

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 16, 2016

Chairperson: Margarita de la Garza-Graham, 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., Cynthia Jumper, M.D., Tamela Griffin

CMHCC Members Absent: Ben Raimer, M.D., Mary Annette Gary, Ph.D

Partner Agency Staff Present: Ron Steffa, Marsha Brumley, Natasha Mills, Cathy Hager, Charlene Maresh, Rebecka Berner, Chris Black-Edwards, Debra Jones, Lorie Davis; Texas Department of Criminal Justice; Stephen Smock, Kelly Coates, Anthony Williams, Monte Smith, M.D., Olugbenga Ojo, M.D., Marjorie, Kovacevich, Ryan Micks, Joseph Penn, M.D.; UTMB; Denise DeShields, M.D., Benjamin Leeah, M.D., TTUHSC

Others Present: Frances Vaughn, Offender Family Member

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham 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.</p> <p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment. There was one offender family member present who registered for public comment, Ms. Frances Vaughn.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p>		
<p>II. Recognitions and Introductions - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham introduced Ms. Tamela Griffin as the newly appointed non-voting member to CMHCC Committee. Ms. Griffin replaced Ms. Patricia Vojack following her resignation from the position upon her acceptance of another position within the Health and Human Services Commission.</p>		

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<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 – March 15, 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 due to a scheduling conflict.</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 March 15, 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>Dr. de la Garza-Graham requested that verbiage in the meeting minutes be changed from... “cure for cancer” to “manage cancer” to accurately reflect Dr. Markowitz’ statement during his presentation.</p>	<p>Dr. Berenzweig made a motion to approve the consent items and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>
<p>IV. Update on Financial Reports</p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Second Quarter of Fiscal Year (FY) 2016, as submitted to the Legislative Budget Board (LBB). The report was submitted in</p>		

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<p>IV. Update on Financial Reports (Cont.)</p>	<p>accordance with the General Appropriations Act, Article V, Rider 47.</p> <p>Funding received by the universities was \$297.6 million dollars during the Second Quarter.</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 51.9% percent, for a total of \$164 million dollars.</p> <p>Hospital and clinical care accounts for 37.7% of total expenditures at a cost of \$118.8 million. This strategy showed the greatest shortfall at \$17.2 million dollars for FY 2016.</p> <p>Pharmacy services makes up 10.4 % of total health care expenditures at a cost of \$32.9 million dollars, of the \$32.9 million, \$25 million is for pharmaceutical purchases.</p> <p>Total expenditures during the Second Quarter were \$315.7 million dollars, resulting in a shortfall of \$18.1 million dollars.</p> <p>Ms. Maresh reported that this report also reflects \$11.2 million that was a result of the FY15 ending balance plus UTMB's hospital cost report reconciliation which brings the total shortfall to \$29.3 million dollars.</p> <p>As of the Second Quarter of FY 2016, the average service population is 147,269.</p> <p>The offender population age 55 and over had a slight increase with an average daily census of 16,664. This population makes up about 11.3 % of the overall population and accounts for 43% of total hospital cost.</p> <p>The average mental health inpatient census is 1,802 of the total service population. The average mental health outpatient census is 22,923 of the total service population.</p>		

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<p>IV. Update on Financial Reports (Cont.)</p>	<p>The average health care cost is \$11.78 per offender, per day, which is an increase from \$10.75 for FY 2015.</p> <p>The projected expenditures submitted by the universities for FY 2016 is \$637.8 million dollars, resulting in a projected shortfall of \$50.8 million dollars.</p>	<p>Dr. Sherwood asked if the projected shortfall could be explained in words so that those without historical perspective would have a better understanding of the expenditures and shortfalls.</p> <p>Ms. Maresh explained that when the third quarter report is submitted to the Legislature, it is anticipated that a request will also need to be sent to the Legislative Budget Board (LBB) to use FY 2017 spend forward funding to cover FY 2016 expenses.</p> <p>Dr. Linthicum also responded that historically, the agency has always had to go back to the Legislature for a supplemental appropriation request. A request must be submitted to the LBB to request spend forward authority whenever there is a deficit.</p> <p>Ron Steffa, Deputy Chief Financial Officer, TDCJ also reported that the LBB had requested a report from the universities and TDCJ regarding cost saving initiatives and efforts that will be implemented in efforts to help avoid cost overages and reduce spending. These reports will be submitted along with the spend forward request to the LBB to spend FY 2017 funds in FY 2016.</p> <p>Dr. Berenzweig inquired as to where the 10 percent increase in the healthcare strategy came from after recalling that from FY2014 to FY 2015 it had remained relatively stable.</p>	

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<p>IV. Update on Financial Reports (Cont.)</p>		<p>Ms. Maresh responded that the greatest increase in the healthcare strategy came from the hospital strategy, but some increase was seen in the pharmacy strategy as well.</p> <p>Dr. DeShields added that in June of 2015, the Office of Pharmacy Affairs conducted an audit. Some of the pharmaceutical vendors were changed causing a projected increase of about \$2.4 million dollars to be seen in pharmaceuticals in the TTUHSC sector alone as TTUHSC does not meet the criteria to qualify for the 340B savings plan.</p> <p>Dr. Berenzweig requested that some historical data be made available to the committee on healthcare cost from previous years so the cost trend could be seen.</p> <p>Dr. Sherwood asked if a 10 year trend could be provided to show the number of offenders incarcerated, number of offenders treated, and the cost per inmate per day.</p> <p>Ms. Maresh replied that the Business and Finance Division would provide a trending document. Ms. Maresh referenced some of the requested data as far back as FY 2012 which was displayed in the summary level of the agenda book.</p> <p>Dr. de la Garza-Graham suggested that graphs be provided at future meetings to show trends in different categories (i.e. Pharmacy, Hepatitis C, etc).</p> <p>Dr. Linthicum asked that the committee submit ideas so reports could be formulated.</p> <p>Dr. DeShields responded that she believes much of the shortfall in healthcare cost being seen is due to the aging offender population.</p>	

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IV. Update on Financial Reports (Cont.)		<p>Dr. Linthicum also commented that the agency receives a large number of patients who have received solid organ transplants. Additionally, there are patients who rely on dialysis, those who require medications, those who are mentally ill, paraplegic, and require substance abuse management. These offender patients must be treated on a daily basis and physicians must be hired to manage them full-time.</p>	
V. Summary of Critical Correctional Health Care Personnel Vacancies	<p>Dr. de la Garza-Graham thanked Ms. Maresh and called upon Dr. Linthicum to begin the presentation of the TDCJ's Critical Personnel Vacancies.</p>	<p>Dr. Jumper also added that treatment of care is mandated so each offender requiring treatment must be cared for.</p>	
<ul style="list-style-type: none"> - Dr. Lannette Linthicum 	<p>Dr. Linthicum reported that there are two Health Specialist V positions within the Office of Mental Health Monitoring and Liaison vacant and the position posting has been extended.</p>		
	<p>Dr. Linthicum noted that there were no qualified applicants for the position of Director II, Office of Public Health.</p>		
	<p>Dr. Linthicum reported that within the Office of Professional Standards, the vacant position of Investigator II at the Jester IV Unit had closed and an interview date was pending.</p>		
	<p>Dr. Linthicum further reported there were two other Investigator positions vacant at the Montford Unit. The Health Services Division has requested approval to relocate these positions to the Patient Liaison HUB Office located at the Hilltop Unit.</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 the Medical Director's position located at the Middleton Unit had been filled as of mid-July</p>		

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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>- Dr. Monte Smith on behalf of Dr. Owen Murray</p>	<p>2016; however, the selected applicant transferred from the Dalhart Unit which in turn leaves that position vacant.</p> <p>Dr. DeShields noted that the physician selected for the Medical Director’s position at the Jordan/Baten Unit has been granted a Texas license and was scheduled to begin on July 1, 2016.</p> <p>Dr. de la Garza-Graham then called on Dr. Monte Smith to report on UTMB’s critical vacancies on behalf of Dr. Owen Murray.</p> <p>Dr. Smith noted that UTMB had one critical vacancy for the virologist position, but advised that Dr. Jessica Khan who had previously vacated the position would be returning back to UTMB to fill the position.</p>		
<p>VI. Medical Director’s Updates</p> <p>- Lannette Linthicum, MD</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2016 Second Quarter Report <ul style="list-style-type: none"> ○ Operational Review Audit ○ Capital Assets Monitoring ○ Dental Quality Review Audit 	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to present the TDCJ’s Medical Director’s Report.</p> <p>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 Second Quarter of FY 2016, (December 2015, January and February 2016), Operational Review Audits (ORAs) were conducted on nine facilities: Briscoe, Cotulla, Gist, Gurney, LeBlanc, Lockhart, Luther, Michael and Wynne. Dr. Linthicum referred to the 11 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following 17 facilities: Boyd, Byrd, Cleveland, Estelle, Ferguson, Glossbrenner, Holliday, Lopez, Middleton, Polunsky, Powledge, Robertson, Segovia, Wallace, Ware, Willacy and Wynne.</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. 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 2016, the PLP and the Step II Medical Grievance Programs received 4,166 correspondences. The PLP received 2,668 correspondences and Step II Medical Grievance received 1,498. There were 298 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were seven percent and five percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addresses quality of care issues. There were 26 Sick Call Request Verification Audits conducted on 25 facilities. A total of 222 indicators were reviewed and 24 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum continued by explaining that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 585 cases of Hepatitis C identified for the Second Quarter FY 2016. There were 14,682 intake tests and 110 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Second Quarter FY 2016, 10,360 pre-release test were performed and 1 offender tested HIV positive. 13 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Second Quarter FY 2016.</p> <p>222 cases of suspected Syphilis were reported in the Second Quarter FY 2016. Seventeen of those required treatment or retreatment.</p> <p>129 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2016.</p> <p>Dr. Linthicum advised that there was an average of 18 Tuberculosis (TB) cases under active management for the Second Quarter FY 2016.</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>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 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 184 chart reviews of alleged sexual assaults. There were 20 deficiencies found this quarter. 51 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. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 18,385 offenders attended classes presented by educators. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 173 offenders trained to become peer educators during the Second Quarter of FY 2016. This is an increase from offenders trained in the First Quarter FY 2016.</p> <p>Dr. Linthicum reported that there were 72 deaths reviewed by the Mortality and Morbidity Committee during the Second Quarter of FY 2016. Of those 72 deaths, 6 were referred to peer review committees for further review.</p> <p>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 2016. Administrative Segregation (Ad. Seg.) audits were conducted on 18 facilities. 3,292 offenders were observed, 2,898 were interviewed and four offenders were referred to the university providers for further evaluation.</p> <p>Access to Care for mental health (ATC) 4 and (ATC) 5 were met at 100 percent on 17 of the 18 facilities audited.</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 ● Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD 	<p>Four inpatient mental health facilities were audited with respect to compelled medications. 55 instances of compelled psychoactive medication administration occurred. 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. Clements unit reported no instances of compelled psychoactive medication. Montford unit fell below compliance briefly in the month of December but were back at 100% compliance in January. There were 27 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 17 facilities that met or exceeded 80 percent compliance.</p> <p>The Office of Health Services Liaison (HSL) conducted 158 hospital and 50 infirmary discharge audits. UTMB had 26 deficiencies identified and TTUHSC had no deficiencies identified for the hospital discharge audits. UTMB had 9 deficiencies identified and TTUHSC had no deficiencies for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were 12 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that TTUHSC Correctional Managed Health Care (CMHC) was currently working on reports requested by the Legislature. TTUHSC has been working intensely preparing these reports for the upcoming session.</p> <p>Dr. DeShields further reported that the Senate Finance Committee has also requested reports be provided regarding infirmary bed challenges, and cost saving initiative plans for FY 2016 and FY 2017. The LBB has also requested a</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> • University of Texas Medical Branch - Monte Smith, MD on behalf of, Owen Murray, DO <p>VII. Update on the Policy and Procedure Committee</p> <ul style="list-style-type: none"> - Benjamin Leeah, MD - Chris Black-Edwards, RN, BSN 	<p>strategic fiscal review along with an analysis of expenses.</p> <p>Dr. DeShields explained that alongside the primary functions of providing patient care, there is also a lot going on behind scenes to make sure the Legislative body understands agency challenges.</p> <p>Dr. de la Garza-Grahm then called on Dr. Smith to present the report for UTMB.</p> <p>Dr. Smith had no additional information to add to the Medical Directors Report, but did state that UTMB is also actively preparing for that upcoming 85th Legislature.</p> <p>Dr. de la Garza-Grahm then called on Dr. Benjamin Leeah, MD, Northern Regional Medical Director, TTUHSC and Chris Black-Edwards, RN, BSN, Director III of Nursing Administration, TDCJ, to provide the update on the Joint Policy and Procedure Committee.</p> <p>Dr. Leeah begin by introducing himself and then explained that the committee is a statewide committee made up of members from all three partnering agencies TDCJ, UTMB and TTUHSC.</p> <p>The function of the Joint CMHCC Policy and Procedure Committee is to develop new policies and review and update existing policies to ensure that the delivery of health services provided is compliant with accreditation standards, relevant laws, regulations, judicial mandates, and standard of care. It is the responsibility of the committee to decide how these items will be implemented within the policies.</p> <p>Dr. Leeah reported that the CMHC Policy and Procedure Manual is a system wide resource available online and in print. Every policy in the manual is reviewed at least annually. Currently, there are 131 policies and procedures. The committee meets on a quarterly basis and one fourth of the manual is reviewed at each of its quarterly meetings. If there is any change with a National Standard of Care, the</p>		

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<p>VII. Update on the Policy and Procedure Committee (Cont.)</p>	<p>policy changes that need to be made are responded to in real time as well.</p> <p>Ms. Black-Edwards explained that policies are added as new needs arise. At times, policies may require utilization of joint working groups or subcommittees with specialist representation to review specific care issues that need to be updated within a policy. Some changes are simple and can be updated during an upcoming meeting, but in some instances, multiple months of development and review with collaborative efforts from specialty groups are required.</p> <p>Dr. Leeah reported on special interest items and referred to one being the Mental Health Therapeutic Diversion Program (MHTDP) in which a new policy was developed. Other policies are created to address items such as Periodic Physical Exams and Medical Holds which address when a patient is on one unit and has had a condition develop such as one that they are referred for specialty care. This has been identified as an area of potential challenge because at times, classification will need to transfer the offender to another unit unaware of the pending specialist appointment the offender patient needs to attend. Therefore, policies have been developed so that when a medical hold is placed, continuity of care can still be provided so that the patient still has access to be seen by the provider to receive their follow-up care.</p> <p>Ms. Black-Edwards stated that this became especially important with the treatment of Hepatitis C for patients undergoing 12 or 24 week treatment. It is critical that they not be moved so that they are able to receive all of their scheduled treatments; therefore, a medical hold is placed on them so that anything that is non-urgent can be rescheduled.</p> <p>Dr. Leeah reported that recently, the CMHCC Joint Gender Dysphoria Working Group had come together to make changes to the policy on the evaluation and referral of patients. Updates were also made to the Restrictive Housing Policy formerly known as Administrative Segregation (Ad. Seg.).</p>		

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<p>VII. Update on the Policy and Procedure Committee (Cont.)</p>	<p>Dr. Linthicum explained that the American Correctional Association (ACA) has been working on new restrictive housing standards that governs offenders who are in restrictive housing. These standards will govern how offenders are managed in a restrictive housing setting.</p> <p>Dr. Linthicum further explained the Chronic Mentally Ill (CMI) Program which is a new sheltered housing program for offenders. TDCJ is attempting to move these offenders out of the Ad. Seg. setting and place them into a more therapeutic setting. This program is already in place in the TTUHSC sector and planning is underway to duplicate it in the UTMB sector.</p> <p>Dr. Linthicum reported that the Mental Health Therapeutic Diversion Program (MHTDP) is also a new program that has been designed to target those offenders who are mentally ill in Ad. Seg. The goal is to get all seriously mentally ill patients out of the Ad. Seg. environment and move them into a therapeutic community.</p>	<p>Dr. de la Garza-Graham asked if Gender Dysphoria would be classified as a mental illness.</p> <p>Dr. Joseph Penn, Mental Health Director, UTMB replied, yes.</p> <p>Dr. Linthicum added that the agency has a gender dysphoria expert who is nationally recognized and works jointly with agency representatives, Dr. Penn and Dr. Rafael Ruiz, the Regional Mental Health Director, TTUHSC.</p>	
<p>VIII. Public Comments</p>	<p>Dr. de la Garza-Graham thanked Dr. Leeah and Ms. Black-Edwards, 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. Ms. Frances Vaughn signed up to express public comments and was given the opportunity to do so.</p>		

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VIII. Public Comments (Cont.)		<p>Frances Vaughn expressed concern on how patients were transferred to and from their cells and the communication received between healthcare staff and individuals calling to check on their loved ones.</p> <p>Ms. Vaughn felt that when contacting healthcare officials, she was not given the option to express her concerns directly to the Director of Health Services and Vice President of UTMB CMC. She feels that there is a communication barrier between getting medical units and management to communicate with the public and stated that she had also heard complaints from agency staff.</p> <p>Ms. Vaughn expressed that she does feel that the quality of care is top notch. Her concern is just being able to reach administration to get the offender the care requested. She feels the practice managers should be more available in communicating with offender family members and responding to their concerns and believes by doing so, it would result in fewer offender lawsuits.</p> <p>Dr. de la Garza-Graham asked Ms. Vaughn if there was a specific situation that had occurred that she would like to share regarding her loved one.</p> <p>Ms. Vaughn responded that all issues regarding her loved one had been addressed and that she would just like better communication and feels she did not receive this or the best treatment.</p> <p>Dr. Linthicum reported that she responded to Ms. Vaughn's email request to meet with her at the Texas Board of Criminal Justice (TBCJ) meeting in which she attended, but somehow their paths did not cross. She explained to Ms. Vaughn that the agency has a very large system of approximately 147,000 offenders and</p>	

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VIII. Public Comments (Cont.)		<p>explained that if every offender family member was to directly email herself and the medical directors it would overload the email systems.</p> <p>Dr. Linthicum explained that structures have been set into place to assist offender family members with all of their health care concerns, one being the family hotline which is available for offender family members to directly access.</p> <p>There is the Patient Liaison Program which includes investigators that are set into place to investigate each healthcare complaint that comes in from advocates and offender family members.</p> <p>Dr. Linthicum further reported that the UTMB also has the Office of Risk Management and Quality Review. The TDCJ also has the Office of Professional Standards. Both of these agency departments are managed by bachelor's level registered nurses with clinical backgrounds; however, if in the event they feel they need physician's assistance, they have full access to the medical directors or any of the other regional physicians.</p> <p>Dr. Linthicum explained that due to the large number of complaints, systems have been put into place, and order must be followed to ensure each offender and family complaint is properly handled.</p> <p>Dr. Linthicum explained that this is not an attempt to put a wedge between offender family members and medical directors, and explained that she meets with advocacy groups on a regular basis to discuss concerns.</p> <p>Dr. Linthicum expressed that things must be handled decently and in order, so concerns of offender family members are addressed. This is the reason programs have been designed and set</p>	

