

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items</p> <p>- Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 16, 2016 - Approval of TDCJ Health Services Monitoring Report - University Medical Director’s Reports <ul style="list-style-type: none"> - UTMB - TTUHSC - Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham noted approval of the excused absence for Dr. Ben Raimer, and Dr. Annette Gary due to scheduling conflicts.</p> <p>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the Minutes from the meeting held on June 16, 2016.</p> <p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director’s Reports.</p> <p>Dr. de la Garza-Graham noted the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		
<p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Charlene Maresh 	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Third Quarter of Fiscal Year (FY) 2016, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 47.</p> <p>Funding received by the universities was \$447.8 million dollars during the Third Quarter.</p>		<p>Dr. Raimer made motion to approve and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>

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<p>IV. Update on Financial Reports (Cont.)</p>	<p>The report also shows expenditures broken down by strategies.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 51.2% percent, for a total of \$245.5 million. This strategy shows a surplus of \$4.4 million through the Third Quarter.</p> <p>Hospital and clinical care accounts for 38.6% of total expenditures at a cost of \$184.7 million. This strategy showed a shortfall of \$31.7 million through the Third Quarter.</p> <p>Pharmacy services makes up 10.2% of total health care expenditures at a cost of \$48.9 million, with a shortfall of \$4.1 million.</p> <p>Total expenditures during the Third Quarter were \$479.1 million, resulting in a shortfall through the Third Quarter of \$42.6 million dollars.</p> <p>As of the Third Quarter of FY 2016, the average service population is 146,987.</p> <p>The offender population age 55 and over had a slight increase with an average daily census through the Third Quarter of 16,742. This population makes up about 11.4 % of the overall population and accounts for 43% of total hospital cost.</p> <p>The average health care cost is \$11.90 per offender, per day, which is an increase from \$10.75 for FY 2015.</p> <p>The average mental health inpatient census is 1,829 of the total service population. The average mental health outpatient census is 22,941 of the total service population.</p> <p>The projected expenditures submitted by the universities for FY 2016 is \$642.6 million, resulting in a projected shortfall of \$55.8 million dollars.</p>		

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IV. Update on Financial Reports (Cont.)	<p>Ms. Maresh then presented the committee with a draft format report of trending health care data per the request of the committee during the previous CMHCC meeting. The report provided an overview of funding spent within the health care strategies from FY 2010 through FY 2015, including projected expenses for FY 2016. The information was broken down by strategy as appropriated in the general appropriations act.</p>		
V. Summary of Critical Correctional Health Care Personnel Vacancies	<p>Dr. de la Garza-Graham thanked Ms. Maresh and called on Dr. Robert Williams to begin the presentation of the TDCJ's Critical Personnel Vacancies on behalf of Dr. Linthicum.</p>		
<ul style="list-style-type: none"> - Dr. Robert Williams, on behalf of Dr. Lannette Linthicum 	<p>Dr. Williams reported that there were two masters level Health Specialist V positions vacant within the Office of Mental Health Monitoring and Liaison.</p> <p>Dr. Williams noted that an offer had been extended to the selected applicant for the position of Director III within the Office of Mental Health Monitoring and Liaison.</p> <p>Dr. Williams reported that the position of Director II within the Office of Public Health had been reposted.</p> <p>Dr. Williams reported that the position of Investigator III was vacant at the Hilltop Unit. The position had closed and interviews had been scheduled.</p> <p>Dr. Williams noted there were two Investigator II positions vacant at the Montford Unit. The Health Services Division has requested approval to relocate these positions.</p> <p>Dr. Williams further reported that the vacant position of Manager IV within the Office of Health Services Liaison had been posted.</p>		
<ul style="list-style-type: none"> - Dr. Denise DeShields 	<p>Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC's critical vacancies.</p> <p>Dr. DeShields reported that an applicant had been selected to fill the Medical Director position located at the Dalhart Unit and would be starting in the month of October.</p>		

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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <ul style="list-style-type: none"> - Dr. Owen Murray 	<p>Dr. de la Garza-Graham then called on Dr. Owen Murray to report on UTMB’s critical vacancies.</p> <p>Dr. Murray reported that UTMB is very mid-level dependent and the mid-level salaries much like nursing have outpaced the market. Dr. Murray believes going forward, more of a struggling trend will be seen unless some help is given during the legislative session to begin to move mid-level salaries forward.</p> <p>UTMB has been working alongside Dr. Linthicum on trying to switch some of these vacancies to telemedicine which would give a better opportunity to hire individuals into mid-level positions. However, historically those who have been hired in these types of positions have had long standing history practicing inside the prison systems, but ultimately, the strategy of telemedicine may have to be embraced.</p>		
<p>VI. Medical Director’s Updates</p> <ul style="list-style-type: none"> - Dr. Robert Williams, on behalf of Dr. Lannette Linthicum - TDCJ – Health Services Division FY 2016 Third Quarter Report - Operational Review Audit - Capital Assets Monitoring - Dental Quality Review Audit 	<p>Dr. de la Garza-Graham then called upon Dr. Williams to present the TDCJ Medical Director’s Report.</p> <p>Dr. Williams 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 gain compliance. During the Third Quarter of FY 2016, (March, April and May 2016), Operational Review Audits (ORAs) were conducted on 10 facilities: Clements, Cole, Ferguson, Havins, Johnston, Kegans, Lindsey, Lychner, C. Moore, and Neal. Dr. Williams referred to the nine items found to be most frequently below 80 percent compliance.</p> <p>Dr. Williams next reported that the same 10 units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Williams explained that Dental Quality Review audits were conducted at the following 11 facilities: Baten, Clemens, Clements, Dalhart, Jordan, Kegans, Lychner, Ramsey, Scott, Stringfellow, and Terrell.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Grievance and Patient Liaison Correspondence - Quality Improvement (QI) Access to Care Audit - Office of Public Health 	<p>Dr. Williams 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 Third Quarter of FY 2016, the PLP and the Step II Medical Grievance Programs received 4,848 correspondences. The PLP received 3,263 correspondences and Step II Medical Grievance received 1,585. There were 343 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were seven percent and three percent for TTUHSC.</p> <p>Dr. Williams added that the Quality Improvement Access to Care Audit addresses quality of care issues. There were 55 Sick Call Request Verification Audits conducted on 53 facilities. A total of 465 indicators were reviewed and 24 of the indicators fell below 80 percent compliance.</p> <p>Dr. Williams continued by explaining that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 625 cases of Hepatitis C identified for the Third Quarter FY 2016. There were 15,603 intake tests and 138 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2016, 9,327 pre-release test were performed and 1 offender tested HIV positive. 3 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Third Quarter FY 2016.</p> <p>201 cases of suspected Syphilis were reported in the Third Quarter FY 2016. Fifteen of those required treatment or retreatment.</p> <p>138 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2016.</p> <p>Dr. Williams advised that there was an average of 18 Tuberculosis (TB) cases under active management for the Third Quarter FY 2016.</p> <p>Dr. Williams next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Mortality and Morbidity - Office of Mental Health Monitoring & Liaison 	<p>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.</p> <p>During the Third Quarter FY 2016, training sessions were held at 25 units. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 206 chart reviews of alleged sexual assaults. There were 14 deficiencies found this quarter. 64 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.</p> <p>Dr. Williams noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 22,483 offenders attended classes presented by educators. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 97 offenders trained to become peer educators during the Third Quarter of FY 2016. This was a decrease from offenders trained in the Second Quarter FY 2016.</p> <p>Dr. Williams reported that there were 108 deaths reviewed by the Mortality and Morbidity Committee during the Third Quarter of FY 2016. Of those 108 deaths, 8 were referred to peer review committees for further review.</p> <p>Dr. Williams provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third Quarter of FY 2016. Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 2,709 offenders were observed, 2,287 were interviewed and five offenders were referred to the university providers for further evaluation. Access to Care for mental health (ATC) 4 was met at 100 percent on 17 of the 19 facilities audited and (ATC) 5 was met at 100 percent on 18 of the 19 facilities.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Office of Health Services & Liaison - Accreditation - Biomedical Research Projects 	<p>Four inpatient mental health facilities were audited with respect to compelled medications. 68 instances of compelled psychoactive medication administration occurred. Jester IV, Montford, and Skyview were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. Clements unit reported no instances of compelled psychoactive medication. Clements unit held a compliance score of 100 percent for the months of March and May but fell out of compliance in April, a Corrective Action Plan was requested.</p> <p>There were 27 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 16 facilities that met or exceeded 80 percent compliance.</p> <p>The Office of Health Services Liaison (HSL) conducted 178 hospital and 49 infirmary discharge audits. UTMB had 5 deficiencies identified and TTUHSC had 1 deficiency identified for the hospital discharge audits. UTMB had 16 deficiencies identified and TTUHSC had 0 for the infirmary discharge audits.</p> <p>Dr. Williams reported that there were 14 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Williams referenced the research projects as reported by the (TDCJ) Executive Services.</p>	<p>Dr. Sherwood asked if infectious disease of foodborne outbreaks occur within the prison facilities and if there is adequate monitoring taking place.</p> <p>Dr. Williams explained that the agency has a robust monitoring system that monitors outbreaks such as Gastrointestinal GI, chicken pox, influenza, measles and any other diseases that are reportable to The Department of State Health Services. Dr. Williams further reported that if an individual unit has three or more cases of the</p>	

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<p>VI. Medical Director's Updates (Cont.)</p>		<p>same illness within a 24 hour period, it is reported to TDCJ, Health Services Division.</p> <p>Dr. Berenzweig asked if information could be provided or if any was kept on how sentinel events are handled inside the hospitals, and inquired on the outcomes of the Morbidity and Mortality (M&M) Review Committee cases that were referred to the committee.</p> <p>Dr. Williams responded that the peer review function falls under the individual universities and that the reporting is limited to maintain the privilege of the confidential nature of the reviews. The finding are not reported back.</p> <p>Dr. Murray expanded on Dr. Williams' response by explaining that peer review had been negotiated with TDCJ over the last 20 years. TDCJ has representation on all of the peer reviews of both UTMB and TTUHSC and are involved in the discussions, but due to the concern of confidentiality and sharing of the information, the universities report the end result of what occurred back to the TDCJ Medical Director.</p> <p>Dr. Ojo, UTMB reported that when sentinel events do occur, they are reviewed by the Quality and Review Committee, then taken to the University Safety Event Action Team and to the president's level Quality Clinical Chairs Committee.</p> <p>Dr. DeShields also responded that since TTUHSC does not own their own hospital, sentinel events are managed through the individual hospitals Risk Management Department. Corrective action plans are developed and the information is then given to TTUHSC once the cases have been adjudicated.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Texas Tech University Health Sciences Center - Denise DeShields, MD <ul style="list-style-type: none"> - University of Texas Medical Branch - Owen Murray, DO 	<p>Dr. de la Garza-Graham thanked Dr. Williams then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields introduced Mr. Will Rodriguez, Senior Managing Director, TTUHSC CMHC, who will oversee Administrative Operations, Finance, Human Resources, and Information Technology.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that Dr. Kahn, previous UTMB Virologist, had returned back at a full time status. Dr. Murray further reported that the treatment of Hepatitis C was moving forward, so in the future, reports regarding pharmacy costs for Hepatitis C treatment may show an increase.</p>	<p>Dr. Murray further reported that Hospital Galveston is part of UTMB so it is joint commission accredited, meaning all rules and regulations regarding event reporting, safety, and quality must be followed.</p>	
<p>VII. Update on the CMHCC Joint Medical Directors Working Group</p> <ul style="list-style-type: none"> - Owen Murray, DO 	<p>Dr. de la Garza-Graham then asked Dr. Murray to provide an update on the, CMHCC Joint Medical Directors Working Group.</p> <p>Dr. Murray explained that the Joint Medical Directors Working Group (JMDWG) is made up by the Chair of the CMHCC, and the medical directors from all three partnering agencies, TDCJ, UTMB, and TTUHSC. Historically, the Chair has delegated chairmanship of the committee to one of the three medical directors which is held by the appointed director for two years.</p> <p>Dr. Murray reported that the basic responsibility of the committee is the oversight of the Offender Health Services Plan and ensuring that the plan is in line with good care and practice. The working group is responsible for fielding recommendations from other committees as well as from the</p>		

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VII. Update on the CMHCC Joint Medical Directors Working Group (Cont.)	<p>free world in terms of care transition and developing ways to incorporate them into the Offender Health Services Plan.</p> <p>The JMDWG serves as a resource to all other committees both in terms of content and guidance. It also provides advice and guidance in the event a decision cannot be agreed upon by members associated within the other committees.</p> <p>Dr. Murray further reported another major responsibility of the committee is the sorting of contemporary care. Dr. Murray referenced Hepatitis C and Gender Dysphoria as two major issues being discussed.</p> <p>Dr. Murray used Gender Dysphoria as an example of something that was approached one way, but then changed out in the community so it was brought to the medical directors who put a working group together and moved forward in transitioning the agency care program into something more in line with community standards.</p> <p>Dr. Murray explained that with issue resolution, the committee tries their best to utilize state resources in the most conservative manner possible between all three agencies. A great deal of time is spent on figuring out how to move patients within the system and how care is provided whether it's with Human Immunodeficiency Virus (HIV) on the UTMB side because of the 340B pricing, or Hepatitis C Program or moving mental health patients over the Texas Tech sector. There is an ongoing dialog between the three medical directors in terms of where the best care can be found at the best cost and how the State's resources can be used most wisely. The committee also addresses any and all concerns whether they are internal or external and resolve complaints in a smooth and mannerly fashion.</p>		
III. Public Comments	<p>Dr. de la Garza-Graham thanked Dr. Murray and with no further questions, proceeded with the announcement of acceptance of any public comments.</p> <p>Dr. de la Garza-Graham 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.</p>		

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X. Adjourn	Dr. de la Garza-Graham thanked everyone for their attendance and adjourned the meeting at 10:40 AM.		

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

12-7-2016
 Date: