CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 7, 2016

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

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Edward John Sherwood, M.D., Cynthia Jumper, M.D., Ben Raimer, M.D.

CMHCC Members Absent: Mary Annette Gary, Ph.D, Elizabeth Anne Linder, Ed.D., Tamela Griffin

Partner Agency Staff Present: Oscar Mendoza, Lorie Davis, Ron Steffa, Robert Williams, M.D., Eidi Millington, M.D., Chris Black-Edwards, RN, Daniel, Krall, PhD, Myra Walker, RN, Marsha Brumley, Natasha Mills, Angela Langley, Rebecka Berner, Texas Department of Criminal Justice; Owen Murray, D.O., Joseph Penn, M.D., Stephen Smock, Kelly Coates, Anthony Williams, Monte Smith, D.O., Olugbenga Ojo, M.D., Marjorie, Kovacevich, Ryan Micks, Susan Morris, M.D., Robert Avila, University of Texas Medical Branch (UTMB); Denise DeShields, M.D., Rafael Ruiz, M.D., Will Rodriguez, Texas Tech University Health Sciences Center (TTUHSC)

Others Present:

Location: UTMB Operations Offices, 200 River Pointe Dr., Suite 200, Conroe, Texas

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I. Call to Order **- Margarita de la Garza-Grahm**	Dr. Margarita de la Garza-Grahm called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 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. Dr. de la 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. However, there was no one signed up wishing to provide public comment. Dr. de la Garza-Grahm thanked and welcomed everyone for being in attendance.		
II. Recognitions and Introductions	Dr. Lannette Linthicum advised that TDCJ had some leadership changes and introduced Mr. Oscar Mendoza, Deputy Executive Director, TDCJ; Lorie Davis, Director, Correctional Institutions Division and Daniel Krall, PhD, Director, Office of Mental Health Monitoring and Liaison. Steve Smock of UTMB introduced Rob Avila, Director of Operations, Region III, UTMB.		

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II. Recognitions and Introductions (Cont.)	Dr. Ben Raimer introduced Ryan Micks, who will be working within Lauren Sheer's previously role. Lauren Sheer is still with the UTMB team and will also continue working with Legislation. Laura Smith, Senior Legislative Associate retired during 2016, so moving forward, both Ryan and Lauren will continue their works with Legislation.		
III. Approval of Consent Items **- Margarita de la Garza-Grahm**			
- Approval of Excused Absences	Dr. de la Garza-Grahm requested approval for the excused absence of Dr. Lannette Linthicum due to a scheduling conflict.		
- Approval of CMHCC Meeting Minutes – September 20, 2016	Dr. de la Garza-Grahm stated that the next item on the agenda was the approval of the Minutes from the meeting held on September 20, 2016.		
- Approval of TDCJ Health Services Monitoring Report	Dr. de la Garza-Grahm noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.		
- University Medical Director's Reports - TTUHSC - UTMB	Dr. de la Garza-Grahm stated the next item on the agenda was the approval of the TTUHSC and UTMB Medical Director's Reports.		
- Summary of CMHCC Joint Committee/ Work Group Activities	Dr. de la Garza-Grahm noted the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.		Dr. Linthicum made motion to approve and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.
IV. Update on Financial Reports - Ron Steffa	Dr. de la Garza-Grahm called on Ron Steffa to present the financial report. Mr. Steffa reported on statistics for the Fourth Quarter of Fiscal Year (FY) 2016, as submitted to the Legislative		

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IV. Update on Financial Reports (Cont.)	Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 47. Funding received by the universities was $598.3 million dollars during the Fourth Quarter. The overall expenditures were $641.7 million, leaving a shortfall of $43.4 million shortfall for the year. The FY 2015 ending balance (shortfall) and Hospital Cost Report Reconciliation was $10.2 million. The excess collected health care fees, above what is required by the Appropriations Act to be collected for health care fees to help offset the shortfall, totaled $545,641. The LBB approved $4.5 million of identified TDCJ one time balances and also approved FY 2017 spend forward to FY 2016 funds of $48.5 million to help reduce the shortfall. The report also shows expenditures broken down by strategies. Unit and psychiatric care had total financing of $334.1 million. The expenses for this strategy make up the majority of health care costs for a total of $329.8 million. This strategy shows a surplus of $4.4 million through the Fourth Quarter. Hospital and clinical care had total funding of $204.3 million and the total expenditures were $247 million. This strategy showed a shortfall of $42.8 million through the Fourth Quarter. Pharmacy services had total funding of $60 million and the expenditures were $65 million, with a shortfall of $5 million. As of the Fourth Quarter of FY 2016, the average service population is 146,832. The offender population age 55 and over had a slight increase with an average daily census through the Fourth Quarter of 16,825. This population makes up about 11.5 % of the overall population and accounts for 41.6% of total hospital cost.		

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IV. Update on Financial Reports (Cont.)	The average health care cost is $11.94 per offender, per day, which is an increase from $10.75 for FY 2015. The average mental health inpatient census is 1,834 of the total service population. The average mental health outpatient census is 23,088 of the total service population. Mr. Steffa then presented the CMHCC with a report of annual trending health care data. The report provided an overview of funding spent within the health care strategies from FY 2010 through FY 2016.	Dr. Murray asked Mr. Steffa what was the annual growth rate from FY 2010 – FY 2016. Mr. Steffa noted it was approximately 4%. Mr. Steffa explained that if you look back at FY 2010 – FY 2012, there were some budget restraints and Correctional Managed Health Care compares favorably if you compare the health care expenditures to the Employees Retirement System. Overall, there is a more moderate growth rate, than if you just look at one year. Dr. Murray explained that with an older and sicker population, to have a less than 5% annual increase is a testament to everyone working together to do the right thing for the patient with the monies available to spend. Dr. Linthicum had a question from page 95 as to whether the shortfall of $5 million for pharmacy is a reflection of overall pharmaceutical costs or a particular category. Mr. Steffa explained that it is across the board increases and that individual categories are inclusive. Dr. de la Garza-Grahm asked if the hospital and clinical care $42 million shortfall was the across the board as well.	

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IV. Update on Financial Reports (Cont.)		Mr. Steffa explained there was an increase in the inpatient population at Hospital Galveston as well as more complex cases being seen, which involved inflationary factors or increase in cost of healthcare. There was also an increase in the freeworld/community hospitals as well. Dr. Linthicum advised that there was approximately 19 hospitals in the provider network that would not accept 100% Medicare rate, which required approval from the LBB to pay them at a higher rate? Dr. Murray explained that there was a deficit during the Legislative Session and explained where the growth areas were. UTMB planned for the growth; however the funding was not incorporated into the base funding as in the past. It is easy to plan for pharmacy cost and staff, but it difficult to plan for the unknown cost for hospital/clinical care. It is understandable that the Legislature would not want to overfund that area. If you look at the growth much like the overall cost, the inpatient is a very sequential increase along with the 55 and older group. The funding will need to stay in line with that so we don't see large deficits. Dr. Raimer stated that this has been a State trend. You will see in the Medicare budget, the shortfall of $1.3 billion - $2 billion according to recent numbers released. The trend of underfunding is what is relied on to get a balanced budget at the time the budget is passed. This is just an analysis of the way the numbers come up. Growth numbers may never be right as long as the funding is conducted in that manner.	
V. Summary of Critical Correctional Health Care Personnel Vacancies	Dr. de la Garza-Grahm then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Personnel Vacancies.		

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont). - Dr. Lannette Linthicum	Dr. Linthicum reported that there were two masters level Health Specialist V positions vacant within the Office of Mental Health Monitoring and Liaison. However, there has not been any interest in these positions at the posted salary. TDCJ Health Services Division will propose an alternative plan of using contract staff to the TDCJ Chief Financial Officer for consideration. Dr. Linthicum noted that the position of Director II within the Office of Public Health is a registered nurse position and is not currently being reposted. A decision has been made to review the position at a later date. Dr. Linthicum reported that a position for Investigator II- Patient Liaison Program was moved from the Montford Unit to the Estelle Unit due to lack of response. The positon posting has closed and applications are being reviewed. Interviews have been held and a decision is being made for the second position for Investigator II- Patient Liaison Program that was moved from Montford at the Jester IV Unit. Dr. Linthicum reported that the position posting for the Investigator II at the Hilltop Unit has closed and interviews were being scheduled. Dr. Linthicum further reported that the vacant position of Manager IV, also a registered nurse position within the Office of Health Services Liaison, has been filled. Dr. Linthicum advised that a Nurse II position in the Office of Health Services Monitoring was vacant. This position posting has closed and interviews were being scheduled. Dr. Linthicum noted that a Nurse IV position was currently vacant. Health Services is awaiting approval to post the position. Dr. Linthicum reminded the six gubernatorial appointed CMHCC members whose terms expire on February 1, 2017,		

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)	that they shall continue to serve until the Governor appoints someone to their position.	Dr. de la Garza-Grahm asked the CMHCC members to please reach out to physicians they may know who would be willing to serve on the CMHCC and make those recommendations. Dr. Sherwood had a question on page 101 as to whether or not UTMB's position vacancies that had numbers in parenthesis beside each position was reflective of the actual number of vacancies for each category. He also asked if UTMB's direct care physician numbers are trending up or down due to morale and burnout in correctional health care, compared to the rest of the world. Dr. DeShields stated that the burnout that TTUHSC experiences in their environment is accelerated based on the patient population they serve. TTUHSC has seen double digit vacancies for some time and struggles particularly with retaining physicians and psychiatrists. It takes a special practitioner to practice in the correctional environment. Dr. Linthicum noted another major factor is the geographic location of prison units which are already in medically underserved areas across the state. Dr. Sherwood stated that more can be done by working with medical students to help them develop healthier lifestyles that will protect them to a significant extent. Dr. Sherwood asked if it would it be possible to make some adjustments within the system to reduce the loss of staff as it is expensive to try to fill positions all of the time. Dr. Jumper noted that 25% of medical students have signs and symptoms of depression and only 15% are seeking treatment due to the stigma of	

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)		mental health and worrying about getting their license. Dr. de la Garza-Grahm advised that she had read that the suicide rate of medical students is on the rise. Dr. Sherwood stated that physicians are taught to put the patient first and that is a part of the problem. Emergency Medical Technicians (EMTs) and paramedics are taught differently. When they arrive at a scene, the number one priority is their personal safety, the second is their partner's, third is the public and the patient is fourth. He feels that training medical students that way would make a big difference. Otherwise, throughout their life, they are always having to make personal sacrifices. Dr. Linthicum stated that working in a correctional environment puts most people in stressful situations. Dr. Jumper noted that helping to replace medical school debt would be a good benefit to recruitment. The younger physicians have $100,000 - 200,000 worth of debt. If the debt load could be reduced, it would be a big selling point in recruitment. Dr. Linthicum stated that the National Institute of Corrections was offering a webinar on loan replacement. Dr. Raimer advised that the loan replacement issue has been presented to the Legislature in the past to no avail and feels it is time to present it again. Dr. DeShields noted that the Texas Higher Education Loan Repayment Program still exists for students willing to serve in medically	

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)		underserved areas. They can receive up to $9,000 per year for up to five years. Dr. Linthicum advised that the National Health Services Corp. is a good model. For every year students serve, the debt is covered for that year. Once students complete their required service, they will receive a certificate from the Surgeon General and they are free and clear of debt. Dr. Jumper also mentioned a solution that had been controversial, which is the acceptance of individuals who hold a J-1 Visa which may expire in three years. However, having staff dedicated and driven to perform in the position for even three years, is better than no one working in the position during that time at all. The Federal Government has a program that needs to be looked at, in which Texas receives 30 positions, as well as Vermont and Rhode Island. This could also provide a solution in helping getting individuals placed in those areas that may be considered less than desirable. Dr. de la Garza-Grahm asked Dr. Jumper what she proposes. Dr. Jumper stated the CMHCC needs to look at the recruiting issues and the indirect costs that go along with it (i.e., locum tenens, the stress on staff having job duties that requires them to travel to six cities). Dr. de la Garza-Grahm asked Dr. Jumper what she recommends to begin the process. Dr. Jumper feels a plan can be put together to recruit differently and present the proposal up the ranks. Dr. Raimer stated that a loan repayment or loan forgiveness for physician assistants, advanced	

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)		practice nurses, dentists, and other clinicians would be worth pursuing. The Legislature would be the first step since a fiscal note is involved. Dr. de la Garza-Grahm noted that before presenting a request to the Legislature, numbers would need to be prepared, and asked who would be providing those numbers and when. Dr. Jumper advised that the Texas Medical Association would be a good resource as they have information on the Texas Workforce and other programs available that repay debt, as they try to recruit primary care staff in the State of Texas. They have a program that offers $10,000, however, individuals are unlikely to relocate their families for $10,000. Dr. de la Garza-Grahm agreed and would like to go forward with a proposal. She asked how much it costs to post a position for three months. Dr. Raimer advised Dr. de la Garza-Grahm that he will call the Texas Medical Association and report his findings back to her. Dr. Linthicum advised that UTMB's Director of Nursing provides nursing vacancy rates, and similar vacancy rate reports can be generated for other clinical provider positions (i.e., psychologists, physicians and mid-levels). UTMB's statistics can be provided by Dr. Murray and Dr. DeShields can provide TTUHSC's statistics. TDCJ's Business and Finance Division shall provide the cost for locum tenens over a three month period. Dr. Jumper noted that turnover rates should be included as well.	

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)		Dr. Raimer advised that another option would be to contact the Texas Statewide Health Coordinating Council which also does workforce development, and has recently released a report. Dr. Raimer advised that he will make some calls and report his findings at the next meeting.	
	Dr. de la Garza-Grahm then called on Dr. DeShields to report on TTUHSC's critical vacancies.		
- Dr. Denise DeShields	Dr. DeShields reported that an applicant had been selected to fill the Medical Director position located at the Smith Unit, effective January 2, 2017.		
	Dr. de la Garza-Grahm then called on Dr. Owen Murray to report on UTMB's critical vacancies.		
- Dr. Owen Murray	Dr. Murray reported that aside from the ongoing provider shortages noted within the UTMB sector of the report, there were no other critical key personnel positions vacant at this time.		
VI. Medical Director's Updates	Dr. de la Garza-Grahm then called upon Dr. Linthicum to present the TDCJ Medical Director's Report.		
- Dr. Lannette Linthicum - **TDCJ – Health Services Division FY 2016 Fourth Quarter Report** - Operational Review Audit	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 gain compliance. During the Fourth Quarter FY 2016 (June, July and August 2016**)**, Operational Review Audits (ORAs) were conducted at the following **13** facilities: Bridgeport Pre- Parole (PPT) Treatment Facility, East Texas Treatment Facility (TF), Fort Stockton, Goree, Hodge, Holliday, Hutchins, Jordan, Lynaugh, Middleton, Skyview, South Texas Intermediate Sanction Facility (ISF) and West Texas ISF. Dr. Linthicum referred to the 11 items found to be most frequently below 80 percent compliance.		
- Capital Assets Monitoring	Dr. Linthicum next reported that the same 13 units listed above were audited and determined to be in compliance range for capital assets.		

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VI. Medical Director's Updates (Cont.) - Dental Quality Review Audit	Dr. Linthicum explained that Dental Quality Review audits were conducted at the following 22 facilities: Bridgeport PPT, Crain, Darrington, East Texas TF, Formby, Jester I, Jester III, Jester IV, Hilltop, Hughes, Luther, Montford, Mountain View, Murray, Pack, Rudd, South Texas ISF, Tulia, Vance, West Texas ISF, Wheeler, and Woodman.		
- Grievance and Patient Liaison Correspondence	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 Fourth Quarter of FY 2016, the PLP and the Step II Medical Grievance Programs received 4,797 correspondences. The PLP received 3,220 correspondences and Step II Medical Grievance received 1,577. There were 350 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were six percent and six percent for TTUHSC.		
- Quality Improvement (QI) Access to Care Audit	Dr. Linthicum added that the Quality Improvement Access to Care Audit addresses quality of care issues. There were 52 Sick Call Request Verification Audits conducted on 49 facilities. A total of 432 indicators were reviewed and 18 of the indicators fell below 80 percent compliance.	Dr. Raimer noted that on page 117, the Sick Call Verification Audits random samples indicate that 4% of the facilities fell below the 80 percent compliance threshold overall. Dr. Raimer asked Dr. Linthicum if she was pleased with that number. Dr. Linthicum explained that 432 indicators were reviewed and only 18 fell below the 80 percent threshold. Each quarter, different indicators are reviewed. Dr. Linthicum indicated that she would like to look at it over the fiscal year. Dr. de la Garza-Grahm asked how many indicators there are. Dr. Linthicum explained that the System Leadership Council (SLC) which is comprised of senior staff from TDCJ, UTMB and TTUHSC, develops the indicators. Jointly, the	

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VI. Medical Director's Updates (Cont.)		SLC decides which areas need to be monitored as a system. Dr. Raimer noted that TDCJ Health Services Division is doing a terrific job with the monitoring activities. Dr. Linthicum explained that the Correctional Managed Health Care Program was implemented on September 1, 1994. There are constitutionality issues relating to correctional health care. It is important to document everything for possible audits from Sunset or State Auditors that demonstrates that we are fulfilling what the charge is through Correctional Managed Health Care. Myra Walker, explained that the Patient Liaison Program staff audits quarterly and they monitor the unit trends over a three year period. Once they are doing well, they are then monitored once a year.	
- Office of Public Health	Dr. Linthicum continued by explaining that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 755 cases of Hepatitis C identified for the Fourth Quarter FY 2016. There were 13,002 intake tests and 176 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Fourth Quarter FY 2016, 11,227 pre-release tests were performed and 0 tested HIV positive. 3 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Fourth Quarter FY 2016. 180 cases of suspected Syphilis were reported in the Fourth Quarter FY 2016. Thirteen of those required treatment or retreatment. 177 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2016.		

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VI. Medical Director's Updates (Cont.)	Dr. Linthicum advised that there was an average of 21 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2016. TDCJ Health Services Division staff met with staff from the Department of State Health Services (DSHS) as a new DNA fingerprint strain of TB has been identified, and they want to ensure that it is being contained and controlled. It is believed that this strain was brought into the TDCJ from Bexar County. There will be future meetings with DSHS and the United States CDC Office. 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. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the Fourth Quarter FY 2016, there were 196 chart reviews of alleged sexual assaults. There were six deficiencies found this quarter. Corrective Actions have been requested. 78 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. 20,642 offenders attended classes presented by educators. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 146 offenders trained to become peer educators during the Fourth Quarter of FY 2016.		
- Mortality and Morbidity	Dr. Linthicum reported that there were 83 deaths reviewed by the Mortality and Morbidity Committee during the Fourth Quarter of FY 2016. Of those 83 deaths, 7 were referred to peer review committees for further review.		

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VI. Medical Director's Updates (Cont.)		Dr. Berenzweig asked if an annual report on the Morbidity and Mortality reviews could be provided showing a summary of systemic issues and how processes have been changed. Dr. Linthicum responded that each offender death is reviewed by the Morbidity and Mortality Review Committee comprised of staff from TDCJ, UTMB and TTUHSC. The committee determines if there were any issues with standards of care. Dr. Linthicum noted that she is provided a year-end report with the offender's names, TDCJ-ID numbers, date/s of the peer review and if discipline was imposed and whether or not it was reported to a licensing board. Dr. Linthicum advised that the Chairs of the M & M Review Committee can provide this information. Dr. Monte Smith will provide a summary to the CMHCC. Dr. Berenzweig advised that he was not questioning the process or the efficiency of the process, but feels there is a risk due to understaffing and compliance issues. A summary of what problems have been identified and how they have been rectified, he feels would be helpful in reassuring the CMHCC that things are being done properly. This should reflect that the process is worthwhile and does reflect identification on areas that can be improved. Dr. Sherwood included that within the private sector, providers look at every detail of healthcare to ensure the best quality of care is being provided. Dr. Sherwood also made mention that when moral of the provider is good and they enjoy coming to work, better healthcare is provided.	

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VI. Medical Director's Updates (Cont.)		Dr. Raimer reported that UTMB recently began doing patient satisfaction surveys directed at the patients of Hospital Galveston. Dr. Ojo, UTMB noted that over 300 surveys were sent out and the results received back were very good.	
- 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 Fourth Quarter of FY 2016. Administrative Segregation (Ad Seg) audits were conducted on 18 facilities. 3,106 offenders were observed, 2,635 were interviewed and five offenders were referred to the university providers for further evaluation. Access to Care (ATC) for mental health ATC 4 was met at 100 percent on 16 of the 18 facilities audited, ATC 5 was met at 100 percent on 16 of the 18 facilities and ATC 6 was met at 100 percent on 16 of the 18 facilities. Four inpatient mental health facilities were audited with respect to compelled medications. 70 instances of compelled psychoactive medication administration occurred. Jester IV, Montford, Skyview and Clements were 100 percent compliant with required criteria for implementation and documentation of compelled psychoactive medication. There were 27 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 23 facilities that met or exceeded 80 percent compliance.		
- Office of Health Services & Liaison	The Office of Health Services Liaison (HSL) conducted 170 hospital and 44 infirmary discharge audits.		
- Accreditation	Dr. Linthicum reported that there were 16 units reaccredited by the American Correctional Association (ACA).		
- Biomedical Research Projects	Dr. Linthicum referenced the research projects as reported by the (TDCJ) Executive Services.		

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VII. Mental Health Programs Update (Cont.) - **Texas Tech University Health Sciences Center** - Denise DeShields, MD - **University of Texas Medical Branch** - Owen Murray, DO **VII. Mental Health Programs Update** - Joseph Penn, MD	Dr. de la Garza-Grahm thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC. Dr. Denise DeShields provided the TTUHSC CMHC Medical Director's Report. Dr. de la Garza-Grahm then called on Dr. Murray to present the report for UTMB. Dr. Owen Murray provided the UTMB CMC Medical Director's Report. Dr. de la Garza-Grahm then asked Dr. Joseph Penn to provide an update on mental health programs for UTMB. Dr. Penn discussed the scope of routine and specialty mental health services provided to offenders in the UTMB sector including: outpatient services, crisis management, inpatient services and specialized mental health programs. Dr. Penn then presented a brief synopsis of the following UTMB CMC mental health program areas: The Treatment and Relapse Prevention Program (TARPP) which ensures that offender patients with serious mental illness receive a continuum of care throughout the system; the Developmental Disabilities Program (DDP) provides opportunities for offenders with developmental disabilities to acquire skills necessary to enable them to function more successfully in the least restrictive housing environment; the Administrative Segregation Intermediate Care Program (ASICP) enhances positive decision making habits through cognitive behavioral interventions; the Mental Health Therapeutic Diversion Program (MHTDP) provides treatment for high custody offenders with mental illness including intensive medication management to assist those offenders in achieving an optimal level of functioning in a therapeutic diversion setting so they can successfully transition into a less restrictive housing environment.		

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VII. Mental Health Programs Update (Cont.)	Dr. Penn explained that some offenders may need to be civilly committed at time of discharge.	Dr. Sherwood asked where the mentally ill offenders go once they have served out their sentence. Dr. Penn responded that the UTMB works collaboratively with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) to begin developing discharge planning from the day someone comes in to the system and is identified as mentally ill. Dr. Linthicum explained that TCOOMMI is a part of TDCJ's Reentry and Integration Division (RID) and is funded by the Legislature statutorily to provide continuity of care services to the special needs population. TCOOMMI coordinates placement of mentally ill individuals into a MHMR Clinic upon their discharge or parole. If the individual is acutely psychotic, a civil commitment is completed. These are done in a court setting and those offenders are civilly committed into the state hospital system. Dr. Penn also included that when looking at the data from over the last 10 years, on average, about 50 to 60 civil commitments are being done per year just from the Skyview Facility. Dr. Raimer asked if some of the individuals being released that are not civilly committed go to halfway houses or some other living community. Dr. Linthicum explained that they go back to their families with a follow up to the MHMR clinics. The RID coordinates with the DSHS to place offenders in a mental health group home as well. Dr. de la Garza-Grahm asked if the Electronic Health Record (EHR) is linked with the county to	

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VII. Mental Health Programs Update (Cont.)		see the psychotropic mediations that offenders had received in the county. Dr. Linthicum advised that there is not a statewide EHR. Dr. Penn advised that in the perfect world, there would be a statewide formulary. However, several of the county jails are beginning to follow TDCJ's formulary from the financial perspective. Dr. Linthicum explained that back in the early 1990s, there was a statewide committee with representation from the State Jail Commission and TDCJ that required the counties to fill out the Texas Uniform Health Services Update (TUHSU) form for each offender to be considered state ready. Later, the requirement was put into a statute. The TUHSU form must be part of the offender's pen packet. Additionally, if an offender is being sent to a county on bench warrant, TDCJ must then fill out a TUHSU form for the county.	
- Rafael Ruiz, MD	Dr. de la Garza-Grahm then asked Dr. Ruiz to provide an update on mental health programs for TTUHSC. Dr. Ruiz discussed the scope of routine and specialty mental health services provided to offenders in the TTUHSC sector including: outpatient services, crisis management, inpatient services, and specialized mental health programs. Dr. Ruiz discussed the Chronic Mentally Ill (CMI) Program and the Program for the Aggressive Mentally Ill Offender (PAMIO). Both programs serve high custody offenders with identifiable mental health disorders and aggressive/ disruptive behaviors. The purpose of these programs are to provide opportunities for offenders to achieve less restrictive housing assignments and reintegration into the general population.	Dr. Jumper asked if all offenders that come into TDCJ get a mental health assessment within a month.	

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VII. Mental Health Programs Update (Cont.)		Dr. Linthicum advised that they receive a mental health assessment with a few days of arrival to an intake facility as part of the intake process, which is a mandatory ACA standard in which TDCJ is accredited. This process occurs at all 24 intake facilities. Dr. Jumper asked if offenders come in to TDCJ on medications from the county, what is the timeframe those offenders remain on those medications. Dr. Linthicum replied that the offenders stay on those medications for 30 days. However, if offenders are on sleeping pills or valium, etc., those medications are stopped. Dr. Jumper asked if offenders are rescreened if they pass the first mental health assessment and are not deemed to be mental health. Dr. Linthicum explained that if they are normal and don't have any mental health needs, they are not rescreened unless the offender submits a sick call request. Dr. Jumper asked if they are rescreened if they are put in to administrative segregation. Dr. Linthicum advised that if the offender's custody changes and they are placed in administrative segregation, nurses make rounds in administrative segregation every day. Ms. Davis advised that security staff is specially trained and if they see an offender displaying symptoms or recognize an issue, they may reach out to medical to have the offender evaluated. Dr. Linthicum explained that the nurse auditors with TDCJ Health Services, interview security	

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VII. Mental Health Programs Update (Cont.)		staff to determine if any offenders have acted bizarre or strange that needs to be evaluated. Dr. Ruiz advised that most of the referrals come from security staff.	
VIII. Public Comments	Dr. de la Garza-Grahm thanked Dr. Ruiz and with no further questions, proceeded with the announcement of acceptance of any public comments.		
IX. Adjourn	Dr. de la 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. Dr. de la Garza-Grahm thanked everyone for their attendance and adjourned the meeting at 12:03 p.m.		

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

Date: 3/22/17