CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 16, 2015

Chairperson:	Margarita de Ia Garza-Grahm, M.D.
CMHCC Members Present:	Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Edward John Sherwood, M.D.
CMHCC Members Absent:	Mary Annette Gary, Ph.D., Elizabeth Anne Linder, Ed.D., Ben Raimer, M.D., Cynthia Jumper, M.D.
Partner Agency Staff Present:	Bryan Collier, Ron Steffa, Oscar Mendoza, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Robert Williams, M.D., William Stephens, Rebecka Berner, Chris Black-Edwards, Paula Reed, Texas Department of Criminal Justice; Beverly Echols, Susan Morris, M.D., Stephen Smock, Kelly Coates, Justin Robison, Owen Murray, DO., Monte Smith, DO., Joseph Penn, MD., Gary Eubank, Billy Shelton, Ph.D., UTMB.
Location:	UTMB Conroe Offices, 200 River Pointe Dr., Suite 200, Conroe, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order -Margarita de Ia Garza-Grahm	Dr. de Ia Garza-Grahm called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was not 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 Ia Garza-Grahm	Dr. de Ia Garza-Grahm acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.		
III. Approval of Consent Items - Margarita de Ia Garza-Grahm	Dr. de Ia Garza-Grahm thanked and welcomed everyone for being in attendance. Dr. de Ia Garza-Grahm announced that Dr. Edward John Sherwood and Dr. Steffanie Campbell would be leaving the committee, and that the Governor's Office would be working on selecting new appointees to fill their positions as committee members.		
o Approval ofExcused Absences	Dr. de Ia Garza-Grahm noted there were no absences to report from the April14, 2015 meeting.		

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III. Approval of Consent Items (Cont.) o Approval ofCMHCC Meeting Minutes - April14, 2015 o Approval of TDCJ Health Services Monitoring Report o University Medical Director's Reports - UTMB - TTUHSC o Summary of CMHCC Joint Committee/ Work Group Activities	Dr. de la Garza-Grahm stated that consent items would be deferred until the September 22, 2015 CMHCC meeting due to a quorum not being present.		
IV. Update on Financial Reports - Charlene Maresh	Dr. de Ia Garza-Grahm called on Charlene Maresh to present the financial report. Ms. Maresh reported on statistics for the Second Quarter of Fiscal Year (FY) 2015, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50. Funding received by the universities was $268.7 million dollars . The report shows expenditures at $284.4 million dollars broken down by strategies. Unit and psychiatric care expenses make up the majority of health care costs at 53.5% percent, for a total of $152.2 million dollars. Hospital and clinical care accounts for 35.9% of total expenditures at a cost of $102 million.		

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IV. Update on Financial Reports (Cont.)	Phannacy services makes up 10.6 % of total health care expenditures at a cost of$30.2 million dollars. As of the second quarter of FY 2015, the average service population is 149,424. This is a slight decrease from the FY 2014 Second Quarter. The offender population age 55 and over continues to grow with an increase of 5.6% from FY 2014. The average daily census is 15,974 making up 10.7% of total service population and accounts for 40.2% percent of total hospital costs. The average mental health inpatient census is 1,865 of the total service population. The average mental health outpatient census is 22,430 of the total service population. The average health care cost is $10.51 per offender, per day, which is a 2.9% percent increase from FY 2014 which was $10.21. Ms. Maresh further reported that a shortfall of$15.6 million was seen accounting for the $11.6 million of 2015 funding that was used to cover 2014's shortfalL This brought the total shortfall through the 2nd quarter to $27.2 million. Total projected expenses submitted by the universities for FY 2015 project a shortfall of $47.5 million. Subject to the Governor's signature House Bill 2 will cover the projected shortfalL Dr. de Ia Garza-Grahm thanked Ms. Maresh and announced that in the interest of time, the personnel vacancy would not be discussed. Dr. de Ia Garza-Graham then called upon Dr. Linthicum to begin the presentation of the Medical Director's Report.		
V. Medical Director's Updates	Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to g_ain compliance. During the Second Quarter of		

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V. Medical Director's Updates (Cont.) • TDCJ- Health Services Division FY 2015 Second Quarter Report - Lannette Linthicum, MD o Operational Review Audit o Capital Assets Monitoring o Dental Quality Review Audit o Grievance and Patient Liaison Correspondence o Quality Improvement (QI) Access to Care Audit	FY 2015, (December, January, February), Operational Review Audits (ORAs) were conducted on eight facilities: Beto, Coffield, Dominguez, Estelle, Ney, South Texas ISF, Stiles, and Torres. There were also ORAs closed during this quarter for 10 facilities: Cleveland, Dominguez, Ney, Ramsey, Roach ISF, San Saba, Smith, Stringfellow, Torres, and Vance. Dr. Linthicum referred to the 10 items found to be most frequently below 80 percent compliance. Dr. Linthicum next reported that the same eight units listed above were audited and determined to be in compliance range for capital assets. Dr. Linthicum explained that Dental Quality Review audits were conducted at the following two facilities: South Texas Intermediate Sanction Facility (ISF) and Bridgeport Pre-Parole Transfer Facility (PPT). Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance. Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Second Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 3,678 correspondences. The PLP received 2,019 correspondences and Step II Medical Grievance received 1,659. There were 396 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were nine percent and nine percent forTTUHSC. Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 28 Sick Call Request Verification Audits conducted on 27 facilities. A total of252 indicators were reviewed and 34 of the indicators fell below 80 percent compliance. Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 630 cases of Hepatitis C identified		

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V. Medical Director's Updates (Cont.) o Office of Public Health	for the Second Quarter FY 2015. There were 17,570 intake tests and 129 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2015, 16,543 offenders had intake test and 115 were HIV positive. Four new Acquired Immunodeficiency Syndrome (AIDS) case was identified in the Second Quarter FY 2015 compared to five new AIDS cases identified during the First Quarter FY 2015. 212 cases of suspected Syphilis were reported in the Second Quarter FY 2015. 18 of those required treatment or retreatment. 187 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2015. Dr. Linthicum advised that there was an average of 24 Tuberculosis (TB) cases under active management for the Second Quarter FY 2015. Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Second Quarter FY 2015, 11 training sessions were held and 66 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 152 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 61 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault. Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 17,573 offenders attended classes presented by	Dr. de la Garza-Grahm asked if the MRSA cases reported were new cases. Dr. Linthicum replied, yes.	

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V. Medical Director's Updates (Cont.)	educators, this was a decrease from the First Quarter FY 2015 of 19,426. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 155 offenders trained to become peer educators. This is an increase from the 142 offenders trained in the First Quarter FY 2015.		
o Mortality and Morbidity	Dr. Linthicum reported that there were 83 deaths reviewed by the Mortality and Morbidity Committee during the Second Quarter of FY 2015. Of those 83 deaths, 5 were referred to peer review committees for further review.		
o Office of Mental Health Monitoring & Liaison	Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 15 facilities. 3,431 offenders were observed 2,886 were interviewed and 5 offenders were referred to the university providers for further evaluation. One of the 14 facilities fell below 100 percent compliance while the remaining 13 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 13 facilities. One facility fell below 100 percent compliance. Four inpatient mental health facilities were audited with respect to compelled medications. 59 instances of compelled psychoactive medication administration occurred. Clements, Jester IV, and Skyview were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Montford unit briefly fell below compliance, but quickly resolved all issues bringing all four facilities to 100 percent compliance. There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 18 facilities that met or exceeded 80 percent compliance. Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. 15 offenders were reviewed and 14		

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V. Medical Director's Updates (Cont.)	were allowed to participate.		
o Office of Health Services & Liaison	The Office of Health Services Liaison (HSL) conducted 103 hospital and 22 infirmary discharge audits. UTMB had 17 deficiencies identified and TTUHSC had zero deficiencies identified for the hospital discharge audits. UTMB had nine deficiencies identified and TTUHSC had 13 deficiencies for the infirmary discharge audits.		
o Accreditation	Dr. Linthicum reported that there were 11 units reaccredited by the American Correctional Association (ACA).		
o Biomedical Research Projects	Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services. Dr. Linthicum also announced that Chris Black-Edwards , Office of Public Health had been selected for the position of Director of Nursing Administration , TDCJ Health Services Division.		
• Texas Tech University Health Sciences Center - Denise DeShields, MD	Dr. de la Garza-Grahm thanked Dr. Linthicum. Due to inclement weather Dr. DeShields was unable to attend and the Texas Tech University Health Sciences Center (TTUHSC) Medical Director's Report will be deferred to the September 22, :?015 CMHCC meeting.		
• University of Texas Medical Branch - Owen Murray, DO	Dr. de la Garza-Grahm then called on Dr. Murray to present the report for UTMB . Dr. Murray announced that the Director of Hospital Administration position had been filled by Marjorie Kovacevich, a current employee ofUTMB who has over 20 years of experience within the university, and she is scheduled to begin on July 1, 2015. Dr. Murray reported that the need for additional staff was still an issue and that reports were presented to officials during the Legislative Session to help improve the staffing shortage.		

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V. Medical Director's Updates (Cont.)	Adjustments to base salaries were requested and Legislators did agree to increase appropriations to maintain current service levels and market adjustments of 5% each year. A request to replace staff lost from the previous reduction in force was submitted but not approved by Legislators. Dr. Murray reported that even though requests for additional capital was also not approved, there will still be enough funding left from FY 2014 and 2015 to replace necessary equipment on facilities and continue investments into electronic medical records (EMR) and telemedicine programs. A request for a five percent pay increase for FY 2016 and 2017 was also requested and the Legislature did agree to provide the funding. Nursing was one of the main focuses when the request for the additional pay increase was proposed to Legislators. A 15 percent vacancy rate for nursing is being seen in some facilities. If this continues this would cause infirmary beds and some programs to be closed. Dr. Murray reported that approximately $15 million is spent on agency overtime.	Dr. de la Garza-Grahm asked how the decision is made on what equipment will be replaced and how funding will distributed. Dr. Murray replied that UTMB management works closely with TTUHSC to determine which machines are in their last working phases. Those would be considered priority when replacing equipment. Capital funding was focused towards the EMR system and its programs. The EMR allows all three agencies to document the quality of care being provided to offender patients and allows the information to be visible by all three entities so that they are able to work together collectively.	

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V. Medical Director's Updates (Cont.)	**Dr.** Murray explained that when looking at larger infirmary facilities, and specialized dialysis programs, a secondary plan will need to be developed alongside the l 0 percent salary increase, and agency overtime this will allow UTMB to be more competitive in the health care market and assist in the recruiting of health care staff.		
VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update - Robert Williams, MD	Dr. de Ia Garza-Grahm then called on Dr. Robert Williams, Deputy Director of Health Services Division, TDCJ and Co-Chair, of the CMHCC Joint Morbidity & Mortality (M&M) Review Committee. Dr. Williams begin by introducing his co-presenters and explained the breakdown of the committees they chaired. Dr. Williams reported that he and Dr. Monte Smith co-chair the CMHCC Joint M&M Review Committee and that the committee is a subcommittee of the CMHCC. Dr. Billy Shelton chairs the Joint Suicide M&M Subcommittee. Dr. Williams reported that both Federal and State Laws govern the management of offender deaths, Federal Law H.R. 1447, Death in Custody Reporting Act of 2013, and Government Code 501, Inmate Welfare, Section 501.055, "Reporting oflnmate Death." Dr. Williams reported on the three categories of offender deaths that are seen within the agency; suicides, non-suicide deaths, and executions in which the committee has no involvement with executions. There were a total of 412 non-execution deaths that took place in 2014, 31 suicides, 377 natural deaths, and 3 accidents, for an average of about 31 deaths a month. Dr. Williams explained the process that takes place after an offender death. An Initial Death Review (IDR) is conducted by a TDCJ quality monitoring physician within one to five	Dr. de la Garza-Grahm asked who was involved in the execution process. Dr. Williams responded that the execution process is handled by the TDCJ Correctional Institutions Division.	

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VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)	days of the offender's death, it is then assigned to a member of the CMHCC Joint M&M Review Committee within 90 days depending on availability of the autopsy. If there is no autopsy or the autopsy is completed in less than 90 days, the case is immediately assigned to be reviewed in the upcoming CMHCC Joint M&M Review Committee meeting. In the event that an autopsy has been pending over 90 days, it is also assigned to be reviewed by the committee to ensure that the case is being reviewed and not being held up by pathology. Dr. Williams explained that the purpose of the IDR is to make sure that TDCJ Leadership, as well as Correctional Managed Health Care are aware of any issues that need to be addressed in a timelier manner before they go before the CMHCC Joint M&M Review Committee. In some cases there are some findings that may require further action or	Dr. Sherwood inquired as to who performs the autopsies. Dr. Williams responded that Tarrant County performs most of the autopsies in the West Texas area and UTMB covers the majority of those that occur on the eastern side of the state. On occasion, an autopsy is performed by Harris or Beaumont Counties because the Justice of the Peace has the authority to order an autopsy to be done by a specific service. Dr. Sherwood asked if there were any issues with the quality of work performed when the Justice of the Peace orders for the autopsy to be completed by a different servicer. Dr. Williams responded that the deaths are still tracked by the CMHCC Joint M&M Review Committee to determine if the death clinically makes sense and coincides with the autopsy information. If the committee feels that the information does not coincide with the autopsy information, they follow up with the servicer that performed the autopsy.	

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VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)	review (i.e., unexpected death, deviation from standard of care, if the death involved a high profile offender, if a complaint had been filed within the past year that may have been related to the suspected cause of death, if a potentially inflammatory situation took place or if the death or injury occurred in transient status.) If indicated, immediate action may be taken and an audit or peer review may be performed depending on how severe the issues are, rather than waiting until the entire M&M review process is completed. Dr. Williams then turned the presentation over to Dr. Smith.		
- Monte Smith, DO	Dr. Smith began by explaining that the CMHCC Joint M&M Review Committee includes members from TDCJ, UTMB and TTUHSC. The committee consist of 17 members (i.e., 11 physicians, 2 mid-level practitioners, and 4 nursing representatives). Dr. Smith reported that the CMHCC Joint M&M Review Committee convenes monthly and then explained details of the M&M worksheets that are used by the committee to help better understand what may have led to the death of an offender. The information that is provided on the M&M worksheets help the committee in determining if the case needs to be referred to peer review, allied health professionals or an additional committee for further review. Dr. Smith referred back to the question asked earlier during the presentation regarding the action that is taken if any inconsistencies are found between the clinical history and autopsy findings. If this occurs, a review or discussion would take place to go over the fmdings. Dr. Smith reported that depending on the findings, further review can be requested. The case may be sent to Quality Review or Formal Peer Review for the issues of concern to be addressed further. Following a Quality Review, the university submits a report of its findings and actions taken regarding the issue to the committee, and the response is reviewed by the TDCJ Health Services Division Deputy Director and Co-Chair of the CMHCC Joint M&M Review Committee. If a Formal Review is required, the university		

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VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)	submits a report stating that a formal review has been conducted and indicates if the case was referred to the respective licensing board. In addition, each university also reports the total number of cases submitted to Formal or Peer Review and a summary of actions to the TDCJ Health Services Division Director annually. Dr. Smith concluded and turned the report over to Dr. Billy Shelton.		
- Billy Shelton, PhD	Dr. Shelton reported that when a suicide occurs, every aspect is thoroughly reviewed by every level of TDCJ and health care. It is assigned to several review panels for review and, an Initial Death Review is conducted by a TDCJ quality monitoring physician. Concurrently, an IDR is conducted by a TDCJ mental health professional. Additionally, each suicide is reviewed by a university mental health provider. All of these reviews are conducted within one to five days of the offender's death and each suicide is reviewed by a mental health quality council within 60 days of the occurrence. Peer review also takes place at this time where not only the suicide is reviewed but also events leading up to the suicide, and the offenders medical records are reviewed. Quality of care and policies are reviewed to ensure they were being followed. If there are any fmdings of deviation it is addressed. Dr. Shelton further reported that each offender suicide is reviewed by a multi-disciplinary TDCJ Suicide Task Force and the CMHCC Joint Suicide M&M Subcommittee within 60 days of the occurrence. Dr. Shelton explained that extensive data about the offender's medical and mental health history can be found on the TDCJ Offender Initial Death Review Forms. In the event that a finding is seen in the Initial Suicide Review such as failure to comply with policy, apparent deviation from standard of care, or if the suicide occurred while in transient status, in an inpatient psychiatric facility, or while the offender was under Constant and Direct Observation (CDO), a plan of correction is issued		

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VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)	immediately. Dr. Shelton referred to the TDCJ Suicide Prevention Task Force outlining its members and the large variety of TDCJ management that complete its makeup. Dr. Shelton explained that each member conducts their own review of the suicide and brings the information to the committee where ideas are openly shared. These reviews take place monthly. Dr. Shelton reported that a Suicide Prevention Retreat is held once a year and members come together to review suicide data and methods that are learned during the year are implemented to help reduce the number of suicides. Dr. Shelton listed the members of the CMHCC Joint Suicide M&M Subcommittee and reported that a Psychiatrist, Senior Psychologist, and PhD Psychologist from all three representing agencies are present during each meeting. CMHCC Joint Suicide M&M Subcommittee meetings are held immediately after the Suicide Prevention Task Force meeting where fmdings and recommendations and trends are discussed. Dr. Shelton explained the CMHCC Joint Suicide M&M Subcommittee, comparing its functions to those of the CMHCC Joint M&M Review Committee and explained details of the worksheet used to answer questions of the patient's mental history. Dr. Shelton shared that peer review can be requested to discuss findings, but in most instances, the findings have already been addressed prior to the meeting and a plan of correction has already been implemented. Dr. Shelton reported that the CMHCC Joint M&M Review Committee and the CMHCC Joint Suicide Subcommittee interact with one another to identify medical concerns where they are then referred to the TDCJ Health Services Division's Deputy Director for review. Dr. Shelton turned the presentation back over to Dr. Williams.		

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VI. **Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)** - Robert Williams, MD	Dr. Williams explained that currently a database 1s maintained by each agency TDCJ, UTMB, and TTUHSC. A new database in currently underway that will facilitate uniform reporting between all three agencies allowing them to share and view data that is inputted into the database eliminating duplicate data entry. The database will enable more thorough statistical analysis and will give users the option to download selected information that will be able to be analyzed. Dr. Williams shared that input was received from the mental health professionals focusing on the parameters that they wanted to be able to follow and analyze. In closing Dr. de la Garza-Grahm again announced that Dr. Sherwood would be resigning from the CMHCC	Dr. Linthicum asked for an example to be given of how the new database will be able to give information for example, how many suicides occur in a single cell setting. Dr. Williams replied details such as the time of day that suicide risks are higher will be able to be tracked using the new database. Dr. Berenzweig asked if an idea could be given on the approximate percentage of those who committed suicide, but showed no signs of prior suicidal behavior and had not been diagnosed with any mental illness. Dr. Shelton responded that approximately one-third of these instances are seen within the offender population. Dr. Sherwood asked if there would be access to epidemiology expertise when working with the new database. Dr. Murray answered yes, contracts are held with Community Medicine Preventive Health and it provides two full time employees who are clinical epidemiologists.	

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	Committee and asked Dr. Linthicum to present him with a plaque of appreciation for the time he served on the committee.		
IX. **Public Comments**	Dr. de Ia Garza-Grahm noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.		
X. Adjourn	Dr. de la Garza-Grahm thanked everyone for attendance and adjourned the meeting at 11:05 a.m.		

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

9-22-15
Date: