associated requirements, and the possibility of TDCJ utilizing existing HHSC contracts for utilization management and auditing functions. TDCJ Health Services and Business and Finance staff have also met with the following medical universities/ entities: • Texas A & M Health Science Center • Huntsville Memorial Hospital • Conroe Regional Hospital • University of Texas Health Science Center at Tyler • Palestine Regional Medical Center Dr. Linthicum noted that TDCJ staff continues to work diligently to implement the required statutory changes and finalize a contract containing the necessary provisions, and prepare for a transition (if necessary) that ends UTMB's role in the delivery of offender health care. Dr. Griffin thanked Dr. Linthicum for this report and asked if there were any questions or comments?	Dr. Griffin added what you think the greatest challenge in terms of, emphasis on unit base here, specifically hospital Galveston. Haven't not seen the letter that UTMB sent to the	

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VIII. TDCJ Presentation (Cont'd.)		department. Is there interest retaining medical delivery in hospital Galveston, or is it a total removal of care from all inmates? Dr. Raimer responded that they would be most interested in containing delivery of pharmaceutical services, 340B pricing, employment of physicians, utilizing as much of hospital Galveston for inpatient and specialty services as TDCJ would so desire. Maintaining electronic medical records and information systems and those kinds of things as Bryan pointed out all of that is to be determined in our role in the future. As very simply put our biggest challenges our reagent will not allow us to enter into a contract where we hold a financial responsibility each year that ties up millions of dollars of our resources. So anything that can be worked out determines to what extent we participate. Dr. Griffin added so any aspects to the program that can be financially neutral to the UTMB and UT system those are parts that you all are interested in and at least when it started many years ago that it was a neutral positive experience but over time it has shifted over to a physical liability. Any other questions?	
IX. Public Comments **- James Griffin, M.D.**	Dr. Griffin then stated 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 was no such request at this time.	Dr. Linthicum noted that since this was their last meeting with the current Correctional Managed Health Care Committee. I would like to thank each and every member for their service. Elmo was probably one of the founding members and I want to publically thank you from TDCJ. Will probably call on some of you for help.	
X. Date / Location of Next Meeting **- James Griffin, M.D.**	Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on September 6, 2011, to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue in Dallas.		

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		Dr. Griffin also added in my years my fate is yet undetermined and not agreed upon at this point. For someone that is not in the day to day care in management as a public member and a practicing physician, I can truly say that there are individuals who committed their lives to making sure that the State of Texas can deliver a quality of care to their offenders. And I think that we have demonstrated that we can hold down those costs. There will always be challenges, the environments will always change and I would like to thank each of the individuals from Texas Tech and UTMB who's been every day of their lives trying to make sure that it happens. And certainly want to thank members of Texas Department of Criminal Justice who due the monitoring aspects of the program because in a number of ways you're the glue that allow the others to do their job. And I want to thank each of you who execute your daily work in a very diligent fashion. We still do have a tentative scheduled meeting the first week of December, for those who will be there I hope to see you there as well.	
XI. Adjourn	Dr. Griffin asked if there were any other questions. Hearing none adjourned the meeting.		

MD

Margarita de la Garza-Grahm, M.D., Chairperson
Correctional Managed Health Care Committee

3/19/12

Date: