CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

March 15, 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., Elizabeth Anne Linder, Ed.D., Mary Annette Gary, Ph.D., Cynthia Jumper, M.D.

CMHCC Members Absent: Ben Raimer, M.D.

Partner Agency Staff Present: Bryan Collier, Bill Stephens, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Rebecka Berner, Chris Black-Edwards; Texas Department of Criminal Justice; Stephen Smock, Kelly Coates, Anthony Williams, Owen Murray, DO., Monte Smith, DO., Olugbenga Ojo, M.D., Susan Morris, M.D., Avi Markowitz, M.D.; UTMB; Denise DeShields, M.D., TTUHSC; Derrelynn Perryman, Texas Board of Criminal Justice

Location: Frontiers of Flight Museum, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order **- Margarita de la Garza-Grahm**	Dr. 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 no one was present wishing to provide public comment. Dr. de la Garza-Grahm thanked and welcomed everyone for being in attendance.		
II. Recognitions and Introductions **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm introduced Ms. Derrelynn Perryman, Member, Texas Board of Criminal Justice. Dr. de la Garza-Grahm announced that Patricia Vojack, JD, MSN, resigned from her position on the CMHCC as she has accepted another position within the Health and Human Services Commission.		

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III. Approval of Consent Items **- Margarita de la Garza-Grahm**			
o Approval of Excused Absences	Dr. de la Garza-Grahm noted approval of the excused absence for Dr. Mary Annette Gary due to a scheduling conflict.		
o Approval of CMHCC Meeting Minutes – December 8, 2015	Dr. de la Garza-Grahm stated that the next item on the agenda was the approval of the Minutes from the meeting held on December 8, 2015.		
o 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.		
o University Medical Director's Reports - UTMB - TTUHSC	Dr. de la Garza-Grahm stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director's Reports.		
o 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. Berenzweig stated that during the last meeting, he had noted a marked decrease in the number of Human Immunodeficiency Virus (HIV) screenings and asked if it may be due to the fluctuation with offenders entering and leaving the system. Dr. Berenzweig asked that an explanation be provided. Dr. Linthicum advised that she will provide an explanation during the presentation of the TDCJ Medical Director's Report.	Dr. Linthicum made a motion to approve the consent items and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.
IV. Update on Financial Reports - Charlene Maresh	Dr. de la Garza-Grahm called on Charlene Maresh to present the financial report.		

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IV. Update on Financial Reports (Cont.)	Ms. Maresh reported on statistics for the First 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. The Correctional Managed Health Care appropriations for FY 2016 is $537.3 million dollars. Funding received by the universities was $148.3 million dollars during the First Quarter. The report also shows expenditures broken down by strategies. Unit and psychiatric care expenses make up the majority of health care costs at 52% percent, for a total of $80.9 million dollars. Hospital and clinical care accounts for 37.4% of total expenditures at a cost of $58.3 million. This strategy showed the greatest shortfall at $7.5 million dollars for FY 2016. Pharmacy services makes up 10.6 % of total health care expenditures at a cost of $16.5 million dollars. Total expenditures during the First Quarter were $155.6 million dollars, resulting in a shortfall of $7.3 million dollars. As of the First Quarter of FY 2016, the average service population is 147,532. The offender population age 55 and over had a slight increase with an average daily census of 16,524. This population makes up about 11.2 % of the overall population and accounts for 40.9 % of total hospital cost. The average mental health inpatient census is 1,751 of the total service population. The average mental health outpatient census is 22,879 of the total service population.		

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IV. Update on Financial Reports (Cont.)	The average health care cost is $11.59 per offender, per day, which is an increase from $10.75 for FY 2015. The projected expenditures submitted by the universities for FY 2016 is $630.5 million dollars, resulting in a short fall of $33.1 million dollars.	Dr. de la Garza-Grahm stated that she would like to see a breakdown of expenditures for the unit and psychiatric care expenses as it represents $80.1 million dollars, 52% of total expenses. Ms. Maresh agreed to provide those statistics. Dr. Linthicum noted that the greatest expenses in this strategy are in the salary structure as UTMB has approximately 3,000 FTEs and TTUHSC has approximately 1,000 FTEs. Ms. Maresh noted that salaries and benefits result in 82% of those expenditures.	
V. Summary of Critical Correctional Health Care Personnel Vacancies - Dr. Lannette Linthicum	Dr. de la Garza-Grahm thanked Ms. Maresh and called upon Dr. Linthicum to begin the presentation of the Critical Personnel Vacancies. Dr. Linthicum reported that the there are two positions of Health Specialist V within the Office of Mental Health Monitoring and Liaison vacant and the position posting have been extended. Dr. Linthicum noted that there were no qualified applicants for the position of Director II, Office of Public Health so the position posting had been extended. Dr. Linthicum advised that there are two Nurse II positions vacant within the Office of Health Services Monitoring, Quality Improvement Program. An interview was held on January 11, 2016 and one position has been filled. An applicant was selected for the second position and is in the clearance process.	Dr. de la Garza-Grahm asked where the Nurse II positions are physically located.	

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)		Dr. Linthicum noted that those positions work in the Health Services Administration Head-quarters in Huntsville, Texas.	
- Dr. Denise DeShields	Dr. de la Garza-Grahm then called on Dr. DeShields to report on TTUHSC's critical vacancies. Dr. DeShields reported that the medical director's position at the Middleton Unit is still vacant and advertisement through local, regional and national publications continue. Dr. DeShields reported that there is a candidate for the medical director's position at the Havins/Sayle Facility who was currently in the hiring process. Dr. DeShields reported that a candidate for the medical director's position at the Jordan/Baten Facility has been hired; however, is awaiting a Texas license.		
- Dr. Owen Murray	Dr. de la Garza-Grahm then called on Dr. Murray to report on UTMB's critical vacancies. Dr. Murray noted that Dr. Clay Watson who replaced Dr. Jessica Khan as the virologist will begin full-time beginning in April 2016. Dr. Murray reported that there were no high level vacancies at that time. However, noted the trend of vacant positions of nine (9) physicians, thirteen (13) mid-level practioners, two (2) psychiatrists and six (6) dentists which is disturbing and is attributed to staff age 55 and over leaving/ retiring from the workforce, as well as salaries below market value.	Dr. de la Garza-Grahm inquired about the starting salaries for Family Nurse Practioners (FNPs) and the Physician Assistants (PAs), and also asked since UTMB has a school that provides training for those specific positions, if they utilize those individuals in the workforce. Dr. Murray noted that the new graduates are requesting salaries that are above the maximum	

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)		salary base of $95,000. It is not feasible to accommodate this salary request when there are tenured staff with 10 to 15 years of service that are making $92,000 annually. Dr. de la Garza-Grahm asked Dr. Murray if he had any recommendations. Dr. Murray advised that efforts will need to be made to expand the salary scales as it relates to nursing and the mid-level practioners. Additional strategies need to be put in place for dental and medical physician components as well. UTMB will continue to work with the State Legislature in an effort to provide more loan forgiveness, by providing a program that will possibly improve recruitment efforts.	
VI. Medical Director's Updates - Lannette Linthicum, MD • **TDCJ – Health Services Division FY 2016 First Quarter Report** o Operational Review Audit	Dr. de la Garza-Grahm then called upon Dr. Linthicum to begin presentation of the Medical Director's Report. 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 First Quarter of FY 2016, (September, October, November 2015), Operational Review Audits (ORAs) were conducted on nine facilities: Byrd, Dalhart, Halbert, Jester I, Jester III, Jester IV, Plane, Roach Intermediate Sanctioned Facility (ISF) and Robertson. There were also ORAs closed during this quarter for nine facilities: Dalhart, Eastham, Estes, Goodman, Henley, Huntsville, Roach ISF, Robertson and Young. Dr. Linthicum referred to the 14 items found to be most frequently below 80 percent compliance. Dr. Linthicum explained that the effect of staff vacancies, in terms of paperwork items being completed are beginning to be lacking in compliance (i.e., completed TB forms).		

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VI. Medical Director's Updates (Cont.) o Capital Assets Monitoring	Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.		
o Dental Quality Review Audit	Dr. Linthicum explained that Dental Quality Review audits were conducted at the following eight facilities: Dalhart, Jordan, Baten, Clements, Robertson, Middleton, Wallace and Ware. Dr. Linthicum noted there were no items found below 80 percent compliance.		
o 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 First Quarter of FY 2016, the PLP and the Step II Medical Grievance Programs received 4,214 correspondences. The PLP received 2,510 correspondences and Step II Medical Grievance received 1,704. There were 352 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were nine percent and seven percent for TTUHSC.		
o Quality Improvement (QI) Access to Care Audit	Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 27 Sick Call Request Verification Audits conducted on 26 facilities. A total of 204 indicators were reviewed and 15 of the indicators fell below 80 percent compliance.		
o Office of Public Health	Dr. Linthicum called on Chris Black-Edwards to provide an explanation to Dr. Berenzweig's question regarding the decrease in the number of Human Immunodeficiency Virus (HIV) screenings.	Ms. Black-Edwards explained that the Office of Public Health requires manual reporting from all the units. The infectious disease reporting is a nursing function assigned to infection control nurses, who are LVNs. There are only one to two infection control nurses assigned to each unit. Dr. Murray reported that there is a 40% nursing vacancy rate for LVNs. The infection	

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VI. Medical Director's Updates (Cont.)	Dr. Linthicum continued by explaining that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 858 cases of Hepatitis C identified for the First Quarter FY 2016. There were 17,095 intake tests and 120 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2016, 17,095 offenders had intake test and 120 were HIV positive. Three new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2016 compared to five new AIDS cases identified during the Fourth Quarter FY 2015. 157 cases of suspected Syphilis were reported in the First Quarter FY 2016. Fifteen of those required treatment or retreatment. 131 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2016. Dr. Linthicum advised that there was an average of 18 Tuberculosis (TB) cases under active management for the First Quarter FY 2016.	nurses nurses may be required to cover duties for vacant LVN positions that provide direct patient care, taking precedence over reporting paperwork. Ms. Black-Edwards stated that the pre-release numbers are more accurate now than in years past, because those numbers can now be obtained electronically. The Office of Public Health had very poor reporting from the units during May through August 2015, and has requested that the units submit those reports. The Office of Public Health can only report the statistics that are received from the units. Ms. Black-Edwards advised that she will prepare a one-year overview and is confident that the numbers should reflect a more favorable depiction. Dr. Sherwood asked for clarification regarding the reported 18 TB cases under management for the First Quarter of FY 2016 compared to 28	

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VI. Medical Director's Updates (Cont.)		cases in the Fourth Quarter of 2015. The report indicated that there has been a slight increase in the number of offenders with TB. Dr. Linthicum explained that there may be a slight increase in number of offenders with TB infection, not with active TB. Dr. Linthicum asked Ms. Black-Edwards to modify future reports for clarity. Every offender undergoes TB screening on the anniversary of their date of incarceration to determine whether they have symptoms for TB. Ms. Black-Edwards confirmed that this is correct; however, explained that the Office of Public Health has to convert the numbers reported from the units to produce a fiscal year report. DSHS reports statistics for the calendar year. There are 18 TB cases under management; however, this doesn't mean there are only 18 cases this year. A lot of offenders with TB have finished treatment during the fiscal year. Overall, the active TB case numbers will be slightly up from the number reported for the year. This number includes offenders whether they come into TDCJ already diagnosed with TB or those diagnosed in TDCJ. If the offender is diagnosed within the first 42 days, the case is attributed to the county of origin; after 42 days, it is attributed to TDCJ. Dr. Linthicum explained that this was an arbitrary decision by the Department of State Health Services (DSHS). Dr. Sherwood, stated he has concerns that out of the 14 operational indicators most frequently below 80% compliance, four relate to TB which is a contagious disease putting the staff and public at risk. Chris Black-Edwards noted that the auditors see	

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VI. Medical Director's Updates (Cont.)		black and white in terms of compliance and if the reporting is not done within the required time frame, it falls out of compliance. Although it looks like a unit is out of compliance for not filling out the HSM-19 form, it doesn't mean that the required function was not done. (i.e., the auditors are actually looking at whether the HSM-19 form was completed monthly for the entire time the patient was receiving anti-tuberculosis medications). If the form was completed at 35-40 days, it will show to be out of compliance. Dr. Linthicum stated that for auditing purposes, there are strict time frames. The numbers may appear worse than they really are. A request for corrective action will be submitted to the units that are out of time frame, from what is required by policy. The unit must submit a corrective action plan. There is a Quality Improvement Nurse Facilitator in the Office of Health Services Monitoring assigned to that unit that verifies that all of the corrective action was taken. Dr. de la Garza-Grahm asked if all the paperwork must be completed by a LVN or if a clerk can assist with the function. Dr. Linthicum advised that the TB-400 form is complicated and entails a lot of clinical information. Therefore, the task requires staff with a certain level of clinical knowledge. Dr. Linthicum explained that the Office of Public Health has nurses who assists with the paperwork if unit staff are unable to complete their DSHS TB-400 forms. The Office of Public Health reports into DSHS, and for the purpose of TB and HIV reporting, DSHS looks at TDCJ separately as their own	

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VI. Medical Director's Updates (Cont.)		health authority and the numbers are reported as a system. The nurses in the Office of Public Health, will complete the TB-400 forms if the units are not submitting the reports in a timely manner to ensure they are submitted to DSHS as appropriate.	
	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 First Quarter FY 2016, no training sessions were held. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 226 chart reviews of alleged sexual assaults. There were 13 deficiencies found this quarter. 68 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. 19,625 offenders attended classes presented by educators, this was a decrease from the Fourth Quarter FY 2015. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 156 offenders trained to become peer educators during the First Quarter of FY 2016. This is an increase from offenders trained in the Fourth Quarter FY 2015.		
o Mortality and Morbidity	Dr. Linthicum reported that there were 94 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2016. Of those 94 deaths, 10 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 First Quarter of FY 2016. Administrative Segregation (Ad Seg) audits were conducted		

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VI. Medical Director's Updates (Cont.)	on 18 facilities. 2,910 offenders were observed, 2,301 were interviewed and three offenders were referred to the university providers for further evaluation. Access to Care for mental health (ATC) 4 and (ATC) 5 were met at 100 percent on all 17 facilities audited. Four inpatient mental health facilities were audited with respect to compelled medications. 48 instances of compelled psychoactive medication administration occurred. Montford, Skyview, Jester IV, were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. There were 26 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.		
o Office of Health Services & Liaison	The Office of Health Services Liaison (HSL) conducted 165 hospital and 47 infirmary discharge audits. UTMB had 16 deficiencies identified and TTUHSC had no deficiencies identified for the hospital discharge audits. UTMB had no deficiencies identified and TTUHSC had one deficiency for the infirmary discharge audits.		
o Accreditation	Dr. Linthicum reported that there were 12 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.		
• **Texas Tech University Health Sciences Center** - Denise DeShields, MD	Dr. de la Garza-Grahm thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC. Dr. DeShields had no additional clinical information to report for the First Quarter.		

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VI. Medical Director's Updates (Cont.) • **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 advised that he had no additional clinical information to add to the medical director's report and deferred the UTMB's reporting to Olugbenga Ojo, MD, Chief Medical Officer /Chief Physician Executive, TDCJ Hospital & Clinics; and Avi B. Markowitz, M.D., F.A.C.P., Bill and Louise Bauer Distinguished Chair in Cancer Research Professor and Chief, Division of Hematology/ Oncology, Associate Director for Experimental Therapeutics and Department Head, Office of Oncology Clinical Trials, UTMB Comprehensive Cancer Center to provide the CMHCC an update on hematologic and oncologic cancers.		
VII. Update on Hematologic and Oncologic Cancers - Olugbenga Ojo, MD	Dr. de la Garza-Grahm then called on Olugbenga Ojo, MD, and Dr. Avi Markowitz to begin the presentation. Dr. Ojo began by introducing Dr. Markowitz as the Bill and Louise Bauer Distinguished Chair in Cancer Research at UTMB and Professor and Chief of Hematology and Oncology. Dr. Ojo advised that the presentation represents the offender population over the past six to seven year period and shows a five percent decrease in cancer rates. The age 55 and older aging population constitutes about 11.2 percent of total population and attributes to approximately 40.9 percent of hospital cost. When looking at cancer numbers from FY 2009 – FY 2014, there was a spike seen in 2011. Dr. Ojo explained that different cancer diagnoses are studied to determine if stem cell transplant would be the best alternative treatment for the patient. Dr. Ojo reported liver cancer currently is number one in cancer deaths. Dr. Ojo then turned the presentation over to Dr. Markowitz.		

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VII. Update on Hematologic and Oncologic Cancers (Cont.) - Avi B. Markowitz, MD FACP	Dr. Markowitz reported that advanced cancer rates have decreased over the last 30 years with the advancement of new treatments being developed, and explained that although as individuals age they have an increased prevalence of developing cancer, but this does not mean they will die from it. Texas ranked third highest in the United States estimating having over 100,000 cancer patients in 2015, however only about 38,000 deaths were seen from this number. Lifetime risk for cancer in men show to be 1 of 2, and 1 in 3 for women. Cancer mortality has gone down almost 30 percent over the last two decades. The Center for Disease Control and Prevention (CDC) show that two-thirds of individuals diagnosed with invasive cancer live more than five years with today's treatment therapies. Dr. Markowitz explained that focus must be directed on what approach should be taken when trying to manage cancer. Dr. Markowitz explained that risks come even with treatment, burning the cancer with radiation can have an effect on normal tissue tolerance and chemotherapy causes toxicity within the body, so while trying to attack the "bad cells" the "good cells" are getting killed off too. If the treatment is able to control the disease and is not worse than the cancer itself, this is the management of chronic illness. Treatment goals are to use less intensive treatment therapies to control and normalize cancer treating the patient and killing off the "bad cells" without losing the patient. Dr. Markowitz reported that the National Cancer Institute (NCI) projects cancer care is estimated to rise over $173 billion by the year 2020 and cost to treat the 30 most common types of cancers will rise almost 27 percent and with studies showing that 55 percent of all cancers are diagnosed in patients 55 and older. Future cost increase will be seen within the system to treat the aging offender population as well.		

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VII. Update on Hematologic and Oncologic Cancers (Cont.)	Dr. Markowitz spoke on the success seen with Chronic Lymphocytic Leukemia CLL treatment which was named Cancer Event of the Year in 2015 by the American Society of Clinical Oncology (ASCO). This form of cancer can now be treated without any type of chemotherapy. Dr. Markowitz explained that before a patient is considered for transplant, they must be reviewed and receive a good prognosis to ensure they can be safely treated. The patient must also give informed consent and it is preferred the patient be autologous meaning the patient's own source of cells can be used rather than allogenic which is the use of someone else's cells. Dr. Markowitz reported four transplants had successfully taken place. One patient has been paroled, and currently five other patients are awaiting transplant. Dr. Markowitz believes that cancer is becoming a "new" chronic illness with the aging population. Being able better understand the biology of cancer and the improvements of individualized medicine, the ability to better treat patients continues to improve. Newer drug therapies are becoming more effective and less toxic; however, the trade-off is the cost of treatments will continue to rise.	Dr. Linthicum asked the status of the five patients currently being considered for transplant. Dr. Markowitz answered that they are all candidates and the decision will be dependent upon if they are able to pass the eligibility requirements. Dr. Sherwood asked what agency guidelines were on colorectal screening. Dr. Markowitz answered that if the offender patient comes from a family genetically known to be high risk for colorectal cancer, screening will begin 10 years earlier than the diagnosed family member. Normal screening age begins	

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VII. Update on Hematologic and Oncologic Cancers (Cont.) - Olugbenga Ojo, MD	Dr. Ojo informed the committee that four patients who had received stem cell transplants were all in remission; however, the transplants are costly. For each patient, a stem cell transplant cost can range from $180,000 to $200,000 on average just for the transplantation process.	around age 50 with baseline screening for those patients who have a normal colonoscopy. Dr. Linthicum asked Dr. DeShields if she could provide transplant numbers to the committee from the TTUHSC sector. Dr. DeShields responded that in FY 2015, one stem cell transplant had been completed and two others were approved. One patient refused transplant and one patient expired prior to transplant. For FY 2016, one stem cell transplant has been approved and two bone marrow transplants have also been given approval. Dr. Linthicum asked where the transplants take place. Dr. DeShields answered that the transplants are performed at the Lubbock Cancer Treatment Facility.	
VIII. Joint Infection Control Committee Update - Chris Black-Edwards, RN, BSN	Dr. de la Garza-Grahm thanked Dr. Ojo and Dr. Markowitz, then called on Ms. Black-Edwards to provide the CMHCC with Joint Infection Control Committee update. Ms. Black-Edwards begin by giving an overview on the makeup of the Joint Infection Control Committee and its members which consists of representatives from TDCJ, UTMB, and TTUHSC. The Joint Infection Control Committee is tasked with monitoring incidence and infections, review and evaluation of factors within the TDCJ that may have bearing on infection control and recommended control measures based on Center for Disease Control (CDC) Prevention guidelines as well as the development of policies.		

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VIII. Joint Infection Control Committee Update (Cont.)	Ms. Black-Edwards explained that the committee has developed an Infection Control Manual that has been made available system wide to ensure staff at the facilities are applying the proper health guidelines. The manual is also accessible online. Audits are performed to ensure staff are following using the most current policies available. Each policy is reviewed at least annually to ensure information is accurate and up to date with existing guidelines. Ms. Black-Edwards reported that the policies are developed by performing literature reviews. National and state guidelines are looked at to ensure that standards of care are being followed as well as applied and documented within the policies. Ms. Black-Edwards explained that at times, special policies are developed by the Joint Infection Control Committee and that it is a team effort between university representatives. A new policy was recently developed and made effective for new vaccines available for treatment of Hepatitis C. Treatment is now being made available to the offender population with about 30 patients being treated so far, but future treatment goals are to increase treatment to about 33 patients per month. Ms. Black-Edwards reported as changes to guidelines are made and new diseases develop, the committee must update existing policies or create a new policy. An example is the Ebola outbreak where a newly created policy was developed by the committee for staff to follow until the DSHS provided guidelines. HIV recommendations were also expanded which required revisions to be made to the existing policy. Vaccine recommendations also change regularly; therefore, policies must be developed and revised to ensure the offender population is being treated properly and those that are contagious are properly restricted to eliminate the spreading of disease. Vaccinations are also given to those who have been exposed and are not immune to the virus. Requirements for Tetanus, Diphtheria, and Pertussis (Tdap) were also updated with one of the new requirement being		

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VIII. Joint Infection Control Committee Update (Cont.)	that all pregnant offenders are to receive vaccination with each pregnancy. Legislation also broadly categorized that anyone working in a hospital were considered to be health care staff and needed to receive required vaccinations. Correctional officers permanently assigned to the Hospital Galveston Facility and Huntsville Memorial Hospital (HMH) receive the same vaccinations as health care staff. Ms. Black-Edwards further reported that infection control nurses now receive more defined training when they are hired. Newly hired nurses come to the Health Services Division Headquarters where all policies and reporting requirements are discussed and a test is given over the information covered to test their knowledge. Afterwards nurses are monitored over a course of months to ensure the training received is being properly applied.		
IX. Public Comments	Dr. de la Garza-Grahm thanked Ms. Black-Edwards, and with no further questions, proceeded with the announcement of the acceptance of registered public comments. Dr. de la Garza-Grahm noted in accordance with, 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 asked for a motion to adjourn the meeting at 11:43 AM.		

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

Date: 6-20-2016