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| <p>III. Approval of Consent Items (Cont).</p> <ul style="list-style-type: none"> - Approval of CMHCC Meeting Minutes – March 20, 2017 - Approval of TDCJ Health Services Monitoring Report - University Medical Director's Reports <ul style="list-style-type: none"> - TTUHSC - UTMB - Summary of CMHCC Joint Committee/ Work Group Activities | <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 20, 2017.</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 TTUHSC and UTMB Medical Director's Reports.</p> <p>Dr. de la Garza-Graham noted the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p> | | |
| <p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Jerry McGinty | <p>Dr. de la Garza-Graham called on Jerry McGinty to present the financial report.</p> <p>Mr. McGinty reported on statistics for the Second Quarter of Fiscal Year (FY) 2017, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 47.</p> <p>Mr. McGinty introduced Angela Langley, TDCJ Accounting Department and Jennifer Gonzalez, TDCJ Deputy Budget Director.</p> <p>Mr. McGinty reported that the Second Quarter Financial Report on Correctional Managed Health Care appropriations that was provided by the legislature equaled \$570.1 million.</p> | | <p>Dr. Berenzweig made a motion to approve and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p> |

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| <p>IV. Update on Financial Reports (Cont.)</p> | <p>The FY 2017 TDCJ appropriations allocated to Correctional Managed Health Care has a breakdown of \$298 million for unit and psychiatric care, \$211 million for hospital and clinical care, and \$61 million for pharmacy care.</p> <p>The average daily census within the incarceration setting actually decreased compared to the Second Quarter of FY 2016 by 0.5%.</p> <p>The offender population age 55 and over had a 4.9% increase with an average daily census 16,664 through the Second Quarter of FY 2016 compared to 17,488 through the Second Quarter of FY 2017. Mr. McGinty stated that this population will continue to grow to roughly 19,000 by FY 2019. This will be monitored continually as this population represents a significant portion of the hospitalization cost.</p> <p>The mental health caseloads continues to be monitored specifically the outpatient, and the Second Quarter was 24,219 or about one sixth of the overall population that is on some form of outpatient caseload.</p> <p>The health care costs total expenses through the Second Quarter FY 2017 was \$327.9 million. The Second Quarter cost per offender per day was \$12.38, an approximate 3.7% increase compared to FY 2016 cost per day of \$11.94.</p> <p>Mr. McGinty discussed the combined total expenditures of both universities. Mr. McGinty noted that the annual projections provided by both universities were submitted to the Legislature. As of the Second Quarter, there was a \$35 million short in addition to the shortfall that was projected in FY 2016. The shortfall in FY 2016 was covered with appropriations from FY 2017, and the Legislative Budget Board allowed money to be used to spend forward. However, that left an \$80 million shortfall in the current biennium. \$80 million in funding was approved by the Legislature through the supplemental appropriations bill, to be made available to both to help cover the shortfall.</p> | | |

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| <p>IV. Update on Financial Reports (Cont.)</p> <p>V. Summary of Critical Correctional Health Care Personnel Vacancies</p> <p>- Dr. Lannette Linthicum</p> | <p>Dr. de la Garza-Graham then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Personnel Vacancies.</p> <p>Dr. Linthicum advised that the Governor has imposed a hiring freeze and as a result, there are a number of vacancies in the Health Services Division.</p> <p>Dr. Linthicum reported that there are two mental health masters level Health Specialist V positions vacant within the Office of Mental Health Monitoring and Liaison.</p> <p>Dr. Linthicum next reported that a Director II position in the Office of Public Health, that is a registered nurse position, is vacant.</p> <p>Dr. Linthicum further noted that there were a total of four Investigator II positions and one Investigator III position vacant at the Hilltop office, and as a result, the office was shut down.</p> <p>Dr. Linthicum acknowledged and thanked Dr. DeShields, and her staff for assisting TDCJ with all of the health care complaints and third-party inquires that were handled previously by the Hilltop office.</p> <p>Dr. Linthicum also reported that there is a Registered Nurse IV position in the Utilization Review Department currently vacant.</p> <p>Dr. Linthicum noted that the Public Health and Prevention Specialist I position that maintains the statewide offender data base for syphilis and other infectious diseases is vacant.</p> <p>Dr. Linthicum advised that the Deputy Division Director in the Health Services Division is also vacant.</p> <p>Dr. Linthicum informed the CMHCC that Dr. Daniel Krall, Director of the Office of Mental Health Monitoring and Liaison, has tendered his resignation, effective June 23, 2017.</p> | | |

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| <p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <ul style="list-style-type: none"> - Dr. DeShields - Dr. Owen Murray | <p>Dr. Linthicum thanked Dr. Murray for Gigi Jamison, Registered Nurse, Office of Quality and Risk Management, UTMB, for her assistance with taking on additional caseloads to assist the Office of Professional Standards.</p> <p>Dr. DeShields reported that there are no critical vacancies to report during this reporting period, however; there are issues with staff physicians and extenders that are currently in the hiring process.</p> <p>Dr. DeShields mentioned that they are also anticipating some resignations in the future and TTUHSC will be losing their Mental Health Director at the end of August.</p> <p>Dr. Murray reported that there are no critical vacancies in the UTMB sector, except for the mid-level practitioners, physician I-II, nursing staff, and psychiatrists.</p> | <p>Dr. Jumper stated that there has been more medical students going into psychiatry this year than ever before.</p> | |
| <p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> -Dr. Lannette Linthicum - TDCJ – Health Services Division FY 2017 Second Quarter Report | <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to present TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the TDCJ Medical Director's report. The report focuses on the Second Quarter FY 2017 (December 2016, January and February 2017). During this quarter, Operational Review Audits (ORAs) were conducted at the following 11 facilities: Bridgeport, Bridgeport Pre-Parole Transfer (PPT) Facility, Crain, East Texas Treatment Facility, Ellis, Hamilton, Hughes, Lewis, Murray, South Texas Intermediate Sanction Facility (ISF) and Telford. Dr. Linthicum referenced the 11 items found to be most frequently below the 80 percent compliance, and corrective actions have been requested on all of these items.</p> | | |

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| <p>VI. Medical Director's Updates (Cont.)</p> | <p>There were 660 cases of Hepatitis C identified for the Second Quarter FY 2017.</p> <p>127 cases of suspected Syphilis were reported.</p> <p>109 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2017. For the same period, 76 Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported.</p> <p>Dr. Linthicum advised that there was an average of 20 Tuberculosis (TB) cases under active management for the Second Quarter FY 2017.</p> <p>Dr. Linthicum next reported that the Office of Public Health employs a 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.</p> <p>This position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the Second Quarter FY 2017, there were 179 chart reviews of alleged sexual assaults. There were 35 deficiencies found this quarter and corrective actions have been requested. 39 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, Wall Talk, is a nationally recognized program in which many offenders participate. Within TDCJ, 100 of the 109 facilities have active peer education programs. During the Second Quarter of FY 2017, 136 offenders were trained to become peer educators, and 21,762 offenders attended the classes presented by peer educators.</p> | | |

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| <p>VI. Medical Director's Report (Cont.)</p> <ul style="list-style-type: none"> - Mortality and Morbidity - Office of Mental Health Monitoring & Liaison | <p>Dr. Linthicum reported that there were 95 deaths reviewed by the Joint Morbidity and Mortality Committee during the Second Quarter of FY 2017. Of those 95 deaths, 11 were referred to the peer review committees.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2017. Administrative Segregation (Ad Seg) audits were conducted on 16 facilities. 2,217 offenders were observed, 1,970 were interviewed, and two offenders were referred to the university providers for further evaluation. Access to care (ATC) for mental health ATC 4 and 5 were met at 100 percent on all 15 facilities. ATC 6 was met at 100 percent on 14 of the 15 facilities.</p> <p>The OMHM&L also monitors all instances of compelled psychoactive medication to offenders to ensure that we have followed appropriate procedures for documentation purposes. Compelled psychoactive medications are only done at the outpatient psychiatric units. For the Second Quarter FY 2017, 63 instances of compelled psychoactive medication administration occurred. There were 20 instances at the Montford, 27 at Skyview, 12 at Jester IV, and 4 at the Bill Clements unit. All units were within the appropriate compliance ranges.</p> <p>The Intake Mental Health Evaluation audit conducted by OMHM&L is designed to provide reasonable assurance that offenders coming in at intake are identified as having a potential mental health need and receive a Mental Health Evaluation within 14 days of identification. Audits were conducted at 27 intake facilities and 26 facilities identified incoming offenders in need of Mental Health Evaluations. There were 19 facilities that met or exceeded 80 percent compliance.</p> | | |

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| <p>VI. Medical Director's Report (Cont.)</p> <ul style="list-style-type: none"> - Office of the Health Services Liaison - Accreditation - Biomedical Research Projects | <p>The Office of Health Services Liaison (HSL) conducted 158 hospitals and 41 infirmary discharge audits. UTMB had 144 deficiencies identified sector and 14 from the TTUHSC sector. They found 23 deficiencies from UTMB and three from TTUHSC and corrective actions have been requested.</p> <p>Dr. Linthicum reported that the following facilities will be reaccredited during the ACA Conference, August 18-22, 2017 in St. Louis, Missouri: Byrd, Clements, Estelle, Formby/Wheeler, Jester Complex, Ramsey, Roach, Skyview/Hodge, Smith, and Wynne. The TDCJ Central Office Administration, Correctional Industries, and Correctional Training will be reaccredited as well.</p> <p>Dr. Linthicum referenced that the biomedical research projects.</p> | <p>Dr. Linder asked what happens to the offenders when they are discharged on psychoactive medications and what the follow-up procedure is.</p> <p>Dr. Linthicum responded that the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) has a statutory charge to do continuity of care and they receive funding from the legislature to fund local mental health authorities. Every offender that is on a mental health caseload will get a discharge plan. They have Memorandums of Understanding (MOU) with DSHS that outlines the discharge plan. Currently, offenders receive a 10-day supply of their medications and also have appointments made with local mental health authorities prior to discharge. During this legislative session, funding was received to increase the medication up to a 30-day supply, but most offenders have appointments within one to two weeks of discharge with a local mental health authority that is arranged by TCOOMMI.</p> | |

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| <p>VI. Medical Director's Report (Cont.)</p> <ul style="list-style-type: none"> - Texas Tech University Health Sciences Center - Dr. Denise DeShields, M.D. - University of Texas Medical Branch - Dr. Owen Murray, D.O. <p>VII. UTMB CMC Inpatient Services Overview</p> <ul style="list-style-type: none"> - Dr. Monte Smith, D.O. | <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields stated that there is no additional information to report for the TTUHSC sector for the Second Quarter FY 2017.</p> <p>Dr. Murray stated that Dr. Monte Smith will be presenting the Overview of UTMB CMC Inpatient Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Murray and then called on Dr. Monte Smith to present the Overview of UTMB CMC Inpatient Services presentation.</p> <p>Dr. Monte Smith provided an overview of the UTMB CMC Inpatient Services and discussed the membership of the UTMB CMC Inpatient Leadership Team. The team meets with Dr. Linthicum and Health Services Division staff on a quarterly basis for updates.</p> <p>Dr. Smith explained that there is an aging offender population with an increasing prevalence of chronic illness</p> | <p>Dr. Linder next asked what happens to offenders who do not follow-up and fall through the cracks that have serious mental health issues.</p> <p>Dr. Linthicum responded that some of the offenders are on specialized parole caseloads for those that parole, as opposed to offenders that are discharged. If the offender has a mental health problem, they will usually be on the specialized parole caseload. A condition of their parole is that they are compliant and report for mental health treatment. The offender will potentially receive some type of sanction if they do not report for mental health treatment. Their parole officers follow-up with them as well.</p> | |

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| <p>VII. UTMB CMC Inpatient Services Overview (Cont.)</p> | <p>and more sick patients are requiring higher levels of supportive rehabilitative and ongoing care. Dr. Smith next provided a brief overview of the Inpatient Psychiatric Facilities.</p> <p>Additionally, Dr. Smith explained the functions and duties of the Utilization Review Department. The Utilization Review Department acts as a central hub for the infirmary management system.</p> <p>Dr. Smith noted that oncology patients have been identified as high-risk for potentially having cancer as well as the end-stage liver disease patients.</p> <p>Dr. Smith continued giving a brief overview of the dialysis services that are provided at Carole Young and the Estelle Regional Medical Facilities. Offenders enrolled in the dialysis services are those that become a Stage 3 or Stage 4 chronic kidney disease patient.</p> <p>Dr. Smith noted that the Nurse Case Medication Management Program at Estelle handles transplant patients. Cohorting all of the solid organ transplants patients and stem cell patients have resulted in an increase in the compliance for their anti-rejection medications.</p> <p>Dr. Smith stated that UTMB CMC has satellite infirmaries that are located throughout the eastern and southern parts of Texas. The Beto and Michael Units are two satellite infirmaries that provide convalescent care or assisted living. All of the satellite infirmary facilities generally have assisted living type patients that is the lower level of care.</p> <p>Dr. Smith explained that the number of end-stage liver disease patients has grown over time. The average for the last three fiscal years have been approximately 800-900 patients. These patients end up in the infirmary especially those who have developed hepatic encephalopathy.</p> | | |

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| <p>VII. UTMB CMC Inpatient Services Overview (Cont.)</p> | <p>Dr. Smith discussed efforts being taken to reduce infirmary lengths of stay. The overall average length of stay for all levels of care in the infirmaries is about 24 bed days.</p> <p>Dr. Smith concluded the presentation by explaining sheltered housing and infirmary expansion projects. The legislature has agreed to let TDCJ proceed with some facility restructuring to allow the expansion of sheltered housing beds that would house patients that could perhaps be moved on to the next level of care which is a sheltered housing environment from the infirmary.</p> | <p>Dr. Linthicum asked Dr. Smith to discuss the etiology of offenders primarily with hypertensive disease.</p> <p>Dr. Smith responded that the etiology of the majority of the patients with chronic kidney disease and renal failure is hypertensive kidney disease.</p> <p>Dr. Linthicum asked Dr. Smith if there are approximately 45,000 patients with hypertensive disease.</p> <p>Dr. Smith stated that Dr. Linthicum was correct.</p> <p>Dr. de la Garza-Graham asked if there are surgical suites at Carole Young.</p> <p>Dr. Linthicum answered that Carole Young and Estelle are mirror images of each other. Dr. Linthicum further added that the surgical suites were built into the design but has not been used for that purpose. Montford uses their surgical suites for hernias, colonoscopies, and other procedures. Montford provides the highest level of medical services throughout the system.</p> <p>Dr. de la Garza-Graham asked Dr. Linthicum if Hospital Galveston also provided surgical care.</p> | |

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| VII. UTMB CMC Inpatient Services Overview (Cont.) | | <p>Dr. Linthicum replied yes.</p> | |
| | | <p>Dr. de la Garza-Graham asked how many hospice patients are between Michael and the Carole Young Unit.</p> | |
| | | <p>Dr. Smith answered that the average is about four to five female hospice patients at Carole Young at any given time. There are 33 beds for females and 23 hospice beds at the Michael Unit.</p> | |
| VIII. Public Comments | | | |
| <p>-Angela Hewett</p> | <p>Dr. de la Garza-Graham thanked Dr. Smith</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. Angela Hewett and Mr. John Rees signed up to express public comments and were given the opportunity to do so.</p> <p>Ms. Hewett stated that the American Federation of State County and Municipal Employees (AFSCME) Texas Corrections currently have 5,000 members and employees in Ms. Hewett noted that nationwide mumps cases are up from a few hundred to 6, 000 last year. This year also being an exceptional year for mumps with over 3,000 cases nationally reported. There is currently a health advisory on the mumps issued by the Texas Department of State Health Services.</p> <p>Ms. Hewett stated that AFSCME Texas Corrections was bringing their concerns to the CMHCC because their members from the Lopez State Jail, Garza West, and McConnell have raised concerns about recent mumps outbreaks, and felt that their questions were not being addressed on the units. They feel there was a lack of communication between administration in turn-out, and other venues, and the members raised questions about personal protective equipment (PPE) that should be provided. They have been unable to ascertain how many</p> | | |

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| <p>VIII. Public Comments (Cont.)</p> | <p>definitive cases of the mumps existed at each unit or whether or not if the mumps spread from pod to pod as was rumored, and feel this information has been withheld despite AFSCME's input.</p> <p>Ms. Hewett further stated that some union members reported hearing UTMB staff say that budgetary constraints limited their ability to supply PPE to employees. Even under less serious conditions, such as in the contact of gastrointestinal illnesses, employees frequently report insufficient PPE. A recent case in Region IV while inmates remain quarantined, an employee was told that no gloves or masks will be issued due to budgetary constraints.</p> <p>In some instances, the union members have purchased PPEs in attempt to keep themselves and co-workers safe. Ms. Hewett added that they are not educated in what sort of PPEs that will protect them, and they may be doing more harm than good. They reported that there had been no meetings or trainings on how to recognize the symptoms of the mumps or how and when to use the PPE.</p> <p>Ms. Hewett stated that they contacted AFSCME infectious disease expert in Washington, D.C., and the expert explained CDC guidelines on blood borne pathogens including the provision of adequate PPE. The quarantine at the Lopez Jail is still in effect and the employees are asking for adequate supplies specifically N-95 rated masks in variety of sizes, nitrile or vinyl gloves in all sizes, tie-back gowns and suits, protective eyewear, and full-face splash guards.</p> <p>Ms. Hewett further stated that after consulting with their research department they found that CMHCC had issued a manual on blood borne pathogen exposure that recommends the protective gear which makes clear that PPE should have been provided to the employees at the expense of the employer.</p> <p>Ms. Hewett believes that giving employers prolonged exposure to inmates with diseases, that the prison unit should have been considered what the CDC defines as an "intense exposure setting," and a third vaccination of MMR should</p> | | |

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| <p>VIII. Public Comments (Cont.)</p> | <p>have been provided as an option to employees. Ms. Hewett said that TDCJ employees were not adequately protected during the recent mumps outbreak in south Texas. As a result, they also believe that TDCJ employees could have spread blood borne pathogens to their families and communities.</p> <p>Ms. Hewett asked the CMHCC what they can do to ensure that this will not happen again and that the blood borne pathogen control plan will be followed moving forward. Ms. Hewett asked the CMHCC committee for help with three things. First, all employees should be well educated about the symptoms of the mumps and how to protect themselves. Ms. Hewett states that they believe that the CMHCC Infection Control Manual should be available and easily found by employees on each unit, and that administration should be able to direct employees with questions to the manual. Second, transparency of information on the number of mumps cases during an outbreak. Third, adequate PPE in all sizes and sufficient quantities should be provided in a timely manner in an event of an infectious disease outbreak.</p> | <p>Dr. de la Garza-Graham responded that mumps is not a blood borne disease.</p> <p>Dr. Linthicum addressed Ms. Hewitt and introduced herself and let her know that TDCJ, Health Services would be very open with meeting with her and the Union to discuss these concerns. She also included that within the division there is an Office of Public Health in which Ms. Chris Black-Edwards is the director.</p> <p>Dr. Linthicum included that Ms. Black-Edwards is a registered nurse with many years of experience as an infection control nurse in a hospital setting. Dr. Linthicum further stated that Dr. Carol Coglianese is a Health Services Division staff member who is an infectious disease specialist physician. TDCJ can certainly</p> | |

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| VIII. Public Comments (Cont.) | | <p>work with the union in developing informational tools that can be disseminated.</p> <p>Dr. Linthicum noted that that Ms. Black-Edwards works extensively with the unit staff, primarily with the warden when there are outbreaks on units. All types of information is disseminated at the warden level such as informational brochures.</p> <p>Dr. Linthicum advised Ms. Hewett that Health Services should be the point of contact for inquiries when there are employee medical issues, and Health Services will coordinate with Ms. Davis, CID Division Director. Ms. Davis is the point of contact for operations. A partnership will be worked out to try to meet Ms. Hewett's and the union's needs.</p> <p>Ms. Black-Edwards reiterated that mumps is not a blood borne pathogen. The mumps is spread through droplet transmission. Surgical masks are more than sufficient and it is only within six feet of the contact person that you wear the surgical masks and the surgical masks have been provided.</p> <p>Ms. Black-Edwards states that all of TDCJ's policies follows CDC's guidelines and easily accessible as a hard copy in the medical departments.</p> <p>Dr. Linthicum added that the policies are on every unit within the medical department and also in the law library for copies to be made.</p> <p>Ms. Edwards also included that these policies can be found on the TDCJ website by searching TDCJ Infection Control Policies.</p> | |

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| VIII. Public Comments (Cont.) | | <p>Ms. Black-Edwards referenced CMHC Infection Control Policy B-14.21, "Transmission - Based Precautions", this policy has been shared with the medical staff and correctional officers. The policy talks specifically about mumps under droplet precautions. The correctional officers do not need face masks unless they are doing something that will generate or aerosolize droplets, but correctional officers usually do not do anything that will involve this. The correctional officers also do not need gowns for the same reason. Gloves and surgical masks are sufficient for the work that correctional officers will be doing.</p> <p>Ms. Black-Edwards further stated that Jason Clark, TDCJ Director of Public Information, released to the media on more than one occasion, the exact numbers of mump cases that were associated with all four of the units. It was on the local news, and in various newspapers.</p> <p>Ms. Hewett asked Ms. Black-Edwards what were those numbers because they had specifically asked the Regional Director for the number of mumps cases.</p> <p>Dr. Linthicum replied to Ms. Hewett that the information will be given to her. Dr. Linthicum further replied that Health Services keeps a database, and the data is reported to the Department of State Health Services (DSHS). Ms. Hewett was given Dr. Linthicum's and Ms. Black-Edwards business cards for contact information to set up a meeting to include Ms. Davis.</p> <p>Dr. de la Garza-Graham asked Ms. Hewett if she spoke on behalf of both she and Mr. Rees.</p> | |

