CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 19, 2012

Chairperson: Margarita de la Garza-Grahm, M.D.

CMHCC Members Present: Cynthia Jumper, M.D., Lannette Linthicum, M.D., Harold Berenzweig, M.D., Ben G. Raimer, M.D.

CMHCC Members Absent: Margarita de la Garza-Grahm, M.D., Billy Millwee

Partner Agency Staff Present: Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Bryan Collier, Rick Thaler, Robert Williams, George Crippen, RN, Texas Department of Criminal Justice; Anthony Williams, Stephen Smock, Kelley Coates, Gary Eubank, Dr Owen Murray, Lauren Sheer, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

Others Present: Cathy Corey, Abbott-Institutional Managing

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

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order **- Harold Berenzweig, M.D.**	Dr. Harold Berenzweig in the absence of Dr. de la Garza-Grahm called the CMHCC meeting to order at 9:20 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 **- Harold Berenzweig, M.D.**	Dr. Berenzweig thanked everyone for being in attendance and I would like to recognize Mr. Collier, Deputy Executive Director of TDCJ. Dr. Ben Raimer and Mr. Billy Millwee, who I understand has retired were absent from our June 7th meeting.		
III. Approval of Excused Absence **- Harold Berenzweig, M.D.**			Dr. Linthicum moved to approve the excused absences and Dr. Jumper seconded the motion.
IV. Approval of Consent Items **- Harold Berenzweig, M.D.**	Dr. Berenzweig stated next on the agenda is the approval of the Minutes from the meeting held on June 7, 2012: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Directors 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.		Dr. Jumper moved to approve the minutes at Tab A with some minor misspelled minor medical terms that will be corrected and Dr. Raimer seconded the motion.

Agenda Topic / Presenter	Presentation	Discussion	Action
	Hearing no further comments, Dr. Berenzweig stated that he would now entertain a motion on approving the consent items.		Dr. Linthicum moved to approve the TDCJ Health Services Monitoring Report as presented and Dr. Jumper seconded the motion. Dr. Raimer moved to approve the UTMB, TTUHSC Medical Directors Reports and the Summary of Joint Committee Activities and Dr. Jumper seconded the motion. The motion passed by unanimous vote.
V. Executive Directors Report - **Allen Hightower**	Dr. Berenzweig then called on Mr. Hightower to provide the Executive Director's report. Thank you Mr. Chairman. The Legislature is always full of surprises, which is an easy thing for me to say. Some of you were here and some of the things I say will be redundant to you. I have talked with Chairman de la Garza and Dr. Berenzweig and gone over what took place in a meeting a few weeks ago. And as we all know the legislative process is a long and drawn out process and you don't really know from day to day until about the end of May exactly where the leaves will fall if we get vetoed or signed or not. But I feel an obligation to bring those of you whether board members or work within the system. All the work that the Sunset Committee and I think the whole Department of Criminal Justice am I right Mr. Collier was under Sunset along with other Agencies and when you're placed under Sunset it takes a positive action by the Legislature to reauthorize the existence of that agency during that session. The recommendation from the Sunset staff to the legislative sunset committee who is made up of house members and senators who will have their own committees and who will alter change or whatever what might happen during the legislative process and then obviously whatever they put out will go to the floor of the house and the floor of the senate and changes could go to the conference committee and you know the process. The bill as its written was voted on or as it was recommended by the sunset commission which is hired by the legislature as a staff of the legislature to do		

Agenda Topic / Presenter	Presentation	Discussion	Action
V. Executive Directors Report	those sunset reviews. The recommendations for the correctional managed health care which was placed in your packet. All I place in there was their recommendation that number one did away with the agency as a state agency. It did not give the committee the authority to hire staff and it made the committee an advisory to the TDCJ and it changed the membership of the committee as well as gave the governor a new authorization that had to do with the medical schools trading positions on this committee as board members. During the committee staff made their recommendations to the house and where sunset laid out their recommendations. A month later which was a couple of weeks ago sunset committee house and senate members voted on what to adopt and not to adopt by the sunset commission staff recommendations. They deleted the whole section 4.3 by unanimous vote which as I said before nobody knows what the end result will be until the end of the legislative session. Which will put us back under the same statues with the same authorization and the same law in place if that stayed thru the session. I have not had the chance to sit down with the members of the committee. I am sure there will be some recommendations from the legislative body to make some changes that they would like to change. They just deleted what you have in your manuals along with some things that had to do with parole and TDCJ. If I picked up correctly from the house and the senate what was said was basically if it isn't broke don't fix it. And if I'm not mistaken what Chairman Bonham basically said and Rep Dutton had some issues with future litigation problems with taking away the arms length relationship from TDCJ and the committee being a possibly future litigation problem and they did not want to see that happen. To make a long story short where the committee rests now is there will have to be a bill to reauthorize the agency that will go before this committee and then go both the house and senate. And at one time I served on that committee as a committee member as my tenure in the house. I am fairly familiar in that process. I feel that staff and members of this committee will be asked during session and maybe even before session of recommendations that things that this committee in coordination with TDCJ		

Agenda Topic / Presenter	Presentation	Discussion	Action
V. Executive Directors Report	what we could do as a committee to further help the State of Texas meet its obligation in regard to the health care for the inmate population. So I know that Rep. Dutton and Rep. Bonham is going to call and I would like to have the opportunity to use the expertise on this committee if there is some things that the members of this committee would like to see change or if there is some things that we think that we could have some more or less authority to do our job or anything new that we might do. I know it would be a constant coordination with TDCJ leadership because the bill as it is the law as it is right now has a lot of mays in it, has a lot of shall in coordination with the agency do certain things and perhaps this committee and along with the expertise with TDCJ come out with a more definite authorization as to who does what. I think that it would work to the best interest to both agencies and the best interest of the state. Whatever bill came thru it would be very plain as to whose responsibility was to do and who to report to. Mr. Chairman I would be glad to answer any questions that anyone may have. I hope I have made myself clear as to what actually took place. That was the first official vote that was taken by Sunset and their recommendation was not to adopt the changes that the sunset staff had recommended. And as I said before and I know I am being redundant. There will be a bill that will come out for reauthorization I know from the house side. But I don't what that animal will look like. You know when you deal with the legislature you been to the legislature you ask for a horse to be drawn a lot of times you come out with zebra strips with a neck like a giraffe and we don't know what the end result will be.		

Agenda Topic / Presenter	Presentation	Discussion	Action
V. Executive Directors Report (Cont'd)	Thank you Mr. Hightower for that report and asked if there were any questions.	Dr. Raimer responded that he did not have a question but a request if Mr. Hightower could provide each of the committee members with a copy of the existing and enabling legislation for the Correctional Managed Health Care Committee so that we all start off at the same place and all have the same copy and understand what it is that the legislature is going to be looking at revising. I understand it is your request for us to look through that and look at what future role of that committee might be what other things that might be appropriate to take home particularly relating to health care quality and things like that. So I would like to see what is currently available. Mr. Hightower responded you are correct and I know that with the action that was taken, there is also another part of this that I didn't mention is that if we are authorize the appropriation bill has to be written to where there is a funding mechanism. So we're not only talking about the Sunset legislation, we're talking about as it is in C.1.7 is that where it is in the appropriation where TDCJ funds the staff of this agency out of C.1.7 Strategy: Unit and Psychiatric Care. Sorry Dr. Raimer I would have brought those with me but I will get Stephanie to send this out to the committee members. Mr. Hightower and Dr. Raimer had some further discussions.	
VI. Performance and Financial Status Report - **Lynn Webb**	Dr. Berenzweig thanked Mr. Hightower and asked if there were any other questions. Mr. Webb will now present the financial report. Mr. Webb began with this financial summary report will cover all data for the 3rd Quarter FY 2012 ending May 31, 2012. This report is found in your packet at Tab C.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (Cont'd)	I will begin with the Population Indicators as presented on (Table 2 and page 94), the average daily offender population has decreased slightly to 152,571 for the Third Quarter Fiscal Year 2012. Through this same quarter a year ago (FY 2011), the daily population was 152,722, a decrease of 151 or (0.10%). 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 13,625 as of 3rd Quarter FY 2012. This is an increase of 924 or about 7.3% from 12,701 as compared to this same third quarter a year ago. Hospital Inpatient Census is a new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The hospital inpatient average daily census (ADC) served through the third quarter of FY 2012 was 206 for both the Texas Tech and UTMB Sectors. Outpatient Clinic and ER Visits is another new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The medical outpatient clinic and ER visits served through the third quarter of FY 2012 was 3,476 for both the Texas Tech and UTMB Sectors. The overall HIV+ population has remained relatively stable throughout the last few years at 2,300 through 3rd Quarter FY 2012 (or about 1.51% of the population served). The two mental health caseload measures have remained relatively stable: The average number of psychiatric inpatients within the system was 1,803 through the Third Quarter of FY 2012. This inpatient caseload is limited by the number of available inpatient beds in the system. Through the Third Quarter of FY 2012, the average number of mental health outpatient visits was 18,490 representing 12.1% of the service population.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (Cont'd)	Health Care Costs (Table 3 and page 96, 97 and 98) Overall health costs through the Third Quarter of FY 2012 totaled $368.7M. On a combined basis, this expense amount is more than overall revenues earned by the university providers by approximately $11.8M. UTMB's total revenue through the third quarter was $283.5M; expenditures totaled $295.4M, resulting in a net shortfall of $11.9M. Texas Tech's total revenue through the third quarter was $73.3M; expenditures totaled $73.2M, resulting in a net gain of $59K. Examining the healthcare costs in further detail on (Table 4 of page 99) indicates that of the $368.7M in expenses reported through the Third Quarter of FY 2012: Onsite services comprised $168.4M, or about 45.7% of expenses: Pharmacy services totaled $40.3M, about 10.9% of total expenses: Offsite services accounted for $118.9M or 32.3% of total expenses: Mental health services totaled $30.8M or 8.3% of the total costs: and Indirect support expenses accounted for $10.3M, about 2.8% of the total costs. Table 5 of page 101 shows that the total cost per offender per day for all health care services statewide through the Third Quarter FY 2012, was $8.82, compared to $9.82 through the Third Quarter of the FY 2011. This is a reduction of 10.2% in costs year over year from the previous fiscal year. The average cost per offender per day for the last four fiscal years was $9.44. As a point of reference healthcare costs was $7.64 per day in FY03. This would equate to a 15.5% increase since FY03 or approximately 1.8% increase per year average, well below the national average.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (Cont'd)	Aging Offenders Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 on page 102 shows that encounter data through the 3rd Quarter indicates that older offenders had a documented encounter with medical staff 1.2 times as often as younger offenders. Table 7 on page 103 indicates that hospital and outpatient clinic costs received to date this Fiscal Year for older offenders averaged approximately $2,778 per offender vs. $453 for younger offenders. Regarding hospitalization and specialty clinic costs shown in Chart 12, the older offenders were utilizing health care resources at a rate of 6.1 times higher than the younger offenders. While comprising only about 8.9% of the overall service population, older offenders account for 37.6% of the hospitalization and outpatient clinic costs received to date. Also, per Table 8 on page 104, older offenders are represented 5.4 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $28.5K per patient per year. Providing dialysis treatment for an average of 216 patients through the Third Quarter of FY 2012 cost $3.1M. Drug Costs - Please note that Table 9 on page 105 shows that total drug costs through the 3rd Quarter FY 2012 totaled $31.8M. Of this, $15.0M (or under $1.7M per month) was for HIV medication costs, which was about 47.1% of the total drug cost. Psychiatric drugs costs were approximately $2.0M, or about 6.4% of overall drug costs. Hepatitis C drug costs were $2.2M and represented about 6.8% of the total drug cost.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (Cont'd)	Reporting of Reserves 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 6.2 Million Dollars in such reserves which is left over from FY 2011 SAR, and report a total operating loss of $11.9M through the end of the 3rd Quarter of Fiscal Year 2012. Texas Tech reports that they hold no such reserves and report a total operating gain of $59,264 through the 3rd Quarter FY 2012. A summary analysis of the ending balances of revenue and payments through May 31st FY 2012, on (Table 10 and page 106) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2012 is $175,893.31. This excess amount is primarily due to the un-filled position of Assistant Executive Director when Mr. David McNutt retired. Because of this I would like to report that the CMHCC did not take the 4th Quarter 2012 Payment of 169K. Financial Monitoring detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. The testing of detail transactions performed on TTUHSC's financial information for March 2012 through May 2012 found all tested transactions to be verified with appropriate backup documentation, except for April 2012 with one classification error which was corrected. The testing of detail transactions performed on UTMB's financial information for March 2012 through May 2012 found all tested transactions to be verified with appropriate back-up documentation, except for two transactions.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (cont'd)	One transaction in April 2012 with no back-up documentation and one transaction in March 2012 which required a correction made for a Drug item which was overcharged. Dr. Berenzweig thanked Mr. Webb and asked if there were any questions.		
VII. Medical Directors Updates - Critical Vacancies	Dr. Berenzweig then moved to Tab D for the critical vacancies.	Dr. Berenzweig asked what did the acronym PAMIO meant. Dr. DeShields answered Program for Aggressive Mentally Ill Offender. It is a program in the Texas Tech Sector at the Clemens Unit.	
	Dr. Berenzweig asked if there were any questions on the vacancies.		
VIII. Medical Directors Updates (Cont'd.) **- Lannette Linthicum, M.D. (TDCJ)**	Dr. Linthicum began with report on page 110 under Tab E of the agenda packet. During the 3rd quarter of FY 2012, Dr. Linthicum reported that twelve operational review audits were conducted. Also during the 3rd quarter at the second bullet 16 ORA's were closed. The 11 most found items out of compliance during the twelve ORAs conducted were: 1:00 - interpreter services for monolingual Spanish-speaking offenders. Ten of the twelve facilities were not in compliance with this requirement. Corrective action was requested.		
- Operational Review Audit	Item 5.250 the Hemoccult cards are collected from offenders 40 years of age or greater, within 60 days of their annual date of incarceration. This is a preventive measure that is monitored for fecal occult blood for colon cancer. Nine of the twelve facilities were not in compliance with this requirement. Dr. Linthicum continued with item 6.360 which addresses the Hepatitis C management guidelines. It requires the provider to document the reasons offenders who are eligible for treatment do not receive treatment. Nine of the twelve facilities were not in compliance with this requirement.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)	Item 5.210 the preventive annual physical exam for offenders 50 years of age or greater must be documented in the electronic medical record within 30 days of their annual date of incarceration. Eight of the twelve facilities were out of compliance. Next item 6.020 requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Eight of the twelve facilities were not in compliance. Item 6.040 requires offenders receiving anti-tuberculosis medication have a Tuberculosis Patient Monitoring Record completed monthly while on treatment. Eight of the twelve facilities were not in compliance. Item 6.330 requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Eight of the twelve facilities were not in compliance. Item 6.350 requires all Hepatitis C infected patients with AST Platelet Ratio Index score greater than 0.42 or with abnormal liver function be referred to the designated physician , clinic, or be appropriately treated according to CMHC Hepatitis C Evaluation and Treatment Pathway. Eight of the twelve facilities were not in compliance. Item 6.010 requires screening offenders for tuberculosis annually at the facility. Seven of the twelve facilities were not in compliance. Item 6.030 requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. Seven of the twelve facilities were not in compliance.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)	Item 6.060 requires offenders receiving anti-tuberculosis medication at the facility that have signs or symptoms of drug toxicity due to anti-tuberculosis medication be evaluated and monitored by laboratory studies as per CMHC Policy B-14.10. Seven of the twelve facilities were not in compliance.		
- Capital Assets Monitoring	Dr. Linthicum continued that the Capital Assets Monitoring Audit found that 12 units and were within the required compliance range.		
- Urgent Care Audit Dental	The Dental Urgent Care Audit was performed at 34 facilities. The access to care audit assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam. Eight facilities were out of compliance.		
- Grievances and Patient Liaison	26 of the 34 facilities that were audited had no items scoring less than 80% compliance. In the Office of Professional Standards there are two programs – Step Two Medical Grievances and Patient Liaison. The Patient Liaison Program and the Step II Grievance Program received 4,148 correspondences: The PLP received 1,985 correspondences and Step II Grievance received 2,163 grievances. As a result there were 519 Action Request generated by the Patient Liaison and the Step II Grievance Programs. The current contractual performance measure for sustained offender grievances closed in the 3rd Quarter of FY 2012 is six percent or less. During this reporting period the UTMB level was at 15 percent and TTUHS was at 17 percent at Step II medical grievances. Many of these grievances are related to the new health care services fee. There are many, many grievances being filed by the offenders, many, many calls coming into the family hotline by the families. Many, many letters, inquiries, emails coming in from legislative offices relating to the health care services fee.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.) **- Quality Improvement (QI) Access to Care Audits**	The Quality Improvement Access to Care Audits - During the Third Quarter FY 2012 Patient Liaison Program nurses and investigators performed 46 audits on 45 facilities. A total of 336 indicators were reviewed at the 46 facilities and 25 of the indicators fell below the 80 percent compliance threshold representing seven percent. The discipline composite score is an overall assessment of compliance with the sick call process of the 46 facilities audited, there were 5 units with one or more discipline composite scores below 80.		
- Office of Public Health	In the Office of Public Health there were 759 cases Hepatitis C identified for the Third Quarter FY 2012, compared to 657 cases identified during the second quarter. 17,932 offenders had intake tests, and 126 are newly identified as having HIV infections. 15 new AIDS cases were identified during the Third Quarter FY 2012, compared to 9 new AIDS cases in the Second Quarter FY 2012. 221 cases of suspected Syphilis were reported in the Third Quarter FY 2012, compared to 179 in the Second Quarter in FY 2012. 216 Methicillin-Resistant Staphylococcus Aureus cases were reported for the Third Quarter FY 2012, compared to 287 during the Second Quarter of FY 2012. There was an average of 17 Tuberculosis cases under management for the Third Quarter FY 2012, compared to an average of 15 (TB) cases for the Second Quarter FY 2012. But I would like to comment further on the TB cases under supervision. This is probably a low number because it appears every month there are new cases of TB. In fact this month an offender who actually was assigned as a porter at the Marlin VA Hospital who found to have active TB. More and more TB compliance is breaking down in the coordinator of infectious disease program due to the reduction in force of these nursing positions. Correctional managed health care is having significant issues with the CID nurse		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)	program. During the Third Quarter FY 2012, the Office of Public Health (SANE) Sexual Assault Nurse Examiner coordinator conducted two educational training sessions were held and 19 medical staff received training. There have been 225 chart reviews of alleged sexual assaults performed for the Third Quarter FY 2012. One deficiency was found at the Wayne Scott Unit. A Corrective action plan was requested and received April 20, 2012 and closed. There were 44 bloodborne exposure baseline labs drawn on exposed victims and there were no seroconversions as a result of sexual assault for this quarter. During the Third Quarter FY 2012, three of five Tenth Annual Peer Education Health Conferences were held for offenders. 99 of the 111 facilities housing correctional Institutional Division offenders had active, peer education programs and 81 offenders trained to become peer educators. During the Third Quarter of FY 2012, 21,103 offenders attended classes presented by educators. This is an increase from the Second Quarter of FY 2012, 16,813 offenders attended classes.		
- Mortality and Morbidity	In the Mortality and Morbidity Committee, there were 118 deaths reviewed for the Third Quarter FY 2012. Of those 118 deaths, 9 were referred to peer review committees. And you can see on the chart on page 115 what committees they were referred to.		
- Mental Health Services Monitoring and Liaison	The Office of Mental Health Services Monitoring and Liaison reviewed 3,690 offenders who were received into TDCJ. 657 of those offenders were identified as having a documented history of mental illness. Also the Office of Mental Health Monitoring and Liaison monitors all offenders in Administrative Segregation every six months. 3,503 offenders were observed, 1,941 of them were interviewed and one offender was referred to the university providers for further evaluation. The access to care for those offenders in terms of mental health was 100 percent for those facilities.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)	Four Special Needs Substance Abuse Felony Punishment Facilities were monitored for continuity of mental health care. Continuity of care on the four facilities was appropriate.		
- Clinical Administration	Four inpatient mental health facilities were audited to ensure that all incidents of compelled psychoactive medication documented on the Security Use of Force Log were also documented. All four facilities were 100 percent compliant for documenting the required criteria for compelled psychoactive medication in the medical record. We have 24 intake facilities that were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification. 17 facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were 6 facilities that did not meet 80 percent compliance and corrective action plans were requested. This office also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) to determine if there are any mental health issues that preclude participation. In the Third Quarter FY 2012, 17 offenders were reviewed and 12 of them were allowed to participate in BAMBI. The Health Services Liaison office has established a section of utilization review which has 4 registered nurses. They are looking at offsite hospitals and infirmary admissions. On page 117 are the hospitals reviewed within the UTMB and TTUHSC sectors on page 118 are the infirmary admissions reviewed. The audit is based on the questions, outlined at the bottom of page 118 designated A, B, C, D & E. Dr. Linthicum proceeded with reading the questions used to audit the facilities.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.) **- Accreditation** **- Biomedical Research Projects**	TDCJ officials and representatives from UTMB and Texas Tech attended the Correctional Accreditation Managers' Association conference in Austin in April, 2012. The following units were awarded ACA Re-Accreditation: Lopez, Segovia, Luther, Holliday, Telford, Young, Terrell, Coffield, Connally, and Sayle. The Biomedical Research summary lists the current and pending research projects as reported by the Texas Department of Criminal Justice Executive Services. Thank you Mr. Chairman that ends my report.	Mr. Hightower asked if this relates to what is being talked about on the Houston TV stations when they talk about state, county jails, prisons and they are really are talking about county jails. In this group we talk about state, county jails or prisons. It seems I never got it straight where an inmate been released and tested positive for TB into the free world. I didn't know if that was TDCJ or county jail. Dr. Linthicum replied that was from a county jail. Mr. Hightower just wanted to clarify that because I get asked those questions from time to time from Austin. Dr. Linthicum added that last meeting we talked about that special TB cluster in Texas. The United States Center for Disease Control and Prevention (CDC) and the Department of State Health Services (DSHS) spent a week with TDCJ Health Services. They traveled to some units and interviewed offenders that were part of the TB cluster. CDC also conducted a webinar with TDCJ, DSHS, Public Health Departments and finally, county jails in Texas. They issued a white paper with lots of recommendations for the state as a whole for TB surveillance and control. Some of the university providers were on the call as well. lot of the recommendations that came from the DCD will	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)		be policy recommendations that will be left up to DSHS. The policy recommendations are very specific for corrections that include TDCJ, TYC, community corrections and county jails. Many of the CDC's recommendations will be a fiscal notes if they are to be implemented. TDCJ is studying the recommendations to determine their impact on the agency. DSHS will be having follow-up meetings regarding this matter. Mr. Hightower stated that the Houston stations it appear that they shut down one or two of schools. Are we seeing on the intake more than what we normally would see? Is this an overflow into the free world is what I'm asking? Dr. Linthicum responded that DSHS assigns TB cases in this manner: if there is a case that TDCJ identifies on intake, it's attributed to the county where they came from and it's not attributed to TDCJ. If the offender had been in our custody for 45 days or longer then the case is attributed to TDCJ. Dr. Berenzweig added that he is new to committee and at the last meeting I had expressed some concerns regarding the breakdown and lack of compliance that needs to be given to infectious disease and again I know there are large numbers in lots of these things. I understand some of this is book keeping and record keeping. In looking here and seeing that there is 17 average cases under management and 7 of the 12 facilities failed compliances is very disturbing and those are not large numbers of patients to keep track of. We're talking about TB appears seems to be more prevalent in the community at large and just saying in Houston North Texas had two cases at schools having to test their entire student body. It's just a concern that I have again in a population a closed population that is susceptible to spread airborne illnesses and especially with a 1.5 % of the	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)		population having a suppression problem. And I would like to see that these action plans brought forward are implemented. Dr. Raimer asked if they would get a feed back on these action plans. Dr. Linthicum responded yes.	
	Dr. Berenzweig thanked Dr. Linthicum and called on Dr. Owen Murray for his report.		
- **Owen Murray, D.O. (UTMB**	Dr. Murray responded that he had a brief report. Just to highlight a couple of things. One obviously all of this upkeep of the last twelve to twenty four months we are keeping an eye on our vacancy rates which really does plays into a lot of these issues we are seeing in these reports. Our vacancy rate is actually staying stable about 12 %. But what we are really seeing is our turnover rate increased dramatically, which is disturbing because we are getting applications. We are getting people in but we can't keep them. We also have some people who have been with us for a while departing that is more of the disturbing trend when you start to see your experienced people who have been in the system who have been consistent performers begin to leave and exit that is problematic. I think both Dr. Linthicum, Dr. DeShields myself, and Dr. Jumper was there. We are continuing to push this issue with the Legislature and our testimony that not having the ability to provide salary increases for the last four years that has left us significantly down to the market. And is really putting us in a position where we are going to see a continue decline and erosion of		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)	some of these performance perimeters if we can't do some type of adjustment or at least the hope of some adjustment into the next biennium. Which leads me into my second point that is we really do have an acute problem and I have talked with Dr. Linthicum, TDCJ and the pharmacy. We're right now a little under 12% vacancy rate. We have lost 4 pharmacists. We can't hire anybody, we've had people in, interviewed them but ultimately the starting salary is about 20 to 25% down to the market depending on what position you're looking at. We have to intervene, I think at this moment because the delivery of medication is obviously critical to the success of any clinical enterprise. So what we have suggested is that not quite clear team, we did have a small half percent salary adjustment line item budgeted and what's being recommended is a modest increase for existing personnel, pharmacist only. The leadership group just pharmacist, day to day operational people and it totals just a little bit over $200,000 and it is in the budget and we've discussed with TDCJ. We will move forward just to secure our current group and put us in a position where potentially we might be able to hire some people in the existing vacancies. The concern is that we have to live from history and that is about eight years ago we had a very similar problem where we fell down to the market and we had a process just like this one. We had one to two, four and then about eight vacancies and really did impact severely our ability to deliver medications both to TDCJ and to Texas Tech. We certainly don't want to get into that position and so I think hopefully at least the feed back which we haven't done this yet but I think the feed back would be from our pharmacy leadership group that if we could do that it could stabilize our work force with the promise that we will be able to during the next legislative session work on some additional dollars for pharmacist but also collectively for all of our staff.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)	Another thing I would like to thank Dr. Linthicum for her leadership in terms of getting us all online onboard about the Medically Recommended Intensive Supervision (MRIS) program. She brought us together with the Parole Board, Texas Tech and our selves. Just to discuss again right now the current limitations of the program and the frustrations I think the providers feel in terms of the work we put forward to get summaries done, medical summaries for TCOOMMI and the Parole Board to consider and just some of the inability ultimately to get to the desire outcome to the state some of these higher cost offenders out of the system. And so I think we all took away each party, TDCJ, Texas Tech, Parole Board everyone is doing their job and doing it well, it's just that giving the current construct of legislation we're just not able to get to the most optimal results both for our patient population as well as for the cost to the state. So again it's really critical to move that discussion along and hopefully we will continue to have that in Austin because it seems to be a very key note for many of our legislators and want to thank her for that. That is my comments for today. Dr. Berenzweig thanked Dr. Murray and asked if there were any comments or questions.	Mr. Hightower added he was sorry to keep asking questions but is that for the pharmacy in Huntsville or the ones scattered in other areas. Dr. Murray responded that yes we have a couple of regional offices that have intermittently have one or two clinical pharmacist that do onsite work and some telemedicine work they would be included in that but ultimately everybody works out at that main facility in Huntsville. Mr. Hightower added that year end and year out I know most of those people. That you got a fairly group of tenured group of people. Not only a Higher Ed tenure but they have been there a very long time. I'm just wondering are they if some of them retiring or most of them just.. Dr. Murray responded that actually not and that is another good point and that's another key thing that we need to bring forward is that in general if you look at the age of our employees we are going to reach a critical point in the next five years in lots of various positions, nursing, pharmacist where we are going to see that retirement piece kick in and have a significant drop off in the number of tenured employees. If you look at why we have remained successful and been able to continue to provide services in the way we have in the last two years is that we do have a lot of people that have been here a long time and it's the retirement that keep them	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.)		in there and so we're able to trade off a little bit of long term retirements guarantee for a less than optimal daily wage. But unfortunately bringing in new employees and their wages aren't competitive, they may start with us and then find a job for 15 to 20% more and then leave. It's busy working for the universities, and working for TDCJ cause we are doing security clearances and ultimately these people become less satisfied with their environment their salaries, etc. and leave. Again I think this is not new this something we have experienced in the life of correctional managed care. It's just something we are going to have to deal with as our number one issue with the legislature this year. Again paying recruiting fee the recruiter says your dealing me a losing hand. Your dealing me 4 cards in a 5 card game and we don't have a salary we can attract people with. You look at the PAMIO vacancy that has been vacant for 4 years or longer. There's just limitations that these positions create, salaries dictate and some of the geography and environments. Again if you can't pay a premium there's no reason to even engage in a search because you just don't have the tools to make it successful.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Directors Updates (Cont'd.) - **Denise DeShields, M.D. (TTUHSC)**	Dr. Berenzweig asked if there were any questions and called on Dr. DeShields for her report. Dr. DeShields thanked Dr. Berenzweig and proceeded with her report. Unfortunately many of my observations and comments mirror those of UTMB. We are seeing higher attrition rates than we are seeing recruiting rates. Then again some of it is from retirement but the vast majority of them are from resignations. Again our salaries are not competitive and have not been competitive for a number of years and being in West Texas we are so geographically dispersed and being rural communities those areas are exceedingly difficult to recruit to. And that leads me to my second point that we have recently received a resignation of the Texas Tech Correctional Managed Health Care Mental Health Director Dr. Dana Butler, which will be effective October 31st. We are currently in the process of recruiting for that position and fortunately will interview a potential candidate the end of this week. Again we will struggle with our entry salaries we struggle because there are no increases either with regard to cost of living or anything like that. And again much as UTMB is experiencing we have done some metrics on our current employee base and found that 39 percent of our employees have been with us for 10 years or more. So we are going to start to experience that same quote un quote (brain drain) situation because people will be in that grid on retirement and it's very difficult to recruit to those positions.		
IX. Performance Status Report	Dr. Berenzweig thanked Dr. DeShields and asked if there were any comments or questions about the medical directors reports? Next agenda item is the Third Quarter Performance Status Report behind Tab F.	Dr. Berenzweig stated that this report was for information and that the over 55 census report has dramatically increased over the years. Mr. Hightower added that number has been a problem since I know the eighteen years that I have been here. It is the same problem that Dr. Murray has talked about in the past. That group is the most expensive group of inmates.	

Agenda Topic / Presenter	Presentation	Discussion	Action
X. Public Comments	Dr. Berenzweig then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Berenzweig noted that there was no such request at this time.		
XI. Date / Location of Next Meeting - **Harold Berenzweig, M.D.**	Dr. Berenzweig next noted that the next CMHC meeting will held December 6, 2012 at this location.		
XII. Adjourn	Dr. Berenzweig asked if there were any other questions. Hearing none adjourned the meeting.		

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

Date: 12/6/12 09:00