CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 6, 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:

Partner Agency Staff Present: Denise DeShields, M.D., Jerry Hoover, Texas Tech University Health Sciences Center; Bryan Collier, Rick Thaler, Kathy McHargue, Carrie Hucklebridge, Texas Department of Criminal Justice; Anthony Williams, Stephen Smock, Kelley Coates, Dr Owen Murray, Lauren Sheer, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

Others Present:

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

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order **- Margarita de la Garza-Grahm**	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 **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm thanked everyone for being in attendance and asked everyone to introduce themselves for the record.		
III. Approval of Excused Absence **- Margarita de la Garza-Grahm**	There were no absences to approve from December 6, 2012 Meeting.		Dr. Raimer moved to approve the excused absences and Dr. Linthicum seconded the motion.
IV. Approval of Consent Items **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm stated next on the agenda is the approval of the Minutes from the meeting held on December 6, 2012: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. She then asked the members if they had any specific consent items(s) to pull out for separate discussion.		Dr. Raimer moved to approve the minutes and Dr. Jumper seconded the motion.

Agenda Topic / Presenter	Presentation	Discussion	Action
	Hearing no further comments, Dr. de la Garza-Grahm stated that she would now entertain a motion on approving the consent items.		Dr. Raimer also moved to approve the Monitoring Report, Medical Director's Reports and Summary of Joint Committee Activities and Dr. Berenzweig & Dr. Jumper seconded the motions. The motion passed by unanimous vote.
V. Executive Director's Report - **Allen Hightower**	Dr. de la Garza-Grahm then noted that Mr. Hightower did not have anything to report. Nothing to report except that the staff as usual during the quarter that we have before legislation session. Two things that we have spent the vast majority of our time on was the LAR. It's that time of year that the LBB & TDCJ trivia requires that we do our audit of the prison system unit by unit. So that took up the majority of my staffs time in this last quarter. That's all that I have. Dr. de la Garza-Grahm thanked Mr. Hightower for the report and asked if there were any questions. Mr. Webb will now present the financial report.		
VI. Performance and Financial Status Report - **Lynn Webb**	This financial summary report will cover all data for the 4th Quarter FY 2012 ending August 31, 2012. This report is found in your packet at Tab C. Population Indicators as represented on (Table 2 and page 84), the average daily offender population has decreased slightly to 152,048 for the Fourth Quarter Fiscal Year 2012. Through this same quarter a year ago (FY 2011), the daily population was 152,836, a decrease of 788 or (0.52%). 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 13,670 as of 4th Quarter FY 2012. This is an increase of 856 or about 6.7% from 12,814 as compared to this same fourth quarter a year ago.		

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VI. Performance and Financial Status Report (Cont'd)	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 fourth quarter of FY 2012 was 207 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 fourth quarter of FY 2012 was 3,622 for both the Texas Tech and UTMB Sectors. The overall HIV+ population has remained relatively stable throughout the last few years at 2,292 through 4th 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 1,797 through the Fourth Quarter of FY 2012. This inpatient caseload is limited by the number of available inpatient beds in the system. Through the Fourth Quarter of FY 2012, the average number of mental health outpatient visits was 18,643 representing 12.3% of the service population. Health Care Costs (Table 3 and page 86, 87 and 88) overall health costs through the Fourth Quarter of FY 2012 totaled $495.0M. On a combined basis, this expense amount is more than overall revenues earned by the university providers by approximately $17.9M. UTMB's total revenue through the fourth quarter was $379.2M; expenditures totaled $397.6M, resulting in a net shortfall of $18.4M. Texas Tech's total revenue through the fourth quarter was $97.9M; expenditures totaled $97.4M, resulting in a net gain of $528K.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (Cont'd)	Examining the healthcare costs in further detail on (Table 4 of page 89) indicates that of the $495.0M in expenses reported through the Fourth Quarter of FY 2012: Onsite services comprised $226.3M, or about 45.7% of expenses: Pharmacy services totaled $52.9M, about 10.7% of total expenses: Offsite services accounted for $160.9M or 32.5% of total expenses: Mental health services totaled $41.0M or 8.3% of the total costs: and Indirect support expenses accounted for $13.9M, about 2.8% of the total costs. Table 5 of page 91 shows that the total cost per offender per day for all health care services statewide through the Fourth Quarter FY 2012, was $8.90, compared to $9.73 through the Fourth Quarter of the FY 2011. This is a reduction of 8.5% 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 16.5% increase since FY03 or approximately 1.65% increase per year average, well below the national average. Aging Offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 on page 92 shows that encounter data through the 4th Quarter indicates that older offenders had a documented encounter with medical staff a little more than 1.2 times as often as younger offenders.	Dr. de la Garza asked if that was adjusting for inflation. Mr. Webb responded that basically it factors in inflation because of health care cost outside of this realm in trend high single digits and sometime the low double digits. So this actually a trend showing what is going on in inmate health care.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (Cont'd)	Table 7 on page 93 indicates that hospital and outpatient clinic costs received to date this Fiscal Year for older offenders averaged approximately $3,971 per offender vs. $661 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 more than 6.0 times higher than the younger offenders. While comprising only 9.0% of the overall service population, older offenders account for 37.2% of the hospitalization and outpatient clinic costs received to date. Also, per Table 8 on page 94, older offenders are represented 5.3 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $44.6K per patient per year. Providing dialysis treatment for an average of 213 patients through the Fourth Quarter of FY 2012 cost $4.8M. Drug Costs on Table 9 on page 95 shows that total drug costs through the 4th Quarter FY 2012 totaled $41.5M. Of this, $20.0M (or under $1.67M per month) was for HIV medication costs, which was about 48.2% of the total drug cost. Psychiatric drugs costs were approximately $2.6M, or about 6.3% of overall drug costs. Hepatitis C drug costs were $2.6M and represented about 6.2% of the total drug cost. 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 as well as 12.2M of Spend Forward Funding from FY2013 was used to offset the total operating loss of $18.4M as reflected through the end of the 4th Quarter of Fiscal Year 2012. Texas Tech reports that they hold no such reserves and report a total operating gain of $527,772 through the 4th Quarter FY 2012.		

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VI. Performance and Financial Status Report (Cont'd)	A summary analysis of the ending balances of revenue and payments through August 31st FY 2012, on (Table 10 and page 96) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2012 is $79,991.45. This excess amount will lapse back to the State Treasury as required by law. 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 June 2012 through August 2012 found all tested transactions to be verified with appropriate backup documentation. The testing of detail transactions performed on UTMB's financial information for June 2012 through August 2012 found all tested transactions to be verified with appropriate back-up documentation. In the narrative you would have seen that there were three transactions that we did not have back for UTMB. However this past week the back up was received in my office and they had no exceptions to their audits. That concludes my report Dr. de la Garza-Grahm. Dr. de la Garza-Grahm asked if there were any questions for Mr. Webb.	Dr. de la Garza-Grahm thanked Mr. Webb and asked Mr. Hightower to explain the supporting detail the operating accounts where the revenue received went down to zero. Mr. Hightower began with since the last fiscal year our budget and when I saw our, I mean the Committee's budget. That is what that reflects that last spread. We work with Mr. Collier and Mr. McGinty on a regular basis.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Performance and Financial Status Report (Cont'd)		Since Mr. McNutt retired and since we had quite a bit with the legislative changes that were made it was a management decision of mine to not fill the position that Mr. McNutt had. I decided that Mr. Webb & I share the responsibilities of what was left over that would not be needed. So we requested of TDCJ not to make a 4th Qtr payment to us because we had enough money in reserve from the first three quarters to meet our budget. So the $79,991.45 that you see was that much left over from how much we had so when Lynn & I ran the numbers and saw that we had enough to finish out the year without asking TDCJ for a quarterly payment. We did the paperwork to not receive payment from TDCJ and that would have been an amount around $167,000. Dr. Raimer added that he just wanted to make sure he understood that the way the money was handled with leftover from previous year that the records reflect that UTMB does not have any retained and that was all spent. Mr. Webb responded with that he will adjust the narrative to better reflect that. The 6.2 M is being shown offsetting the $18M. Mr. Hightower added that it was a net net after I got to looking at it with Lynn after you had talked on the phone. Instead of asking for a spend forward of $18M, you asked for $12M, you had $6M from the SAR and you add the two together that covers and that makes a net net zero at the end of the fiscal year.	
VII. Medical Director's Updates **- Critical Vacancies** **- Lannette Linthicum, M.D. (TDCJ)**	Dr. de la Garza-Grahm then called upon Dr. Linthicum to report TDCJ's critical vacancies. Dr. Linthicum began with that TDCJ have two critical vacancies, Chief Public Health Officer, which is a Physicians position and has been vacant for some time and we have decided to place that position on hold.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Medical Director's Updates - Critical Vacancies	Currently we are operating that office with a Registered Nurse who has a background in infection control from the free world hospital and with another physician who is also an infectious disease specialist that oversees the clinical aspects of that office. Our next position is our Director III of the Office of Mental Health Monitoring & Liaison, Dr. Montrose who is a PHD, Psychologist retired in May this past year. We have posted the position several times and still have not been able to recruit an acceptable applicant and we are continuing to look to maybe advertise in some correctional medicine journals and just continue to try to get that position filled.	Dr. de la Garza-Grahm asked if that is where we usually advertise. Dr. Linthicum responded that we usually advertise locally like in the Houston, Conroe, The Woodlands paper and we have already done that. So we are going to try to advertise in the National Commissions Journal and the Correctional Health Care and the American Corrections Association. Dr. de la Garza-Grahm asked if we have ever tried to advertise outside of the correctional industry. Just curious. More discussions were had about other avenues of advertising but due to funding it would be difficult and expensive.	
- **Denise DeShields, M.D. (TTUHSC)**	Dr. de la Garza-Grahm asked if there were any questions and then called on Dr. DeShields to present TTUHSC position vacancies. Dr. DeShields began with Texas Tech again we continuing to struggle with the PAMIO Medical Director position which has been vacant for more than three years. It is currently being managed with a contract physician. We continue to advertise in both again in local & national publications. We will recently have to resort to authorize recruiting agencies to possibly fill those positions as well as enhancing salaries to attract bonifide candidates.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Medical Director's Updates - Critical Vacancies		Dr. de la Garza-Grahm asked what were the salaries. Dr. De Shields responded that the salaries were around $208,000 and that's not going to attract, obviously with three years of vacancies we just don't have the ability. Dr. Berenzweig asked where was this position and what city is this? Dr. DeShields responded that it was in Amarillo. Dr. de la Garza-Grahm added that this was a MD position and that there is a nationwide shortage. Dr. de la Garza-Grahm noted that there was a shortage of nurses, psychiatrists and physicians. Dr. De Shields added that psychiatrists have been and are critical positions. Dr. Raimer added that this has been an issue too in supporting in what is being said. We've tried some very creative things like loan repayment fund to attract people and loan forgiveness and things like that. Those things have not been embraced by the legislature. Those are areas that we may want to revisit during this session to help us recruit. Because sometimes when you recruit people to certain areas, they get loan forgiveness or some differential. I know Dr. Murray has several places like down in Beeville and others that we've have had vacancies for three years. Dr. Murray added decades!!	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Medical Director's Updates - Critical Vacancies		Dr. Raimer also noted that it's hard to recruit people to those areas and we are going to have to get creative. We're just going to have to all have to work together on that. Dr. de la Garza-Grahm added that if these positions have been vacant for decades are they really critical? Mr. Webb added that they are pulling in contract labor. More discussion was had between Dr. Berenzweig, Mr. Hightower, Dr. DeShields, Dr. Linthicum, and Dr. de la Garza-Grahm on local contract labor and the expense of doing this ends up costing more. Mr. Hightower added that at one time we got permission to do what you're asking, but it was out of the same pot if there was money available within the budget pattern. Dr. DeShields added we're in the process of doing right now is enhancing the salaries because there is just no way we are going to recruit and retain people with the salaries that we're currently paying. Mr. Hightower added that everybody in this room realizes that this is a legitimate need of the system but with the legislative session on top of us it will be a hard sell on a new item, or a new expenditure to the budget. Dr. Linthicum added that nobody wants to talk about the "C" word Constitutionality, but we're not able to ensure access to care because we don't have qualified health care professionals on these units to deliver that care. We are all in a very bad medical position.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Medical Director's Updates **- Critical Vacancies**		Additional discussions were had with Dr. Berenzweig and Mr. Hightower on the meetings with legislative leaders on the health care issues along with Dr. Raimer and Dr. Linthicum.	
	Dr. DeShields responded yes we are. The last of our vacancies are three staff psychiatry positions that are also open within our region one being in Wichita Falls and two at the Montford Unit and we also are currently still using the same mechanisms to try to fill these. That ends my report, thank you. Dr. de la Garza-Grahm then called upon Dr. Murray to present UTMB's vacancies.	Dr. de la Garza-Grahm asked if you guys are working on this.	
- **Owen Murray, D.O. (UTMB)**	Dr. Murray began with that they have actually filled one of their critical vacancies which was a Virologist who Dr. Kahn has taken Dr. Pryers position and that is actually working out very well at TDCJ. But staff up there is really fitting in very nicely with the program although we certainly miss Dr. Pryer and glad to have Dr. Kahn on board. As always we're looking for all of our provider physicians at some point and time. But usually contract labor is less efficient for us. We now hire doctors in Houston, Austin, up in Huntsville to do primary care so we meet the need by providing telemedicine but as Dr. Linthicum always points out there are limitations you can do about 70% of the care you know thru telemedicine on a primary care basis but there's 30% of that we've in Beeville especially we pay geographical hardships for people to go down there. We are paying additional freight to get people on site just because again there are limitations of those people out there in general. Dr. de la Garza-Grahm thanked Dr. Murray and then called on Dr. Linthicum for the TDCJ Health Services Medical Directors' Review.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates **- Lannette Linthicum, M.D. (TDCJ)** **- Operational Review Audit**	Dr. Linthicum began with thank you madam chair. At the last Correctional Managed Health Care meeting on September 19, Dr. Raimer and Dr. Berenzweig requested to see copies of the corrective actions on the tuberculosis medication on the Operational Review Audits that we conducted in the 3rd Qtr of FY2012. There in your agenda packets are the Corrective Action Plans. I will not go over these but let each of you review them. Each unit is required to submit a corrective action on how they are going to fix their non-compliance. My Medical Directors report will focus on the 4th Qtr monitoring of FY2012 for the months of June, July & August. During that quarter there were 11 Operational Review Audits conducted. On pages 100 and 101 you will see the 10 most found items out of compliance during those 11 ORA's conducted. Again we continue see the units struggling in the areas of infection control and our infection control program. You will see thru those detailed corrective actions that a lot of this is related to the two reductions in force we had of staff particularly the coordinators of infectious disease in nurses. That particular staff position was especially hard hit by the reductions in force and we are actually seeing that now in the communicable disease infection control program. So we are hopeful going into the legislative session that some monies will be identified so that we can restore those positions because we are starting to see a lot of non-compliance with respect to TB and now Hepatitis C programs which the coordinator of infectious disease nurse is critical to ensure continuity and integrity in those programs.		
- Capital Assets Monitoring	Dr. Linthicum continued that on page 102 the Capital Assets Monitoring Office audited 11 units and all 11 units were within the required compliance range. The units historically have done extremely well in this area of being compliant with the state requirements. We have a dentist Dr. Hirsch that is involved in conducting the Dental audits. During the 4th Qtr he visited 30 facilities and if you look at the bottom of page 102, 23		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.) **- Urgent Care Audit Dental**	facilities had no items scoring less than 80% compliance of the 30. Seven facilities were out of compliance with the 14 day requirement. It says that within 14 days of receipt of the sick call presenting signs and/or symptoms consistent with an urgent dental need received definitive care. The seven facilities will be submitting corrective action plans. There were also 4 facilities that were required to submit a Corrective Action Plan. The most frequently found finding was "Incorrect Assignment of Priority." Those facilities are working on the corrective actions.		
- Grievances and Patient Liaison	Dr. Linthicum continued with her report on the top of page 103 in stating that she has in her office an office called the Office of Professional Standards and there are two programs in that office they have Offender Grievance Program and Patient Liaison. The Patient Liaison Program really functions like an ombudsmen for health care we take third party complaints from anybody about health care. Inmate families, legislators, governor's office, federal officials, lawyers, representatives, senators, just anybody can write into that program if they have a complaint and of course we get the necessary information and answer their complaints. So during the fourth quarter of FY2012, the Patient Liaison Program and the Step II grievance Program together received 4,094 correspondences. The Patient Liaison Program received 2,037 correspondences and Step II Grievance program received 2,057 grievances. As a result of us investigating there were 584 Corrective Action Requests generated. UTMB and Texas Tech combined had a sustained percentage of offender grievances that was at 10%. Performance expectation is 6% and for UTMB separate their percentage was 11 and Texas Tech was 8%.		
- Quality Improvement (QI) Access to Care Audits	Next is the Quality Improvement Access to Care Audits. We have an audit called the Sick Call Request Verification Audits that are done by nurses and patient liaison investigators and the office of professional standards that go out and verify sick call requests.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	So during the fourth quarter they performed 43 audits on 41 facilities. And the reason there are more audits than facilities is we locate the highest security with expanded cell block areas as a separate audit. 43 facilities and 15 of the indicators fell below the 80% compliance threshold. Those units are working on their corrective action request.		
- Office of Public Health	The Office of Public Health does surveillance monitoring for 11 infectious diseases. The ones that we know when they report on at this meeting are Hepatitis C 802 cases were identified in the fourth quarter. HIV during the fourth quarter there were 18,359 offenders intake testing, and 148 are newly identified as having HIV infections. Another 12,988 offenders had pre-release tests, which is also statutory and three were HIV positive from all that testing. We're spending a lot of resources on testing. We had 194 cases of suspected Syphilis were reported during the fourth quarter, 194 Methicillin-Resistant Staphylococcus Aureus cases, and 19 active Tuberculosis cases compared to 17 during the third quarter of FY2012. Also we have in the Office of Public Health a SANE Registered Nurse (Sexual Assault Nurse Examiner). In this fourth quarter she conducted 2 educational in-service programs that are held for 15 medical staff. There were 198 charts reviewed of alleged sexual assaults with 2 deficiencies found in her audit at Montford and Stiles, and corrective action plans were requested. There were 43 bloodborne exposed victims and to date there have been no seroconversions as a result of sexual assault. The Peer Education program I am pleased to report that 100 of the 111 units now have active peer education programs. That is real congratulatory thing I think for us state wide. During the fourth quarter health educators trained 110 offenders trained to become peer educators and during the fourth quarter we had 18,376 offenders attending the peer educator classes.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		Dr. de la Garza-Grahm asked if before we moved on, she could ask about the testing you were talking about, all this testing we are doing, is it low yield. Dr. Linthicum responded the HIV testing, yes. Dr. de la Garza-Grahm asked is there anything you wanted to do or recommend about it. Or do we have to constitutionally continue to test the way we're testing. Dr. Linthicum responded that this is state mandated. In 2007 HIV testing became mandatory at in-take thru state law. Then I believe the pre-release testing became mandatory thru state law in 2005. So the only way for us to stop doing this is thru legislation. Dr. de la Garza-Grahm asked do you think that it would be worth bringing it up to legislators. Dr. Linthicum responded that it was sort of a hard forum political issue for many, many advocates and all kinds of people and I don't know we would make a lot of traction on this. Dr. Raimer added that he thought it would be worth mentioning particularly on a return on an investment. There was this one particular case when an offender went back home and was positive for Syphilis and his wife turned positive also for Syphilis and it sort of made newspapers that we should be doing a better job of screening and notifying families. But of course we can't notify families only an offender can do that. Dr. Linthicum added that the offender has to give us permission.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		Dr. Raimer added I think it's worth bringing to peoples attention and saying how much is this costing a year to yield and let them make the decision. Mr. Hightower asked if we tested for STDs on in-take or not. Dr. Linthicum responded only Syphilis. Dr. de la Garza-Grahm asked if Syphilis still that common. Dr. Linthicum answered oh yes it's very common. I think that Jefferson county has the highest syphilis rate according to DSHS in the state.	
- Mortality and Morbidity	We have a Joint Mortality and Morbidity Committee under the umbrella of the Correctional Managed Health Care Committee there's several joint committees. One is the Mortality & Morbidity Committee, the Joint Pharmacy & Therapeutics Committee, the Joint Infection Control Committee and Joint Peer Review Committees all of these function under the umbrella of the CMHCC. The Mortality and Morbidity committee is composed of physicians and doctors from UTMB, Texas Tech and from my staff TDCJ. They look at all the deaths during the quarter and there were 100 deaths reviewed and of those 100 deaths, 14 were referred to peer review committees as this chart on the bottom of page 104 outlines.		
- Mental Health Services Monitoring and Liaison	The Office of Mental Health Services Monitoring and Liaison is our office that does primarily continuity of care for offenders coming into our system from the counties that have mental health illness history. The Texas Department of Mental Health Mental Retardation CARE database was reviewed for 3,648 offenders who were received into Intermediate Sanction Facilities. Of that number 542 offenders were identified as having a documented history of mental illness. This information was provided to the mental health staff of those ISFs.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	So this office of mental health monitoring liaison monitors all offenders in Administrative Segregation facilities within the TDCJ Correctional Institution Division/State Jails every 6 months. In the fourth quarter 17 Ad Seg facilities were audited. 4,024 offenders were observed, 1,632 of them were interviewed and 7 offenders were referred to the university providers for further evaluation. All 17 facilities were 96 percent compliant in their access to care. Four special needs Substance Abuse Felony Punishment Facilities were audited for continuity mental health care. Primarily looking at the medications these offenders come in and making sure that those are continued at least thru their first 30 days of incarceration. And all that was appropriated as well. The other area that we look at is the incidents of compelled psychoactive medications and making sure that they were documented on the Security Use of Force Log and their also documented on the Mental Health Compelled Psychoactive Medication Log. And all facilities were 100 percent compliance. The 24 intake facilities were also audited where offenders are coming into our system with potential mental health needs receive a mental health evaluation within 14 days of identification. 17 facilities met or exceeded the 80 percent compliance and were within the 14 days. There were 6 facilities that did not meet 80 percent compliance and they are required to corrective action plan. The Office of Mental Health Services Monitoring & Liaison we review the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) to determine if they are any mental health issues that precludes participation. In the fourth quarter FY2012, 12 offenders were reviewed and 11 of them were allowed to participate in the BAMBI program. I would like to publically thank UTMB, Dr. Joseph Penn and his staff for filling in and helping us while we had the vacancy of our Director of Mental Health with the screening for the mothers. We were all a team and		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	worked together and everyone was very, very good in filling in the gaps in helping each other and Texas Tech as well. Thank you.		
- **Office of Health Services Liaison**	The Office of Health Services Liaison office which is an office of register nurses. They are responsible for intake entities for TDCJ from all county jails, all offenders with special medical needs. In addition to doing that they do auditing and monitoring of offenders discharged from hospitals and infirmaries in the TTUHSC and UTMB sectors. In the fourth quarter FY2012 they conducted 165 hospitals and 51 infirmary discharge audits. If you look on page 107 you will see the chart on the hospital and infirmaries audited with deficiencies noted. 146 were from the UTMB sector and 16 were from the TTUHSC sector. There were 39 deficiencies identified for UTMB and 13 identified for TTUHSC. Of the 51 infirmary discharge audits conducted 27 were from the UTMB sector and 25 were from the TTUHSC sector. There were 4 deficiencies identified from UTMB and 11 for TTUHSC.		
- **Accreditation**	On the last page 108 of my report there is a typo, it should read: The American Correctional Association and not The Correctional Accreditation Association. At the summer conference that was held in Denver there were nine units that were awarded ACA Re-Accreditation: Darrington, Ferguson, Gurney, Hobby, Marlin, Allred, Rudd, Lewis, and San Saba.		
- **Biomedical Research Projects**	On the Biomedical Research the summary lists the current and pending research projects as reported by the Texas Department of Criminal Justice Executive Services. There were 29 Correctional Institutions Div. active monthly research projects, 3 Correctional Institutions Div. monthly research projects, 3 Health Services Div. Active monthly medical research projects and 8 Health Services Div. Pending medical research projects. Madam Chairman that ends my report.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		Dr. Berenzweig wanted to thank Dr. Linthicum for including the action plans. And he didn't mean to interrupt but would like a little clarification about the death reviews by the Mortality and Morbidity Committee. Are all deaths in the system reviewed by that committee? Dr. Linthicum responded yes all deaths. Dr. Berenzweig added and that the committee you said was a joint committee between the two universities and... Dr. Linthicum added and TDCJ. Dr. Berenzweig continued and TDCJ, composed of physicians and other providers. And if that committee has any questions then they refer to specific group for peer review. I just wanted clarification considering the recent news in North Texas of another death in the Dawson Unit I guess it was. The implications that the media has I just wanted to make certain of what was done. Dr. Linthicum added and even though the Dawson Unit is part of the Private Facilities Division we review all deaths whether there are privates or Intermediate Sanction Facilities that joint Mortality and Morbidity Committee really functions under the Correctional Managed Health Care Committee and that's why it has all three of us are represented there as one of the joint committees under the Correctional Managed Health Care Committee. We review all, all the deaths and then if there is standard of care issues then it is referred on to the appropriate peer review. Dr. de la Garza-Grahm asked if they were all MD's.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		Dr. Linthicum answered that yes MD's and RN's. Mr. Hightower added that any death in the system if reviewed at some point and time by Dr. Linthicum. Because there becomes a time there has to be a decision to determine whether it was a security or health issue. Dr. Linthicum added we actually have a step before it gets to M & M. Because when it goes to M & M we have to have the autopsy, and all the medical workup. Sometimes the autopsies we don't get a final autopsy report for at least 2 months. So before that we do what we call a administrative mortality review and those are done by 2 physicians, MDs in my office and they do an administrative review of every death so that if administrative actions need to be taken faster than the M & M and the peer review process then we can do that. Dr. Berenzweig thanked Dr. Linthicum for the clarification.	
	Dr. de la Garza-Grahm thanked Dr. Linthicum and called on Dr. DeShields for her report.		
- **Denise DeShields, M.D. (TTUHSC)**	Dr. DeShields began with that she just had two points to bring to the committees attention. Again addition to the psychiatric vacancies that we have been seeing we have been seeing an increasing trend of nursing vacancies in West Texas as well. Again our inability to keep pace with fair market compensation has gone to escalating attrition and inability to recruit. We have most particularly noted that at the Montford facility in Lubbock where the later part of the fourth quarter and into the first quarter of FY 2013 we've had vacancies rates that have exceeded 20%. This is our most complex unit in the state and of course it's crucial that we maintain adequate nursing staff there for that unit to operate efficiently and effectively. So again we will have to enhance salaries to attract qualified candidates toward that facility.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.) - **Owen Murray, D.O. (UTMB)**	Now for the second point I would like to share is that Mr. Larry Elkins who is our Executive Dir for Texas Tech Correctional Managed Health Care and will retire January 4, 2013. His duties and responsibilities will be managed internally. Mr. Jerry Hoover who is here will be handling all our physical inquiries and all of the administrative inquiries will be thru my office. That concludes my report. Dr. de la Garza thanked Dr. DeShields and called on Dr. Murray. Dr. Murray noted that he just had one brief update. I was going to ask Mr. Tony Williams to talk a little about some of the transitions we are going thru up at the dialysis center and the integration of the EMR and the dialysis technology, physical population, cost, etc. I think what we are doing up there is pretty innovated. Mr. Williams will you give a brief update. Mr. Williams began with what most of you may recall that in August, 2011 we purchased several dialysis machines 29 for the Estella facility and 10 at the Carol Young facility. This particular machine actually speaks to our EMR system. Since that time we work closely with our pharmacy group as well as with our IT staff. At this time we are seeing all of our patients at the EMR at the Carol Young facility that's a total of 12. We have 50% of new patients that we've trained our staff that we have actually seen live using the dialysis module at Estelle. What that does for us are a couple of things. Actually it allows our Nephrologist to manage that patient phase without having to go thru multiple flow sheets. So here we are basically transition away from the flow sheets of the paper records. But it also allows our nursing staff to actually see the dialysis text from a nursing station at multiple work sites versus having to move from room to room so they can assess the quality of care, instruct dialysis technicians, and process physician orders into the system fairly quickly. The only problem that has taken us so long involves CMC moving to the latest version of Pearl.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	From a connectivity standpoint we were able to transition to the new system once this was complete. We will….how we are transitioning into the electronic clinical ESRD management system.	Dr. de la Garza-Grahm asked if Dr. Khurana will present to this meeting. Dr. Murray responded yes he's been here before and possibly in March. Again so that we have time to collect data and given little of the salaries we have to really investigate every avenue that possibly can work to our advantage with our employees. This is certainly one of them. I think it does speak to the fact that the state has made some really strategic investments in infrastructure, the EMR, the telemedicine program, the pharmacy replacement system. Again, you give tools to people and they figure out creative ways to use it. This was a really cost effective solution to better integrate all of our dialysis care. Does it answer all of our other problems from a staffing prospective, no but at least for this particular population where there is a great deal of liability and risk we really are providing a state of the level service using what we were giving. Again, admirable cost and outcomes as we look at that particular group. Dr. Linthicum added that the other benefit is the secure unit at Huntsville Memorial now that they have the capability of doing dialysis there. For any acute problem then they would rather we have that information as well. Dr. de la Garza-Grahm added that an EMR in a system such as this it works very well. As with the private sector we have different hospitals within one city and none of them talk to each other. And so the same thing is that we are going to save millions, and	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	Mr. Williams added that he wanted to make one other point to connectivity to why this is so important. In the near future when we transfer patients back and forth from the TT sector to UTMB you won't have to worry about scanning thru a bunch of flow sheets to get information readily available. And it's all subject to be very useful for the specialist at Galveston they can actually see what's been going with those patients. Because right now we have to print some of that information. I am very excited about that and hopefully when you folks are down in Huntsville we can show you how this work.	millions, and millions of dollars but nobody talks, the computers don't talk to each other. But however in a system like this where it's all completely integrated it makes perfect sense to have EMR. Dr. Linthicum added we are going to request Dr. Khurana to come in March to make a presentation.	
IX. Performance Status Report	Tab F for information.		
X. Public Comments	Dr. de la Garza-Grahm then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. de la Garza-Grahm noted that there was no such request at this time. Dr. de la Garza-Grahm asked if anyone wants to discuss anything any old business.	Dr. Raimer asked to make an announcement. We just last week had the Joint Commission for the re-accreditation of our hospital and that I'm real pleased to report. Overall the hospital did extraordinarily well, the best we have ever done. The prison hospital especially was just spectacular. We had a surveyor on the Joint Commission team that actually knew a lot about hospitals having worked in California in that prison system and they got glowing reports on the hospitals. That accreditation is something we can report to	

Agenda Topic / Presenter	Presentation	Discussion	Action
		TDCJ. We haven't got the official letter yet so this is all verbal right now. Very, very good news and we are very proud of that. The other thing is our Nursing Programs have now been recognized as magnet status that is a special category of recognition for high quality nursing. Only about 6% of the hospitals over the entire United States are recognized in that distinction. It has to do with the educational level of the nurses and their competencies so we are all so very, very proud of that. And that's including not just the free world John Sealy Hospital but the Prison Hospital too. Everything undergoes the same inspection and the same criteria for accreditation. So those are good things to report from our viewpoint. I also just like to let people know that we are moving ahead on construction to our new hospitals, at add additional beds, improvements around the hospital, installation of new energy equipment and things like that. We continue to get back on our feet after the Hurricane Ike. Also I would publically like to thank Dr. Linthicum again for agreeing with you for providing the action reports. Just flipping thru I see some trends that look at mainly the problem of staffing and that would be very helpful during the legislative session in supporting our request for the staffing. Thank you for doing that.	
XI. Date / Location of Next Meeting **- Margarita de la Garza-Grahm, M.D.**	Dr. de la Garza-Grahm next noted that the next CMHC meeting will announced at a later date.		

Agenda Topic / Presenter	Presentation	Discussion	Action
XI. Adjourn	Dr. de la Garza-Grahm asked if there were any other questions. Hearing none adjourned the meeting.		

MD

3/18/13

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

Date: