CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 18, 2013

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

CMHCC Members Present: Cynthia Jumper, M.D., Lannette Linthicum, M.D., Harold Berenzweig, M.D., Dr. Mark Chassay (sitting in for Kyle Janek, M.D.)

CMHCC Members Absent: Ben G. Raimer, M.D.

Partner Agency Staff Present: Jerry McGinty, Charlene Maresh, Ron Steffa, Bryan Collier, Robert Williams, M.D., George Crippen, Marsha Brumley, April Zamora, Texas Department of Criminal Justice; Anthony Williams, Stephen Smock, Kelley Coates, Gary Eubank, Dr Owen Murray, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

Others Present:

Location: Frontiers of Flight Museum, 6911 Lemmon Ave., 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 9:00 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 **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm thanked everyone for being in attendance. Dr. de la Garza-Grahm introduced Dr. Chassay who will be sitting in for Dr. Kyle Janek.		
III. Approval of Excused Absence **- Margarita de la Garza-Grahm**			
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 March 18, 2013: 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. Berenzweig moved to approve the minutes and consent items as found in Tab A of the board agenda. Dr. Jumper seconded the motion. The motion passed by unanimous vote.

V. Executive Director's Report - **Allen Hightower**	Dr. de la Garza-Grahm then called on Mr. Hightower to provide the Executive Director's report. Well I'm up for the last time at bat. Well the legislative session had ended and the Governor's veto time has ended so I think most of the agencies know about where we are and what the outcome is going to be. The Correctional Managed Health Care Committee was under the Sunset Review this time and it took many forms and many rewrites. All the members that are on the committee right now and the positions of the members of the committee stay the same. They have added four member positions to the committee. Please correct me if I am wrong Dr. L if I get this wrong. Two members who are physicians each appointed by the two medical schools in the alphabetical order will appoint one member each. Two other physician members who will be mental health professionals appointed by the Governor's Office. So we will have a nine (9) member committee. The direction that the Legislature led this committee is it's first and foremost role in the system is to write and to approve the Offender Health Services Plan and that distinction is left strictly to them, it's not by the advice or consent of anyone else. I am happy that we were willing to convince the members and Sunset that the health care side and the Offender Services Plan needed to be written and approved by the doctors solely as a separate committee from the agency. As far as funding goes, it provides 61.7 million above the 2012-2013 levels for offender healthcare to include 30.6 million to maintain current level operations, 16 million for market level salary adjustments, 5.4 million for critical capital equipment needs, 9.7 million for restoration of key health care staff. I think that's the way it breaks out if I'm not mistaken. Unfortunately, the legislature did not see fit for the committee to have funding thru TDCJ for its staff. So this will be the last meeting for Lynn, Stephanie and me. Madam Chair, the committee will need to coordinate thru TDCJ. Lynn has been diligently working with the auditing side with TDCJ and will continue until the change takes place August 31st. All of the equipment and furniture in the committee office either belongs to UTMB or TDCJ.		

V. Executive Director's Report (Cont'd)	So Dr. Linthicum and I have been working together on this. There is everything from the Ruiz lawsuit from the very beginning of Correctional Managed Health Care archived in that office. It's a tremendous amount of paperwork going all the way back to 1993. So, we have already taken a pro active position of getting everything moved over to where it needs to be for TDCJ staffs that are assigned the duties that this staff has done before. They should be 100% functional by August 31st. This is my 45th meeting and it's my last. I have enjoyed being on this committee, I love this committee. It's been a headache. It's kind of like Garth Brook said, I had other job offers but this one I could have missed the pain but I had to miss the dance. I'm glad I didn't miss the dance because after leaving the legislature on January 12th and went to work at CMHC the next day on January 13th. I got to work with a better class of people at Correctional Managed Health Care. I think I speak for Lynn and Stephanie both that we worked hard and we believed in what we do. We think that this committee should and will provide a constitutional level of health care for the inmate population and I'm not going to drag this meeting out any further than that Madam Chair except to say that I will answer any questions if anybody has any.	Dr. Linthicum added that she just wanted to publicly acknowledge Mr. Hightower for his 14 ½ years of service to the Correctional Managed Health Care Program, the State of Texas and the Texas Department of Criminal Justice. It has certainly been our pleasure as medical directors and an honor to work along side with Mr. Hightower. Any of the health care reforms in the TDCJ were achieved under his leadership as chair of the House Committee on Corrections. All of the Ruiz health care reforms were under his leadership during his tenure in the state legislature. I believe a large part of our health care system that we have today he's largely responsible for it thru his legislative work and also as the Executive Director of the	

V. Executive Director's Report (Cont'd)		Correctional Managed Health Care Committee. I personally will always be indebted to him for what he's done for our state and for the offenders. I would like to ask everyone to join me in accordance. Mr. Hightower added it was as a labor of love. There was a lot of labor and a lot of love most of the time. Dr. de la Garza-Grahm added that Dr. Linthicum worked so closely with you for all those years, she should know. Dr. Murray added on behalf of UTMB, I think you said it very, very nicely. Here again I think we are going to have a little function for Mr. Hightower and the rest of the staff a little later on. I think I will save my comments and my stories since this is a public meeting, I will have my comments made in a more private forum. Mr. Hightower stated that is what he's afraid of. He also added that 15 years is a long time to be a director of a state agency. I've been blessed to have had the opportunity. I hope I did the best I could do. I tried to do the best that I can do. With regard to what Dr. Linthicum said about the health care of the inmate population, and the state meeting it's obligation to the constitution and to the State of Texas to provide the services that we provide. Sometimes I used to as a Legislator get fussed at from time to time that we give too good of health care. When the U.S Supreme Court or the Federal Court makes a ruling I don't have the decision to say whether it's good or bad, I just do it. With that it's done. Mr. Bryan Collier asked if he could just say a few words even though Dr. Linthicum has spoke. I just wanted to say on behalf of TDCJ. Thank you Mr. Hightower for all his work on	

V. Executive Director's Report (Cont'd)		the committee. We have seen this grow for the last 25 - 30 years and you have shaped a lot of it. A lot of it has really got your finger print on it and will for a long time. I just want to thank you publicly for that and thank you for the relationship we've had and we have worked extremely well together Mr. Hightower and I want to make sure the committee knows that the transition will go extremely well between the committee and TDCJ. Thank you Mr. Hightower. Mr. Hightower said thank you and added that on behalf of the staff, let me say that I have had the best staff in state government for my 14 years and 9 months to do this. I have been fortunate enough to hire people that were smarter than me who know their jobs better than me and by and large, at the end of the day me saying yes and no they did all the work, but thank you. Dr. Jumper added that she would confer with Dr. Cavin for the Tech's remarks.	
VI. Performance and Financial Status Report **- Lynn Webb**	Dr. de la Garza-Grahm called on Mr. Webb to present the financial report. Mr. Webb apologized for taking the spirit of this meeting down to the financial minutia. Since this will be my last Financial Report to the CMHCC, I would like to say that it has been a pleasure to be a small part in the support role of your important work in directing the health care necessary for all the inmates in the TDCJ system. Now if you would turn to Tab C you will see the data for the 2nd Quarter FY2013 ending February 28, 2013. As represented on (Table 2 and page 118), the average daily offender population has decreased significantly to 148,829 for the Second Quarter Fiscal Year 2013. Through this same quarter a year ago (FY 2012), the daily population was 152,924, a decrease of 4,095 or (2.68%).		

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 significant rate as opposed to the overall offender population to 14,010 as of 2nd Quarter FY 2013. This is an increase of 476 or about 3.5% from 13,534 as compared to this same second 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 second quarter of FY 2013 was 215 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 second quarter of FY 2013 was 4,983 for both the Texas Tech and UTMB Sectors. The overall HIV+ population has remained relatively stable throughout the last few years at 2,229 through 2nd Quarter FY 2013 (or about 1.50% of the population served). The two mental health caseload measures have remained relatively stable: The average number of psychiatric inpatients within the system was 1,728 through the Second Quarter of FY 2013. This inpatient caseload is limited by the number of available inpatient beds in the system. Through the Second Quarter of FY 2013, the average number of mental health outpatient visits was 18,580 representing 12.5% of the service population. Health Care Costs (Table 3 on pages 120, 121 and 122): Overall health costs through the Second Quarter of FY 2013 totaled $249.3M. On a combined basis, this expense amount is more than overall revenues earned by the university providers by approximately $12.3M.		

VI. Performance and Financial Status Report (Cont'd)	UTMB's total revenue through the second quarter was $188.3M; expenditures totaled $201.3M, resulting in a net shortfall of $12.96M. Texas Tech's total revenue through the second quarter was $48.7M; expenditures totaled $48.1M, resulting in a net gain of $651,601. Examining the healthcare costs in further detail on (Table 4 of page 123) indicates that of the $249.3M in expenses reported through the Second Quarter of FY 2013: Onsite services comprised $113.8M, or about 45.6% of expenses: Pharmacy services totaled $23.4M, about 9.4% of total expenses: Offsite services accounted for $84.1M or 33.7% of total expenses: Mental health services totaled $21.1M or 8.5% of the total costs: and Indirect support expenses accounted for $6.9M, about 2.8% of the total costs. Table 5 on page 125 shows that the total cost per offender per day for all health care services statewide through the Second Quarter FY 2013, was $9.26, compared to $8.78 through the Second Quarter of the FY 2012. This is an increase of 5.5% in costs year over year from the previous fiscal year. The average cost per offender per day for the last four fiscal years was $9.51. As a point of reference, healthcare costs was $7.64 per day in FY03. This would equate to a 21.2% increase since FY03 or approximately 2.23% increase per year average, well below the national average. Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 on page 126 shows that encounter data through the 2nd Quarter FY 2013 indicates that older offenders had a documented encounter with medical staff a little more than 1.2 times as often as younger offenders.		

VI. Performance and Financial Status Report (Cont'd)	Table 7 on page 127 indicates that hospital and outpatient clinic costs received to date this fiscal year for older offenders averaged approximately $1,887 per offender vs. $329 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 5.7 times higher than the younger offenders. While comprising only 9.4% of the overall service population, older offenders account for 37.4% of the hospitalization and outpatient clinic costs received to date. Also, per Table 8 on page 128, older offenders are represented 5.7 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $23.1K per patient per year. Providing dialysis treatment for an average of 218 patients through the Second Quarter of FY 2013 cost $2.5M. Please note that Table 9 on page 129 shows that total drug costs through the 2nd Quarter FY 2013 totaled $17.4M. Of this, $8.4M (or $1.4M per month) was for HIV medication costs, which was about 48.2% of the total drug cost. Psychiatric drugs costs were approximately $1.2M, or about 6.7% of overall drug costs. Hepatitis C drug costs were $644K and represented about 3.7% of the total drug cost. It's kind of tapered off as you will see a trend there.	Dr. Jumper asked if that was going down because she sees that it's lower than a year ago. Mr. Webb responded with yes. Dr. Murray added that it has tapered off because of the use of these new protease inhibitors. I think our health care providers have been hesitant or reluctant to begin to start people on the conventional therapy as we move into our pilot program which starts September 1st for introductory protease inhibitors into the systems. We will see that number jump up rather dramatically.	

VI. Performance and Financial Status Report (Cont'd)	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 reports an operating loss of $12.96M as reflected through the end of the 2nd Quarter of Fiscal Year 2013. Texas Tech reports that they hold no such reserves and report a total operating gain of $651,601 through the 2nd Quarter FY 2013. A summary analysis of the ending balances of revenue and payments through February 28th FY 2013, on (Table 10 on page130) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on February 28, 2012 is $155,144.70. This amount includes the payment made of $79,991.45 which is the excess amount from FY 2012 that has lapsed back to the TDCJ Unit and Mental Health Strategy C.1.7 funding category. 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 December 2012 through February 2013 found all tested transactions to be verified with appropriate back-up documentation. The testing of detail transactions performed on UTMB's financial information for December 2012 through February 2013 found all tested transactions to be verified with appropriate back-up documentation.	Mr. Webb added if I'm not mistaken, I believe that was included in the budget from the legislative session. Dr. Linthicum concurred, yes we have funding. Dr. Murray added, yes we asked for additional dollars for that.	

VI. Performance and Financial Status Report (Cont'd)	That concludes my report. Madam Chair I would like to say also it's been a pleasure for me to help support this committee for the past 6 years and it was a pleasure for me working with ya'll and that ends my report.	Dr. de la Garza-Grahm had a question on page 123. We had $6 million in indirect expense. What does that include Mr. Webb? Mr. Webb responded that there's overhead cost associated with both UTMB & Texas Tech sectors and it varies in nature. Basically there are some support services that John Sealy & Texas Tech University Health Science Center provide and it's to maintain their Correctional Managed Health Care programs within those university sectors and those funds are allocated and determined. I think we have a report that determines where those things are at. Dr. Linthicum added an example would be the General Counsel if there's litigation against the Correctional Managed Health Care program and the university lawyers are involved in looking at those losses and processing, etc. A portion of funds are allocated to the attorneys. Dr. Linthicum had a question to Madam Chair. On page 118. Under the category of out patient ER visits, it says UTMB Specialty Clinic & ER Visits. Are those ER visits specific to the TDC hospital and the specialty clinics at the TDC hospital? Mr. Webb responded yes we do account for those ER visits at the John Sealy Hospital. Dr. Linthicum added ok, then where are the UTMB ER visits outside of the hospital. Where are they captured? Mr. Webb responded that they are all in there. We identified any and all outpatient's visits in that number.	

VI. Performance and Financial Status Report (Cont'd)	Dr. de la Garza-Grahm asked if there were any questions for Mr. Webb.	Dr. Linthicum added, so that network of 90 hospitals, I don't think they are in that number. I think that is truly John Sealy, I mean TDC hospital numbers. Mr. Webb answered that at least the reports that I am getting it doesn't break that out. That's the understanding I've had all these years. Dr. Linthicum added that she thinks that is something that needs to be checked and that is something we need to track. We need to tract what is going thru the ER, thru TDCJ hospital along with the specialty clinics, and what is going thru the ER outside of the TDCJ hospital and the network. Mr. Webb said I do know that Texas Tech has its ER visits broken out. Well I mean I do see their activity because they also have hospitals they use for ER visits. Dr. Murray added that the numbers here really look like our clinic volume. Since there is no emergency room in the prison hospital we have our triage room which we don't charge for. There is the occasional use of the John Sealy ER where our patient may become trauma or we have acute presentation. These numbers really reflect our specialty care. Mr. Webb added that he has seen in their report around 200 ER visits. More discussion was had between Dr. Linthicum, Dr. Murray, Mr. Webb & Dr. Berenzweig on ER issues and numbers reported.	

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 asked everyone to turn Tab D in your agenda. I'm pleased to report the TDCJ Director III, Office of Mental Health Monitoring & Liaison has now been filled. A decision memorandum is being processed for our Licensed Vocational Nurse in the Office of Professional Standards. That's just a back fill of a nursing position that went to another area in our division. We have two Investigators in the Patient Liaison Program. These positions are unit assigned. One is at the Stiles Unit and one at Jester IV. The Stiles investigator has been selected and the Jester IV position is awaiting approval from Business & Finance. That ends my report. Dr. de la Garza-Grahm asked if there were any questions. Dr. Jumper was reporting TTUHSC position vacancies in the absence of Dr. DeShields.	Dr. de la Garza-Grahm asked after how long? Dr. Linthicum responded that May 31st marked 1 year since Dr. Montrose retired. The new director is Dr. Linda Knight, she's a PHD. She has had some employment in the past with the Texas Juvenile Justice System. Prior to coming to us she worked with the mental health system in Brazos County and has also worked with several county mental health departments and her first day was yesterday. Dr. de la Garza-Grahm asked where her office is physically. Dr. Linthicum responded that it's in Huntsville at the Health Services Administration offices. She's officed with us. And by the way Madam Chairman we will be making you a small office area in our area for the committee. You will have space to work out of.	

VII. Medical Director's Updates **- Critical Vacancies** - **Cynthia Jumper, M.D. (TTUHSC)**	Dr. Jumper presented for Texas Tech. The largest one remains the PAMIO Medical Director. It's been vacant since 2009. We just received approval by our board of reagents to have a recruiting firm help us fill this position. We've had two interviews. One declined and one is still pending consideration. We are also advertising locally, nationally and using the recruiting firm for the Staff Psychiatrists & Medical Director positions.		
- **Owen Murray, D.O. (UTMB)**	Dr. de la Garza-Grahm then called upon Dr. Murray to present UTMB's vacancies. Dr. Murray stated that they have consistently had Physicians, Mid Level Practitioners and Dental vacancies that are ongoing recruits. But the bigger issue that I did bring up with Dr. Linthicum and Jerry is our nursing shortage at Estelle, we're down some 25 FTE's. We're filling those positions with an agency, but you know in a $5 million agency budget we are going to end up using $1.2 to $1.3 million of that just at that facility alone. We are going to work on some strategies that we have in the past where we have had some difficulty recruiting various types of professionals in specific geographic areas. It was a fact that even in the Huntsville area you run out of agency staff. There's enough health care work and there's enough people looking for that labor pool that over time, we struggle with that. We have a lot of high acuity patients there, we have our dialysis unit is there and we're looking to expand some programs. I certainly will be reporting back in on what Estelle looks like and hopefully with some success in actually bringing some people permanently into the facility. Dr. de la Garza-Grahm asked if there were any other comments and then called on Dr. Linthicum for the TDCJ Health Services Medical Directors' Update.		

VIII. Medical Director's Updates **-Lannette Linthicum, M.D. (TDCJ)** - **Operational Review Audit**	Dr. Linthicum responded with yes, if you would turn to Tab E. My report will cover the 2nd Qtr monitoring of FY2013 for the months of December 2012, January, and February, 2013. During that quarter there were 10 Operational Review Audits conducted at Briscoe, Choice Moore, Cole State Jail, Cotulla, Gurney, Kegans State Jail, Lockhart, Lychner State Jail, Michael, and the Skyview. Also during that quarter we closed 12 Operational Reviews and the corrective actions were closed out on 12 facilities which are listed there on page 134. The items most frequently out of compliance are outlined there again. We continue to see deficiencies in our public health program which the nurses are called Coordinators of Infectious Diseases. A lot of the issues that we have been experiencing have been related to the reductions in force and loss of nursing staff. We recently made a staffing change to hire a regional or assistant office nurse manager to oversee the CID Nursing Program. We are very hopeful that this position will help bring some continuity back into that program and we'll start to see some better compliance. So the first issue involved offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record completed. Nine of the ten facilities were not in compliance with this requirement. The noncompliance is discovered by the TDCJ Office of Public Health. TDCJ Health Services has a public health technician that assists the units with the reporting requirement to the Department of State Health Services. The next area requires documentation that three Hemoccult cards were collected from offenders 40 years of age or greater, or that they refused the screening test, within 60 days of their annual date of incarceration. Seven of the ten facilities were not in compliance with this requirement. Item 1.100 requires interpreter services to be arranged and documented in the medical records for monolingual Spanish-speaking offenders. Six of the ten facilities were not in compliance with this requirement.		

VIII. Medical Director's Updates (Cont'd.)	The next item requires intra-system medical transfers returning to the facility from an inpatient infirmary, hospital or emergency room. They have to have a physician or mid-level practitioner review and sign the HSN-1 within 48 hours Sunday through Thursday, and 72 hours Friday through Saturday for returning offenders. Six of the ten facilities were not in compliance with this requirement. The next area requires intra-system medical transfers returning to the facility to have a Health Information Classification form (HSM-18) updated whenever an offender returns from an offsite specialty clinic, infirmary, or hospital for whom there are changes in medication orders, treatment plan, housing assignment, or disciplinary restrictions. Six of the ten facilities were not in compliance with this requirement. Most of these areas that are not in compliance are related to the two reductions in force that impacted nursing in particular. I'm very pleased that in the upcoming biennium 2014 & 15 exceptional items were funded to restore some of this unit staff. Hopefully if we can get the salaries at a market level to recruit, we should see some improvement as most of the money is earmarked for nursing to restore some of the nursing positions.		
- Capital Assets Monitoring	Capital assets monitoring, the fixed assets audit, the same ten units were audited for operational review and were within the required compliance range.		
- Urgent Care Audit Dental	We also have a dentist, Dr. Hirsch to do the Dental Quality Review audits. During the 2nd Quarter FY2013, sixteen facilities were audited and are listed at the top of page 136. The items found to be most frequently below 80 percent are Items 1, 2, 4, 20, 25 & 31 and are also listed and will let you read them at your leisure.		
- Grievances and Patient Liaison	Dr. Linthicum continued with the Office of Professional Standards. There are two programs in that office, the Offender Grievance Program at Step II, and Patient Liaison Program. The Patient Liaison Program really functions like		

VIII. Medical Director's Updates (Cont'd.)	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. Anybody can write into that program if they have a complaint and of course we get the necessary information and answer their complaints. A lot of the requests come thru the committee and are referred to the Patient Liaison Program. During the 2nd Quarter of FY2013, the Patient Liaison Program and the Step II Grievance Program together received 3,211 correspondences. The Patient Liaison Program received 1,653 correspondences and Step II Grievance Program received 1,558 grievances. As a result of us investigating there were 352 Corrective Action Requests generated. UTMB and Texas Tech combined had a sustained percentage of offender grievances that was at 6%. Performance for UTMB was 9% and Texas Tech was 9%.		
- **Quality Improvement (QI) Access to Care Audits**	Next is the Quality Improvement Access to Care Audits, are what we call the Sick Call Request Verification Audits. These are audits that are done to ensure Access to Care in the Correctional Managed Health Care Statue 501.150. The department has to insure access to care. The audits are conducted by nurses and patient liaison investigators in the Office of Professional Standards that go out to the units and verify sick call requests and make sure they are seen. A random sample of Sick Call Requests was also audited by the Office of Professional Standards staff. A total of 34 Sick Call Request Verification audits were conducted on 33 facilities. The reason why that number is a little above the number of facilities because on some units the high security or expansion cell block areas are counted as a separate audit. Out of the 33 facilities, only 8 indicators fell below the 80 percent. We will request corrective actions and will monitor the facilities until they are in compliance.		
- **Office of Public Health**	The Office of Public Health monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the offenders within TDCJ. The data is reported by the facilities for 11 infectious diseases including Syphilis, Hepatitis C Virus (HCV), Human		

VIII. Medical Director's Updates (Cont'd.)	Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures. There were 706 cases of Hepatitis C identified for the Quarter FY2013, compared to the 740 cases identified during the 1st Quarter. We had 204 cases of suspected Syphilis were reported during the 2nd Quarter FY2013, compared to 230 in the 1st Quarter in FY2013. 177 Methicillin-Resistant Staphylococcus Aureus cases, and 25 active Tuberculosis cases compared to 21 during the 1st Quarter of FY2013. HIV testing became mandatory for pre-release in September 2005. During 2nd Quarter FY2013, 18,012 offenders had intake tests, and of that number 110 are newly identified as having HIV infections. For the 1st Quarter FY2013, 18,069 offenders had intake tests, and 148 were HIV positive. During the 2nd Quarter FY2013, 11,578 offenders had pre-release tests; three were HIV positive compared to seven in the 1st Quarter FY2013. There were14 new AIDS cases identified during the 2nd Quarter FY2013, compared to 23 new AIDS cases in the 1st Quarter FY2013. Also, we have in the Office of Public Health, a SANE Registered Nurse (Sexual Assault Nurse Examiner). Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides in-service training to facility providers and staff in the performance of medical examination, evidence collection and documentation, and the use of sexual assault kits. During the 2nd Quarter FY2013, there were nine training sessions held and 163 medical staff received training. There were 205 charts reviewed of alleged sexual assaults for the 2nd Quarter FY2013. There were no deficiencies found. There were 46 blood borne exposure baseline labs drawn on exposed victims and there were zero conversions as a result of sexual assault.	Dr. de la Garza-Grahm asked does that mean that when they came they were negative? Dr. Linthicum responded maybe, but we do monitor conversions and it could be that they were never tested.	

VIII. Medical Director's Updates (Cont'd.)	We have a nationally recognized Peer Education Offender Program. During the 2nd Quarter FY2013 we had three of the six Eleventh Annual Peer Education Health Conferences held in the month of February 2013. The conferences for offenders are to gain more knowledge about infectious diseases that are important in TDCJ and in the communities from which they come. It's like in-service. Currently, at the close of the 2nd Quarter we have 100 of 111 facilities with active peer education programs. During the 2nd Quarter of FY2013, 139 offenders trained to become peer educators. This is an increase from the 95 offenders trained in the 1st Quarter FY2013. During the 2nd Quarter FY2013 there were 16,516 offenders attended classes presented by educators. This is a decrease from the 1st Quarter of FY2013 of 16,813 offenders attended classed presented by educators.		
- Mortality and Morbidity	The Joint Mortality and Morbidity Committee during the 2nd Quarter FY2013 reviewed 125 deaths and of those 21 were referred to per review committees as you can see at the chart at the bottom of page 138.		
- 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 databases during the 2nd Quarter FY2013, 18 Ad Seg facilities were reviewed for 4,583 offenders who were received into Intermediate Sanction Facilities. Of that number 1,107 of them were interviewed and 5 offenders were referred to the university providers for further evaluation. Access to Care #4 met 100 percent compliance for the 18 facilities. Access to Care #5 met 100 percent compliance for the 18 facilities that received Sick Call Requests from offenders in Ad Seg. All 18 facilities were 100 percent compliant for Access to Care #6. Four inpatient mental health facilities: Clements, Jester IV, Montford, and Skyview were audited to ensure that all incidents of compelled psychoactive medication were documented on the Security Use of Force Log. All		

VIII. Medical Director's Updates (Cont'd.)	facilities were 100 percent compliant. The 24 intake facilities were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification. 18 facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were 5 facilities that did not meet 80 percent compliance. Corrective action plans were requested from these 5 units and have been received. The Office of Mental Health Services Monitoring & Liaison reviewed 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 precludes participation. In the 2nd Quarter FY2013, 8 offenders were reviewed and all 8 of them were allowed to participate in the BAMBI Program.		
- **Office of Health Services Liaison**	The Office of Health Services Liaison office which is an office of registered nurses. They are responsible for intake entities for TDCJ from all county jails, all offenders with special medical needs. In addition, they do auditing and monitoring of offenders discharged from hospitals and infirmaries in the TTUHSC and UTMB sectors. In the 2nd Quarter FY2013 they conducted 157 hospitals and 52 infirmary discharge audits. Of the 157 hospital discharge audits conducted, 139 were from the UTMB sector and 18 were from the TTUHSC sector. There were 35 deficiencies identified for UTMB and 3 identified for TTUHSC. There were 10 deficiencies identified from UTMB and 11 for TTUHSC.		
- **Accreditation**	The American Correctional Association Winter Conference – Congress of Corrections was held in Houston, Texas January 25-30, 2013. During this conference, the following units were awarded ACA Re-Accreditation: Havins, Boyd, Hamilton, Pack, Powledge, Tulia and Neal.		

VIII. Medical Director's Updates (Cont'd.) - **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, 4 Correctional Institutions Div. monthly research projects, 2 Health Services Div. Active monthly medical research projects and 8 Health Services Div. Pending medical research projects on page 140. Madam Chairman that ends my report. Dr. de la Garza-Grahm thanked Dr. Linthicum and asked if anybody had any questions. Madam Chair now called upon Dr. Jumper for the Medical Directors update.		
- **Cynthia Jumper, M.D. (TTUHSC)**	Dr. Jumper responded with we have nothing else to add besides what is in the report. Dr. de la Garza-Grahm then asked Dr. Murray.		
- **Owen Murray, D.O. (UTMB)**	Dr. Murray stated that as everybody already knows, due to TDCJ's budget there was a necessity to close a couple of facilities that affect UTMB, the Dawson facility run by CCA. We were up there Monday and met with the staff and unfortunately given its locality, we only have the Hutchins State Jail reasonably close by and there are no vacancies. We are definitely going to move the women to San Saba and Marlin and we will move some of those FTE's to support that gender change at those facilities and those additional patients but ultimately we can't accommodate the displaced staff in a geographically way to make sense to them. We met with them yesterday and again given the visibility and how long it's been discussed over the last several months, I think everyone was prepared and expecting that. The people who are from Dallas understand the Dallas community and know the direction they want to go in the area. And there were a couple people that were obviously concerned about their retirement and looking for ways to maintain their UTMB employment. We will do our best to work with them and short of that we have their commitment that they would stay on. That was one of the concerns was that these people would depart and		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	it would become more of a struggle for us to retain a health care presence up there. But I was very reassured by the staff they were there to remain committed to the patients and to the mission until the end of August. It was good, but its unfortunate but that facility it itself has been a challenge structurally by a gender prospective and again from a management standpoint things will be a little bit easier to relocating these patients to different facilities. So I report that and there is nothing really additional to report. Dr. de la Garza thanked Dr. Murray.		
IX. Performance Status Report	Tab G is for information only. No one presented the Performance Status Report		
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.		
XI. Date / Location of Next Meeting **- Margarita de la Garza-Grahm, M.D.** **XI. Adjourn**	Dr. de la Garza-Grahm next noted that the next CMHC meeting will be announced at a later date. Dr. de la Garza-Grahm asked if there were any other questions or comments. Hearing none adjourned the meeting.		

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

9/31/13
Date: