

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 20, 2017

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

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

CMHCC Members Absent:

Partner Agency Staff Present: Oscar Mendoza, Marsha Brumley, Toni Moore, Ron Steffa, Melodye Nelson, Texas Department of Criminal Justice; Olugbenga Ojo, M.D., Marjorie Kovacevich, Ryan Micks, Owen Murray, D.O., Joseph Penn, M.D., Anthony Williams, University of Texas Medical Branch (UTMB); Denise DeShields, M.D., Will Rodriguez, Texas Tech University Health Sciences Center (TTUHSC)

Others Present: Jo Lynn Linville, Pat Prophitti, Texas Inmate Families Association (T.I.F.A.)

Location: Frontiers of Flight Museum Conference Room, 6911 Lemmon Ave., Dallas, Texas 75209

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Margarita de la Garza-Graham</p>	<p>Dr. Margarita de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:02 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 would be allowed a three minute time limit to express comment. Jo Lynn Linville and Pat Prophitti signed up to provide public comment.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p>		
<p>II. Recognitions and Introductions</p>	<p>Dr. de la Garza-Graham asked if there were any recognitions or introductions-hearing none; she moved onto agenda item III approval of consent items.</p>		
<p>III. Approval of Consent Items - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham stated that the following five consent items would be voted on as a single action:</p>		

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<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 20, 2017 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports <ul style="list-style-type: none"> - TTUHSC - UTMB - Summaries of CMHCC Joint Committee/ Work Groups Activities 	<p>The first item was the approval of excused absences of Dr. Ben Raimer and Ms. Tamela Griffin from the June 20, 2017 meeting.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 20, 2017 meeting. Dr. de la Garza-Graham asked if there were any corrections, deletions or comments-hearing none; Dr. de la Garza-Graham moved onto the third consent item.</p> <p>The third consent item was the approval of TDCJ Health Services Monitoring Report and there was no comments or discussion of these reports.</p> <p>The fourth consent item was the approval of the University Medical Directors Report. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the summaries of CMHCC Joint Committee/Work Groups Activities. There was no comments or discussion of these reports.</p>		
<p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Ron Steffa 	<p>Dr. de la Garza-Graham then called for a motion to approve the consent items.</p> <p>Dr. de la Garza-Graham next called on Mr. Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the Third 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>Unit and psychiatric care expenses represent the majority of health care cost at \$261 million or 52 percent of total expenses; hospital and clinical care accounted for \$185 million or 37 percent; and pharmacy services were at \$50 million or 10 percent of the total expenses.</p>		<p>Dr. Linthicum made a motion to approve all consent items, and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p>

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<p>IV. Update on Financial Reports (Cont.) - Ron Steffa</p>	<p>The average daily census within the incarceration setting actually decreased compared to the Third Quarter of FY 2016 by 0.5%.</p> <p>The offender population age 55 and over had a 5.2% increase with an average daily census of 16,742 through the Third Quarter of FY 2016 compared to 17,612 through the Third Quarter of FY 2017.</p> <p>Mr. Steffa reported on the unit and psychiatric care revenues of \$269.7 million and \$261.7 million of expenditures giving a difference of surplus of \$8 million in the strategy.</p> <p>The unit and psychiatric care expenses represent the majority of total health care costs at \$261 million or 52%, hospital and clinical care at \$185 million or 37%, and pharmacy services at \$50 million or 10% of total expenses.</p> <p>Mr. Steffa next reported on hospital and clinical care revenues of \$159.4 million and expenditures of \$185.9 million for a deficit of \$26.5 million.</p> <p>Managed health care pharmacy revenues of \$47.3 million and expenses of \$50.5 million gave a shortfall of \$3.2 million.</p> <p>Mr. Steffa stated that the details for each of the three quarters include the projections of revenues of \$637 million with expenditures of \$669 million giving a shortfall of \$32 million. The projected amounts were included in the supplemental appropriation that was requested and approved during the last Legislative Session.</p>		
<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies - Dr. Lannette Linthicum</p>	<p>Dr. de la Garza-Graham then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Correctional Health Care Personnel Vacancies.</p> <p>Dr. Linthicum reported that the entire Hilltop office Patient Liaison Program was shut down because of the hiring freeze. The positions are posted and there are applicants. Interviews will be conducted in the coming weeks.</p>	<p>Dr. de la Garza-Graham asked Dr. Linthicum if the interviews for the Hilltop positions were conducted in Gatesville.</p> <p>Dr. Linthicum responded yes. The Patient Liaison supervisory staff will go to the Hilltop Unit to conduct the interviews.</p>	

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<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <ul style="list-style-type: none"> - Dr. Lannette Linthicum 	<p>Dr. Linthicum next reported that there are also applicants for the Jester IV Patient Liaison Program positions and interviews are also scheduled.</p> <p>Dr. Linthicum reported that the supervisor position of Investigator III was vacant at the Stiles Unit and has been posted to be filled.</p> <p>Dr. Linthicum reported that there were two applicants for the Director III Office of Mental Health Monitoring & Liaison position. One applicant did meet the position qualifications and will be interviewed.</p> <p>Dr. Linthicum reported that interviews for the Nurse IV Utilization Review position were conducted this week, and an applicant was offered the position.</p> <p>Dr. Linthicum reported that interviews were held for the Public Health and Prevention Specialist I position that maintains the statewide offender data base for syphilis, MRSA, and other infectious diseases, and there is an internal candidate that will be transitioning into this position.</p> <p>Dr. Linthicum stated that the Deputy Division Director in the Health Services Division contract is currently in UTMB's legal department for review. Once their review is completed, the position will be posted.</p> <p>Dr. Linthicum further reported that within the Office of Mental Health Monitoring and Liaison, there were two vacant positions for Health Specialist V which are psychologist positions. There are applicants and interviews will be conducted.</p> <p>The Director II position in the Office of Public Health is a Registered Nurse position that will post in the future after discussion with the TDCJ Chief Financial Officer.</p>	<p>Dr. de la Garza-Graham asked if applicants would need to be at a Ph.D. level or master's level to qualify for these positions.</p> <p>Dr. Linthicum responded applicants would need to be at master's level.</p>	

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<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <ul style="list-style-type: none"> - Dr. Denise DeShields - Dr. Owen Murray 	<p>Dr. DeShields reported that the Director of Psychiatry, Dr. Ruiz, resigned effective August 31, 2017, and Dr. Barbara Beadles was hired on September 1, 2017. Dr. Beadles comes from Pittsburg, Pennsylvania. She completed a psychiatric residency at UT Southwestern, and a fellowship in Forensic psychiatry at UC Davis. For six years, she served as the Medical Director of Forensic Psychiatry at the University of Pittsburg. She also served at the North Texas State Hospital in Vernon as the Chief Psychiatrist in the Multiple Disability Program for three years prior to coming to TTUHSC.</p> <p>Dr. DeShields further reported that they are seeking to fill the Medical Director position at the Smith Unit. Interviews have been conducted and clearance of the selected applicant is pending.</p> <p>Dr. Murray reported there were vacancies across the board in nursing staff and mid-level positions but none were critical.</p>		
<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> - TDCJ – Health Services Division FY 2017 Third Quarter Report -Dr. Lannette Linthicum - Capital Assets Monitoring - Dental Quality Review Audit 	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to present the TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the TDCJ Medical Director's report focuses on the Third Quarter FY 2017 (March, April and May 2017). During this quarter, Operational Review Audits (ORAs) were conducted at the following 11 facilities: Connally, Garza East, Garza West, Glossbrenner, Lopez, McConnell, Sanchez, Segovia, Stevenson, Tulia, and Willacy. 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> <p>Dr. Linthicum reported that Capital Assets Contract Monitoring program continues to do very well and all 11 facilities were within the required compliance range.</p> <p>Dr. Linthicum explained that Dental Quality Review Audits were conducted at 15 facilities. All 15 facilities were well within require compliance range for all measures evaluated with the exception of vital signs which were not consistently documented in the comprehensive treatment plan.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Grievances and Patient Liaison Correspondence - Quality Improvement (QI) Access to Care Audit - Office of Public Health 	<p>Dr. Linthicum then reported that the Office of Professional Standards operates the Family Hotline, the Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Third Quarter, the PLP and the Step II Medical Grievance received 4,574 correspondences. The PLP received 2,861 correspondences and Step II Grievance received 1,713. There were 196 Action Requests generated. The percentage of sustained Step II Medical grievances from UTMB was seven percent and three percent for TTUHSC.</p> <p>There were 34 Sick Call Request Verification Audits conducted on 30 facilities. A total of 285 indicators were reviewed and 19 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum continued by explaining that the Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). During the Third Quarter, there were 17,699 intake HIV tests performed. Of those tested, 248 offenders were newly identified as having HIV infection. During the same time period, there were 9,332 pre-release tests performed with none found to be HIV positive. For this quarter, 15 new AIDS cases were identified. There were 466 cases of Hepatitis C identified for the Third Quarter FY 2017.</p> <p>119 cases of suspected Syphilis were reported.</p> <p>154 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2017.</p> <p>Dr. Linthicum advised that there was an average of 20 Tuberculosis (TB) cases under active management for the Third 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>		

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VI. Medical Director's Updates (Cont.)	<p>Compelled psychoactive medications are only done at the outpatient psychiatric units. For the Third Quarter FY 2017, 71 instances of compelled psychoactive medication administration occurred. There were 13 instances at Montford, 42 at Skyview, 16 at Jester IV, and zero at the Bill Clements unit. All units were within the appropriate compliance ranges.</p>		
<ul style="list-style-type: none"> - Office of Mental Health Monitoring & Liaison 	<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>		
<ul style="list-style-type: none"> - Office of the Health Services Liaison 	<p>Dr. Linthicum reported that the Office of Health Services Liaison (HSL) conducted 181 hospital and 43 infirmary discharge audits. UTMB had 60 deficiencies identified and 12 from TTUHSC identified for the hospital discharge audits. UTMB had 7 deficiencies identified and TTUHSC had 2 for the infirmary discharge audits.</p>		
<ul style="list-style-type: none"> - Accreditation 	<p>Dr. Linthicum reported that the ACA Summer Congress of Corrections will be held in St. Louis, Missouri on August 18-23, 2017. The following facilities will appear before the Commission on Accreditation for Corrections: Byrd, Clements, Estelle, Formby/Wheeler, Jester Complex, Ramsey, Roach, Skyview/Hodge, Smith, and Wynne. TDCJ Central Office Administration, Correctional Industries, and Correctional Training.</p>		
<ul style="list-style-type: none"> - Biomedical Research Projects 	<p>Dr. Linthicum reported on active biomedical research projects.</p>		

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<p>VI. Medical Director's Report (Cont.) - Dr. Owen Murray</p> <p>VII. Biennial Review and Adoption of the Offender Health Services Plan – Joint Medical Directors Working Group - Dr. Owen Murray</p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. Murray complimented and thanked Mr. Mendoza and the CID team for their assistance in helping to provide accommodations to make the Travis SJ Facility work for Pack offenders. CID provided wheel chair escorts which assisted in administering medications. Specifically, in assisting those patients who could not ambulate to the pill window to receive their medications. Dr. Murray stated that Dr. Linthicum's guidance in this process was also very helpful and worked incredibly well.</p> <p>Dr. Murray further acknowledged and thanked UTMB staff for their assistance with the management of offenders during Hurricane Harvey.</p> <p>Dr. Murray reported that the impact of relocating offenders from the Rosharon Units resulted in approximately 6,000 offender moves. During the hurricane, health care staff sheltered in place at 23 facilities. The efforts on behalf of nursing staff were incredible; some nurses worked 150 to 200 additional hours.</p> <p>Dr. Murray felt that UTMB, CMC and TDCJ always work very well together but did exceptionally well together during this time of crisis.</p> <p>Dr. de la Garza-Graham called on the Joint Medical Directors to provide an update on the Biennial Review and Adoption of the Offender Health Services Plan.</p> <p>Dr. Murray explained that the Health Services Plan directs and defines the service levels that are agreed on by the committee relating to the care that is provided to offender patients. There were no significant changes made to the document.</p> <p>Dr. Linthicum noted only minor changes were made to the dental portion. The Joint Medical Directors met to discuss the changes and were all in agreement.</p>		<p>Dr. Jumper made a motion to approve the adoption of the offender health services plan, and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>

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<p>IX. Public Comments</p>	<p>Dr. de la Garza-Graham noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. Ms. Pat Prophitti and Ms. Jo Lynn Linville signed up to express public comments and were given the opportunity to do so.</p>	<p>Ms. Prophitti spoke on their behalf and stated that they represented the Texas Inmate Families Association (T.I.F.A.) and gave an overview of the functions of the organization.</p> <p>Ms. Prophitti stated that they were there to express concerns on behalf of offender families.</p> <p>Ms. Prophitti spoke on a concern of an offender's mother. Her son was placed in hospice care, and she did not hear from him for two days. She tried calling but was unable to get any information. The mother was on his medical release and tried going through the chaplain. The chaplain was not able to give her any information. Ms. Prophitti stated the concern then came to her, and she reached out to Warden Monroe who handled the concern.</p>	<p>Dr. Linthicum asked Ms. Prophitti did the mother try contacting the family hotline or patient liaison.</p> <p>Ms. Prophitti responded that the mother was not able to get any information at all.</p> <p>Dr. Linthicum informed Ms. Prophitti that Dr. Murray has an office called the UTMB Office of Risk Management and Quality Services with a full-time registered nurse, Ms. Gigi Jamison that is available to speak with family members. Contact information was given.</p> <p>Dr. Linthicum stated that she would find out why the family hotline was unable to give her any information because this is their purpose.</p> <p>Dr. Linthicum asked Ms. Prophitti if she had the name of the loved one that is in hospice.</p>

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IX. Public Comments (Cont.)		<p>Ms. Prophitti next referenced another mother's son who had been incarcerated for 2 years and was diagnosed with severe sleep apnea while in the system. He had a C-PAP machine at home but was unable to take it with him once incarcerated. He had been transported to different locations and asked to show paperwork for needing use of a C-PAP machine, his mother has been trying to get paperwork for C-PAP machine for 2 years.</p>	<p>Ms. Prophitti responded no, but she could e-mail the name to Dr. Linthicum.</p> <p>Dr. Linthicum asked Ms. Prophitti if the offender had been to Hospital Galveston for a sleep study to be performed.</p> <p>Ms. Prophitti responded that she did not know.</p> <p>Dr. Linthicum assured Ms. Prophitti that this matter would be looked into and investigated to ensure he gets his C-PAP machine.</p>

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VIII. Public Comments (Cont.)		<p>Ms. Prophitti expressed a past concern that she reached out to Ms. Myra Walker on. In this situation a loved one fell, had a seizure and was transported by ambulance from the unit. He was transported to a local hospital due to the urgency of medical attention needed from his fall. Ms. Prophitti stated family spent three days trying to find out his condition, and they were on his medical release. Since he was in a private facility when family called, they were unable to receive any information because he is an offender. Ms. Prophitti stated that she later spoke with Ms. Walker who got involved and may have personally gone to the hospital.</p> <p>Ms. Prophitti stated that there had been several phone calls made from family members checking on their family members after they have made a sick call or been to the infirmary. Ms. Prophitti asked if medical personnel was now unable to release this information. Ms. Prophitti explained that before family could call and ask questions once confirmed on the medical release.</p>	<p>Dr. Linthicum explained that it is very difficult to receive information on an offender in a private hospital because of HIPAA laws, and they are very reluctant to give out information over the phone to anyone, even to her when she identifies herself as the medical director for TDCJ.</p> <p>Dr. Linthicum further explained that usually to obtain the information she must reach out to one of the UTMB utilization review nurses, because they receive a daily case management update. Once the case management update is given, she is able to notify Ms. Walker who can then provide this information to the family.</p> <p>Dr. Linthicum stated that anytime the family needs information, they should start with Ms. Walker or Ms. Jamison. The two of them will work to get the information.</p> <p>Dr. DeShields added that Brenda Whitney in West Texas is the Utilization Review Nurse contact for TTUHSC sector.</p>

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<p>VIII. Public Comments (Cont.)</p>		<p>Ms. Prophitti continued further speaking about concerns she had from Region I in the past few months. She has been told that information cannot be given out, and they are being told that their name and number can be taken and given to Ms. Pace who will get back with them.</p>	<p>Dr. Linthicum responded no, there has not been a change in the policy. The person on the unit designated to be the liaison for families is the health administrator, UTMB calls them practice managers. It is usually the practice manager or the director of nurses that can talk with the families. In the TTUHSC sector it is also the health services administrator that they can speak with.</p> <p>Mr. Tony Williams of UTMB responded that he would follow-up to get information on this matter on why responses are not being provided.</p> <p>Dr. Linthicum reiterated that the health administrator or director of nurses are supposed to talk with families.</p> <p>Dr. Linthicum explained that as long as there is a valid release of information, they can talk with the family.</p> <p>Dr. Linthicum noted that Mr. Williams is the Director of Outpatient Services for UTMB and that he would look into the matter.</p>

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<p>VIII. Public Comments (Cont.)</p>		<p>Ms. Prophitti then asked what generated verification for an audit and if they were done yearly.</p>	<p>Dr. Linthicum explained that the statute established in the Correctional Managed Health Care Texas Government Code section 501.150 states that TDCJ has to do four things, one of which is to ensure access to care and conduct operational review audits.</p> <p>Dr. Linthicum further explained that part of our monitoring is to look at the offenders' access to care. The units cannot destroy the sick call request. The offender writes their concern, and they get a written response saying that they will be scheduled for an appointment. Sick call requests cannot be destroyed until health services staff conduct an audit.</p> <p>Dr. Linthicum added that there is a team of registered nurses in the Office of Health Services Monitoring and Patient Liaison as well as investigators in the Office of Professional Standards that conduct audits on the sick call requests. There is a process that is performed to see if access to care has been provided.</p>

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<p>VIII. Public Comments (Cont.)</p>			<p>Dr. Linthicum further added that monthly every unit has to report their access to care in medical, nursing, dental, and mental health. Any unit that falls below the 80 percent threshold must submit a corrective action. Ensuring access to care is state law. This is monitored to ensure access to care is being met.</p> <p>Dr. Linthicum also stated that offenders have methods to reach out and ask for help as well if they feel access to care is not being met. They can reach out to advocacy groups, family members, or they have the option to file a grievance which can be appealed to Step II and sent to the Health Services Division if the offender is not in agreement with the response of unit medical staff.</p>

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<p>VIII. Public Comments (Cont.)</p>		<p>Ms. Prophitti asked when a verification is generated and showing failed indicators if the information is available to the public.</p>	<p>Dr. Linthicum responded that the audits are a part of the Health Services Division Monitoring activities. An open records request could be submitted which would be reviewed by the general counsel to confirm if the requested information could be released with redacting of protected health information that is confidential.</p> <p>Dr. Linthicum also included that the information from the CMHCC meetings include the medical director's reports describing the results of the audits relating to the indicators. This information can be accessed from the CMHCC Committee website at any time.</p> <p>Dr. Raimer also included that the audits are very thorough and all the material generated from the offices are summarized in the report, which is also reviewed by the Legislature.</p>

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IX. Adjourn	<p>Dr. de la Garza-Graham thanked everyone for their attendance. The next CMHCC meeting is scheduled for December 5, 2017 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:07 a.m.</p>		<p>Dr. Raimer made a motion to adjourn the meeting, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>


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

12-5-2017
Date